

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

2014

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.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

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	C Name of organization HOLY CROSS HEALTH, INC. Doing business as SEE SCHEDULE O Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 FOREST GLEN ROAD City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910-1484 F Name and address of principal officer: KEVIN J. SEXTON SAME AS C ABOVE	D Employer identification number 52-0738041 E Telephone number 301-754-7034 G Gross receipts \$ 493,613,401. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HOLYCROSSHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1959		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTHCARE AND HOSPITAL SERVICES.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 4442
6	Total number of volunteers (estimate if necessary)	6 519
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 97,935.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 27,327.
8	Contributions and grants (Part VIII, line 1h)	4,895,400. 5,992,296.
9	Program service revenue (Part VIII, line 2g)	411,903,236. 465,732,397.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,686,701. 8,184,799.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,270,117. 13,454,135.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,755,454. 493,363,627.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000. 74,212.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204,844,870. 238,982,613.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,772,946. 235,425,600.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	405,642,816. 474,482,425.
19	Revenue less expenses. Subtract line 18 from line 12	37,112,638. 18,881,202.
20	Total assets (Part X, line 16)	786,904,235. 861,260,376.
21	Total liabilities (Part X, line 26)	444,010,164. 510,653,431.
22	Net assets or fund balances. Subtract line 21 from line 20	342,894,071. 350,606,945.

Part II Signature Block

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

Sign Here	Signature of officer ANNE GILLIS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	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 \$ 375,099,820. including grants of \$ 74,212.) (Revenue \$ 475,420,447.) HOLY CROSS HEALTH, INC. 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 215,000 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 375,099,820.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with numerical inputs like 572, 0, 4442.

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 (15), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 DIRECTOR; PRES & CEO MARYLAND REGION	50.00 0.00	X		X				0.	1,006,858.	57,406.
(2) HERCULES PINKNEY, ED.D DIRECTOR; CHAIR AS OF 01/15	1.00 0.00	X		X				0.	0.	0.
(3) EDWARD H. BERSOFF, PH.D DIRECTOR; CHAIR THROUGH 12/14	1.00 1.00	X		X				0.	0.	0.
(4) SISTER RUTH MARIE NICKERSON, C. DIRECTOR; VICE CHAIR AS OF 01/15	1.00 0.00	X		X				0.	0.	0.
(5) PAUL T. KAPLUN DIRECTOR;VCHR THR 12/14;TREAS-01/15	1.00 1.00	X		X				0.	0.	0.
(6) RONA KRAMER DIRECTOR THR 01/15;TREAS THR 12/14	1.00 0.00	X		X				0.	0.	0.
(7) LYNNE DIGGS, M.D. DIRECTOR; SECRETARY	1.00 0.00	X		X				0.	0.	0.
(8) THERESA V. BROWN DIRECTOR AS OF 01/15	1.00 0.00	X						0.	0.	0.
(9) CRAIG DICKMAN, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) DANIEL S. FLORES DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) SHARON FRIEDMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ROBERT LECHLEIDER, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) WILLIAM T. LAFOND DIRECTOR AS OF 01/15	1.00 1.00	X						0.	0.	0.
(14) NORA TRIOLA, RN, PH.D DIRECTOR AT 07/14; TRINITY EVP & CNO	1.00 54.00	X						0.	1,014,669.	32,657.
(15) MARY PATERSON, RN, PH.D DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) SISTER EILEEN WROBLESKI, C.S.C. DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) J. RICHARD O'CONNELL DIRECTOR THR 07/14; EVP, EAST GROUP	3.00 52.00	X						0.	1,748,402.	54,577.

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) TOM TSUI DIRECTOR THROUGH 12/14	1.00 0.00	X						0.	0.	0.
(19) ROSEANNE PAJKA CHIEF EXEC & GOV. OPS, ASST SEC	50.00 0.00			X				0.	170,561.	23,285.
(20) ANNE GILLIS CFO & ASSISTANT TREASURER	50.00 0.00			X				0.	317,132.	44,270.
(21) JUDITH FRUITERMAN PRESIDENT HOLY CROSS HOSPITAL	50.00 0.00			X				0.	573,675.	53,899.
(22) DOUG RYDER PRESIDENT HC GERMANTOWN HOSPITAL	50.00 0.00			X				0.	374,882.	25,210.
(23) ANNICE CODY PRESIDENT HCH NETWORK; CSO	50.00 0.00			X				0.	330,633.	36,188.
(24) ELIZABETH A. SIMPSON GENERAL COUNSEL, ASST SEC AS OF 1/15	50.00 0.00			X				0.	266,510.	28,620.
(25) JUAN MANUEL OCASIO COLON CHIEF HR & INTEGRITY OFFICER	50.00 0.00				X			0.	260,633.	34,169.
(26) YANCY PHILLIPS CHIEF QUALITY OFFICER	50.00 0.00					X		0.	360,550.	23,115.
1b Sub-total								0.	6,424,505.	413,396.
c Total from continuation sheets to Part VII, Section A								1,116,359.	1,419,216.	182,091.
d Total (add lines 1b and 1c)								1,116,359.	7,843,721.	595,487.

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 221

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	79,542,840.
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	PHYSICIAN SERVICES	2,435,948.
SYSCO CORPORATION FOOD SERVICES 41600 VAN BORN RD, CANTON, MI 48188	FOOD SERVICES	2,071,432.
GEORGE WASHINGTON UNIVERSITY, 2300 EYE STREET NW, ROSS HALL #707, WASHINGTON, DC	CLINICAL SERVICES	2,041,205.
ARAMARK CORPORATION 101 N TRYON ST., CHARLOTTE, NC 28265	FOOD SERVICES	1,766,235.

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 110

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,646,645.				
	e Government grants (contributions)	1e	64,042.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,281,609.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		5,992,296.				
	Program Service Revenue	2 a NET PATIENT SVC REV	Business Code 622110	465,732,397.	465,634,462.	97,935.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			465,732,397.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,268,327.			4,268,327.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	786,975.				
		(ii) Personal					
		b Less: rental expenses		0.			
		c Rental income or (loss)		786,975.			
	d Net rental income or (loss)		786,975.			786,975.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	4,094,046.				
		(ii) Other		72,200.			
		b Less: cost or other basis and sales expenses		0.	249,774.		
		c Gain or (loss)		4,094,046.	-177,574.		
	d Net gain or (loss)		3,916,472.			3,916,472.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a RADIATION TREATMENT CENTER		622110	4,098,186.	4,098,186.			
	b CAFETERIA REVENUE		622110	2,881,175.		2,881,175.	
			622110	383,063.	383,063.		
	c GOV'T SUBSIDY - EHR			5,304,736.	5,304,736.		
	d All other revenue						
e Total. Add lines 11a-11d			12,667,160.				
12 Total revenue. See instructions.			493,363,627.	475,420,447.	97,935.	11,852,949.	

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	74,212.	74,212.		
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	3,817,835.		3,817,835.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	195,978,465.	179,943,090.	16,035,375.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,826,282.	5,406,922.	419,360.	
9 Other employee benefits	18,307,593.	16,669,391.	1,638,202.	
10 Payroll taxes	15,052,438.	13,643,781.	1,408,657.	
11 Fees for services (non-employees):				
a Management	2,021,540.	2,021,540.		
b Legal	247,420.		247,420.	
c Accounting	16,217.		16,217.	
d Lobbying	75,500.		75,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	343,075.		343,075.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,966,042.	30,347,238.	5,618,804.	
12 Advertising and promotion	2,019,229.	11,328.	2,007,901.	
13 Office expenses	5,403,977.	3,473,146.	1,930,831.	
14 Information technology	25,172,666.	309,652.	24,863,014.	
15 Royalties				
16 Occupancy	10,114,617.	8,029,042.	2,085,575.	
17 Travel	353,675.	196,300.	157,375.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	134,020.	120,939.	13,081.	
20 Interest	7,807,095.	7,807,095.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,200,206.	10,958,203.	19,242,003.	
23 Insurance	5,124,327.		5,124,327.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	72,004,283.	72,004,283.		
b BAD DEBT	15,694,211.	15,694,211.		
c INTERCO PURCHASED SVCS	7,599,305.	899,038.	6,700,267.	
d UBI TAXES	12,000.		12,000.	
e All other expenses	15,116,195.	7,490,409.	7,625,786.	
25 Total functional expenses. Add lines 1 through 24e	474,482,425.	375,099,820.	99,382,605.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	
Assets	1 Cash - non-interest-bearing	14,455,525.	1	23,629,133.	
	2 Savings and temporary cash investments	272,813.	2	280,935.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	56,265,508.	4	82,635,392.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	5,562,054.	8	9,747,470.	
	9 Prepaid expenses and deferred charges	8,856,876.	9	8,952,602.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 719,865,307.			
	b Less: accumulated depreciation	10b 246,837,756.			
	11 Investments - publicly traded securities	370,013,847.	10c	473,027,551.	
	12 Investments - other securities. See Part IV, line 11	148,970,998.	11	102,686,224.	
	13 Investments - program-related. See Part IV, line 11	132,060,822.	12	102,645,650.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	1,400,000.	14	5,335,126.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,045,792.	15	52,320,293.		
	786,904,235.	16	861,260,376.		
Liabilities	17 Accounts payable and accrued expenses	73,806,327.	17	73,189,357.	
	18 Grants payable		18		
	19 Deferred revenue	244,415.	19	858,873.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23	328,021.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	369,959,422.	25	436,277,180.	
	26 Total liabilities. Add lines 17 through 25	444,010,164.	26	510,653,431.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	342,621,258.	27	350,326,756.	
	28 Temporarily restricted net assets	227,186.	28	235,132.	
	29 Permanently restricted net assets	45,627.	29	45,057.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	342,894,071.	33	350,606,945.		
34 Total liabilities and net assets/fund balances	786,904,235.	34	861,260,376.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	493,363,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	474,482,425.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,881,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	342,894,071.
5	Net unrealized gains (losses) on investments	5	-6,649,443.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,518,885.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	350,606,945.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? 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 (2014)

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 on line 11 of 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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).</i>		
9a 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 Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) 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>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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.		
2 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 Part VI 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
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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 Part VI 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.		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 Part VI .		
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 Part VI 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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. 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) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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.

OMB No. 1545-0047

2014

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) (2014)

Name of organization HOLY CROSS HEALTH, INC.	Employer identification number 52-0738041
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRINITY HEALTH 20555 VICTOR PARKWAY LIVONIA, MI 48152	\$ 187,133.	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. 11801 TECH ROAD SILVER SPRING, MD 20904	\$ 4,459,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20036	\$ 64,042.	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.)

Name of organization HOLY CROSS HEALTH, INC.	Employer identification number 52-0738041
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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 HOLY CROSS HEALTH, INC.	Employer identification number 52-0738041
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 HOLY CROSS HEALTH, INC.	Employer identification number 52-0738041
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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) 2014

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		23,890.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			99,390.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

MARYLAND HOSPITAL ASSOCIATION - \$17,114

CATHOLIC HOSPITAL ASSOCIATION - \$ 2,052

AMERICAN HOSPITAL ASSOCIATION - \$ 4,724

TOTAL - \$23,890

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

HOLY CROSS HEALTH, INC. MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" to Form 990, Part IV, line 6.

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution table (2a-2d). 3-9. Questions about modified easements, states, monitoring policy, staff hours, expenses, and reporting requirements.

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

Form with 2 main sections: 1a-1b. Questions about reporting art and historical treasures. 2. Questions about reporting financial gain from art and historical treasures.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	45,627.	39,100.	31,203.	33,022.	25,600.
b Contributions					
c Net investment earnings, gains, and losses	430.	8,527.	7,897.	-819.	8,422.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000.	2,000.		1,000.	1,000.
f Administrative expenses					
g End of year balance	45,057.	45,627.	39,100.	31,203.	33,022.

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

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

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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" to 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		414,907,485.	152,851,787.	262,055,698.
c Leasehold improvements				
d Equipment		151,114,851.	93,985,969.	57,128,882.
e Other	77,060.	153,272,493.		153,349,553.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				473,027,551.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	28,740,782.	END-OF-YEAR MARKET VALUE
(C) EQUITY METHOD INVESTMENTS	39,005,347.	COST
(D) HEDGE FUNDS	34,899,521.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	102,645,650.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) MISCELLANEOUS RECEIVABLES	1,162,926.
(2) INTERCOMPANY ACCOUNTS RECEIVABLE	6,610,437.
(3) INVESTMENT IN UNCONSOL. AFFILIATES	24,369,636.
(4) INTERCOMPANY OTHER LT ASSETS	20,177,294.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	52,320,293.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	4,133,274.
(3) DEFERRED COMPENSATION LIABILITY	40,575.
(4) ASSET RETIREMENT OBLIGATION (FIN	
(5) 47)	630,612.
(6) OTHER LIABILITIES	1,503,849.
(7) INTERCOMPANY NOTES PAYABLE	425,055,788.
(8) GUARANTEES	4,913,082.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	436,277,180.

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to 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.**

**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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			31,831,847.	10,291,870.	21,539,977.	4.69%
b Medicaid (from Worksheet 3, column a)			82,228,491.	89,608,289.	-7,379,798.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			114,060,338.	99,900,159.	14,160,179.	4.69%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	66	250,069	7,108,272.	605,787.	6,502,485.	1.42%
f Health professions education (from Worksheet 5)	4	11,059	4,523,859.		4,523,859.	.99%
g Subsidized health services (from Worksheet 6)	18	55,122	17,231,420.	846,736.	16,384,684.	3.57%
h Research (from Worksheet 7)	2	1,202	316,630.	15,425.	301,205.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	16,800	125,712.		125,712.	.03%
j Total. Other Benefits	92	334,252	29,305,893.	1,467,948.	27,837,945.	6.08%
k Total. Add lines 7d and 7j	92	334,252	143,366,231.	101,368,107.	41,998,124.	10.77%

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
Community Health Needs Assessment		
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 HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 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>a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 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>a <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 <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>c <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>d <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>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 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>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u></p> <p>d <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>e <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>f <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>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

17 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	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <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
19 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?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 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?	23		X
If "Yes," explain in Section C.			
24 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?	24		X
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
Community Health Needs Assessment		
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
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <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		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 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	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <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
19 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?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 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?	23		X
If "Yes," explain in Section C.			
24 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?	24		X
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 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 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

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.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 5: HOLY CROSS HEALTH, PARENT COMPANY TO HOLY CROSS GERMANTOWN HOSPITAL, 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 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

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.

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.

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, 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

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.

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.

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 IT IS THE FIRST NEW HOSPITAL IN MONTGOMERY COUNTY IN 35 YEARS.

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 11: HOLY CROSS HEALTH 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 HOLY CROSS HEALTH'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, HOLY CROSS HEALTH 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:

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.

1.) WOMEN/CHILDREN (PARTICULARLY INFANT MORTALITY AND OBESITY)

2.) SENIORS (PARTICULARLY CARDIOVASCULAR DISEASE, DIABETES, AND OBESITY)

3.) CANCER (PARTICULARLY BREAST CANCER)

-MEET HOLY CROSS HEALTH'S OVERALL COMMITMENT TO IMPROVING ACCESS TO CARE AND ADDRESSING IDENTIFIED COMMUNITY NEED:

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 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

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.

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: COMMUNITY UNITED FOR AT TERM INFANTS AND EDUCATION (CUTIE), A PRENATAL EDUCATION AND OUTREACH PROGRAM THAT FOCUSES ON DECREASING INFANT MORTALITY IN MINORITY WOMEN/TEENS IN MONTGOMERY COUNTY BY 1) HELPING WOMEN TO BE AND STAY HEALTHY BEFORE BECOMING PREGNANT AND 2) SUPPORTING WOMEN DURING PREGNANCY TO REDUCE THE CHANCE OF PREMATURE BIRTH OR LOW BIRTH WEIGHT BABIES AND 3) SUPPORTING FAMILIES FOR THE FIRST YEAR OF THE BABY'S LIFE

SENIORS: FALLS PREVENTION PROGRAMS, A SERIES OF FALLS PREVENTION PROGRAMS THAT TARGET SENIORS AGED 55 AND OVER TO INCREASE AWARENESS ABOUT FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER THAT PROVIDES AGE APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE AND IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE AND ENCOURAGE SELF-MANAGEMENT.

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.

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.

DIABETES: CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, A LAY-LEADER LED PROGRAM DESIGNED TO IMPROVE SELF-MANAGEMENT SKILLS OF PEOPLE WITH DIABETES AND OTHER CHRONIC ILLNESSES.

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 BY LINKING INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS), COMMUNITY HEALTH WORKERS PROVIDE BREAST HEALTH EDUCATION THROUGHOUT MONTGOMERY COUNTY TO INCREASE BREAST CANCER EARLY DETECTION BY PROVIDING BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS AND REFERRALS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY.

HOLY CROSS GERMANTOWN HOSPITAL:
PART V, SECTION B, LINE 11: HOLY CROSS HEALTH, PARENT COMPANY TO HOLY CROSS GERMANTOWN HOSPITAL, 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 HOLY CROSS HEALTH'S OVERALL APPROACH TO

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 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, HOLY CROSS HEALTH 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 HOLY CROSS HEALTH'S OVERALL COMMITMENT TO IMPROVING ACCESS TO CARE AND ADDRESSING IDENTIFIED COMMUNITY NEED:

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

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.

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: COMMUNITY UNITED FOR AT TERM INFANTS AND EDUCATION (CUTIE), A PRENATAL EDUCATION AND OUTREACH PROGRAM THAT FOCUSES ON DECREASING INFANT MORTALITY IN MINORITY WOMEN/TEENS IN MONTGOMERY COUNTY BY 1) HELPING WOMEN TO BE AND STAY HEALTHY BEFORE BECOMING PREGNANT AND 2) SUPPORTING WOMEN DURING PREGNANCY TO REDUCE THE CHANCE OF PREMATURE BIRTH OR LOW BIRTH WEIGHT BABIES AND 3) SUPPORTING FAMILIES FOR THE FIRST

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.

YEAR OF THE BABY'S LIFE.

SENIORS: FALLS PREVENTION PROGRAMS, A SERIES OF FALLS PREVENTION PROGRAMS THAT TARGET SENIORS AGED 55 AND OVER TO INCREASE AWARENESS ABOUT FALL RISK FACTORS AMONG OLDER ADULTS AND TO IMPROVE THE BALANCE OF SENIORS AT-RISK FOR FALLS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER THAT PROVIDES AGE APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE AND IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE AND ENCOURAGE SELF-MANAGEMENT.

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.

DIABETES: CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, A LAY-LEADER LED PROGRAM DESIGNED TO IMPROVE SELF-MANAGEMENT SKILLS OF PEOPLE WITH DIABETES AND OTHER CHRONIC ILLNESSES.

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 BY LINKING INDIVIDUALS RESIDING ALONG THE "GEORGIA AVENUE CORRIDOR" TO PRIMARY CARE, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO HELP PREVENT DISEASE AND MAINTAIN OR IMPROVE HEALTH STATUS.

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.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS), COMMUNITY HEALTH WORKERS PROVIDE BREAST HEALTH EDUCATION THROUGHOUT MONTGOMERY COUNTY TO INCREASE BREAST CANCER EARLY DETECTION BY PROVIDING BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS AND REFERRALS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTY.

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

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.

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 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.

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, LINE 16A, FAP WEBSITE:

[HTTP://WWW.HOLYCROSSHEALTH.ORG/FINANCIAL-INFORMATION-AND-ASSISTANCE](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](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](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](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](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](http://www.holycrosshealth.org/financial-information-and-assistance)

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 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 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? 14

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) 2014

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.

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.

PART I, LINE 6A:

HOLY CROSS HEALTH, INC. 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, HOLY CROSS HEALTH 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, HOLY CROSS HEALTH 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

Part VI Supplemental Information (Continuation)

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$15,694,211, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL 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 RELATED TO UNCOMPENSATED CARE.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS COMMUNITIES THROUGHOUT MONTGOMERY COUNTY GROW MORE DIVERSE, CERTAIN POPULATIONS CONTINUE TO EXPERIENCE POORER HEALTH AND DISPROPORTIONATE RATES OF ILLNESS AND DEATH. HOLY CROSS HEALTH HAS PIONEERED INNOVATIVE

Part VI Supplemental Information (Continuation)

EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES.

IN FY15, HOLY CROSS HEALTH PROVIDED \$56,490 IN TOTAL COMMUNITY BUILDING THROUGH ITS PARTNERSHIP WITH THE DON BOSCO CRISTO REY HIGH SCHOOL. THE DON BOSCO CRISTO REY WORK STUDY PROGRAM, A YOUTH ASSET DEVELOPMENT PROGRAM, PROVIDES LOW-INCOME STUDENTS AN OPPORTUNITY TO EARN 63 PERCENT OF THE COST OF THEIR COLLEGE PREP EDUCATION WHILE GAINING VALUABLE JOB EXPERIENCE.

PART III, LINE 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:

HOLY CROSS HEALTH 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, HOLY CROSS HEALTH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, HOLY CROSS HEALTH IS REPORTING ZERO ON LINE

Part VI Supplemental Information (Continuation)

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

PART III, LINE 4:

HOLY CROSS HEALTH 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:

HOLY CROSS HEALTH 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

Part VI Supplemental Information (Continuation)

COMMUNITY BENEFIT 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 - HOLY CROSS HEALTH 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, HOLY CROSS HEALTH HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

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

HOLY CROSS HEALTH 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)

HOLY CROSS HEALTH 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, REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

HOLY CROSS HEALTH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HEALTH 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:

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

Part VI Supplemental Information (Continuation)

MINORITIES. OUR PRIMARY SERVICE AREA IS DERIVED FROM THE MARYLAND ZIP CODE 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, 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+ 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 -

HOLY CROSS HEALTH 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, HOLY CROSS HEALTH'S PARENT CORPORATION (HOLY CROSS HEALTH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH EXECUTIVE). THE TRINITY HEALTH EXECUTIVE BOARD MEMBER LIVES OUTSIDE HOLY CROSS HEALTH'S LOCAL AREA. NO BOARD MEMBER IS RELATED TO ANY HOLY CROSS HEALTH EXECUTIVE.

THE MEDICAL STAFF OF HOLY CROSS HEALTH 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.

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

NO PART OF THE INCOME OF HOLY CROSS HOSPITAL INURES BENEFITS TO ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT OR PROGRAMS OF THE

Part VI Supplemental Information (Continuation)

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.

HOLY CROSS HEALTH'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-FY15, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, CALLED HEALTHY MONTGOMERY COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE ASSIGNED AN EXECUTIVE TO PARTICIPATE ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, 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.

HOLY CROSS HEALTH 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.

PART VI, LINE 6:

HOLY CROSS HEALTH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL REGIONAL HEALTH MINISTRIES DEFINE AND ACHIEVE COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK

Part VI Supplemental Information (Continuation)

INTO THE COMMUNITY 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 MORE THAN \$800 MILLION 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 EACH COMMUNITY'S SPECIFIC NEEDS.

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" to 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.**

OMB No. 1545-0047

2014

**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" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONHEALTH ACTION 1301 CONNECTICUT AVE. NE STE 200 WASHINGTON, DC 20036	83-0398572	501(C)(3)	25,000.	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) (2014)

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

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

Part IV Supplemental Information. 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, INC. 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

2014

Open to Public Inspection

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.

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN J. SEXTON DIRECTOR; PRES & CEO MARYLAND REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	507,763.	180,447.	318,648.	18,200.	39,206.	1,064,264.	167,375.
(2) NORA TRIOLA, RN, PH.D DIRECTOR AT 07/14; TRINITY EVP & CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	440,272.	359,065.	215,332.	19,350.	13,307.	1,047,326.	0.
(3) J. RICHARD O'CONNELL DIRECTOR THR 07/14; EVP, EAST GROUP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	791,024.	532,372.	425,006.	18,200.	36,377.	1,802,979.	174,337.
(4) ROSEANNE PAJKA CHIEF EXEC & GOV. OPS, ASST SEC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	125,614.	44,062.	885.	20,921.	2,364.	193,846.	0.
(5) ANNE GILLIS CFO & ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	260,580.	54,065.	2,487.	23,933.	20,337.	361,402.	0.
(6) JUDITH FRUITERMAN PRESIDENT HOLY CROSS HOSPITAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	356,006.	126,818.	90,851.	30,376.	23,523.	627,574.	15,325.
(7) DOUG RYDER PRESIDENT HC GERMANTOWN HOSPITAL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	248,692.	66,281.	59,909.	13,066.	12,144.	400,092.	0.
(8) ANNICE CODY PRESIDENT HCH NETWORK; CSO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	271,136.	58,580.	917.	13,000.	23,188.	366,821.	0.
(9) ELIZABETH A. SIMPSON GENERAL COUNSEL, ASST SEC AS OF 1/15	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,196.	0.	2,314.	12,443.	16,177.	295,130.	0.
(10) JUAN MANUEL OCASIO COLON CHIEF HR & INTEGRITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,043.	44,884.	706.	13,000.	21,169.	294,802.	0.
(11) YANCY PHILLIPS CHIEF QUALITY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	293,275.	59,166.	8,109.	18,200.	4,915.	383,665.	0.
(12) BLAIR EIG SVP, MEDICAL AFFIARS & CMO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	287,911.	59,166.	2,745.	21,602.	19,458.	390,882.	0.
(13) IRA ROY TANNEBAUM SURGICAL HOSPITALIST	(i)	270,788.	54,480.	9,683.	19,055.	1,106.	355,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANNE BURKE MEDICAL DIRECTOR	(i)	261,526.	13,100.	41,960.	13,000.	15,557.	345,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ELISE RILEY MEDICAL DIRECTOR	(i)	227,314.	12,000.	45,364.	40,476.	15,429.	340,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEDRICK ADKINS FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,069,394.	0.	1,656.	1,071,050.	1,056,681.

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

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

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

(A) Name 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) GARY E. VOGAN FORMER OFFICER	(i)	126,141.	53,228.	775.	23,120.	11,632.	214,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(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, INC. IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. HOLY CROSS HEALTH'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF HOLY CROSS HEALTH'S CEO:

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

PART I, LINES 4A-B:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN CALENDAR 2014.

THIS AMOUNT IS INCLUDED IN COLUMN B(III):

KEDRICK ADKINS - \$814,924

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 IS A PARTICIPANT IN AN INDIVIDUAL SUPPLEMENTAL EXECUTIVE
RETIREMENT PLAN (SERP). HE DID NOT RECEIVE A SERP PAYOUT IN 2014.

KEDRICK ADKINS

THE FOLLOWING INDIVIDUAL IS VESTED IN A CATHOLIC HEALTH EAST SUPPLEMENTAL
EXECUTIVE RETIREMENT PLAN (SERP), A NONQUALIFIED PLAN. THE PLAN WAS FROZEN
DECEMBER 31, 2013. THE FOLLOWING VESTED SERP AMOUNT IS INCLUDED IN COLUMN
B(III) OF SCHEDULE J, PART II:

NORA TRIOLA - \$175,431

THE FOLLOWING ARE PARTICIPANTS IN THE NEW TRINITY HEALTH SUPPLEMENTAL
EXECUTIVE RETIREMENT PLAN (SERP) EFFECTIVE JANUARY 1, 2014. THE PLAN WILL
PROVIDE RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO
MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. THERE WERE NO
PAYOUTS IN 2014.

JUDITH FRUITERMAN - \$-0-

RICHARD O'CONNELL - \$-0-

DOUG RYDER - \$-0-

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.

KEVIN SEXTON - \$-0-

NORA TRIOLA - \$-0-

THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$260,000 FOR 2014).

THE PLAN WAS FROZEN DECEMBER 31, 2013. THE FOLLOWING PAYOUTS FOR 2014 FOR THIS PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

KEDRICK ADKINS - \$242,986

JUDITH FRUITERMAN - \$18,338

J. RICHARD O'CONNELL - \$185,824

KEVIN J. SEXTON - \$168,226

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.

OMB No. 1545-0047

2014

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, INC. IS TRINITY HEALTH CORPORATION.

SEE LINE 7 FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF HOLY CROSS HEALTH, INC.

TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE

BOARD OF DIRECTORS OF HOLY CROSS HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS
OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN,
AND ANNUAL OPERATING BUDGET. TRINITY HEALTH CORPORATION MUST ALSO APPROVE
SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS
OF CERTAIN LIMITS AND MODIFICATIONS TO GOVERNING DOCUMENTS.

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

PRIOR TO FILING, THE FORM 990 FOR HOLY CROSS HEALTH, INC. IS REVIEWED BY
SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE
REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF DIRECTORS. 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:

HOLY CROSS HEALTH, INC. 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 HOLY CROSS HEALTH, INC., 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 HOLY CROSS HEALTH, INC. 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 HOLY CROSS HEALTH, INC. (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO HOLY CROSS HEALTH, INC. OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF HOLY CROSS HEALTH, INC. (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

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

INTERESTS OF HOLY CROSS HEALTH, INC. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A 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 HOLY CROSS HEALTH, INC.'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 HOLY CROSS HEALTH, INC. ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS.

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

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

HOLY CROSS HEALTH, INC.'S GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

REQUEST FROM THE HOLY CROSS HEALTH, INC. PUBLIC INFORMATION OFFICER. HOLY CROSS HEALTH, INC. IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. BOTH TRINITY HEALTH AND HOLY CROSS HEALTH, INC. MAKE CERTAIN OF THEIR KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON THEIR RESPECTIVE WEBSITES, WWW.TRINITY-HEALTH.ORG AND WWW.HOLYCROSSHEALTH.ORG. IN THE "ABOUT US" SECTION OF THE TRINITY WEBSITE THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. THE HOLY CROSS HEALTH, INC. WEBSITE INCLUDES THE THREE MOST RECENT COMMUNITY BENEFIT REPORTS IN THE "COMMUNITY INVOLVEMENT" SECTION.

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

HOLY CROSS HEALTH, INC.'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	-9,061,704.
OTHER TRANSACTIONS:	4,542,819.
TOTAL TO FORM 990, PART XI, LINE 9	-4,518,885.

FORM 990, PART XII, LINE 2:

HOLY CROSS HEALTH, INC.'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY15 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:

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

**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.

OMB No. 1545-0047

2014

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	NORTHEAST HEALTH, INC.	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, INC.	X	

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

Schedule R (Form 990) 2014

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
AUXILIARY OF HOLY ROSARY HOSPITAL - 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	
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, 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
DILEY RIDGE MEDICAL CENTER - 34-2032340 7911 DILEY ROAD CANAL WINCHESTER, OH 43110	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, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), 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	HOME AIDE SERVICE OF EASTERN NEW YORK 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 - 23-3068656 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 7	TRINITY HEALTH CORPORATION	X	
GLOBAL HEALTH MINISTRY (FKA TRINITY HEALTH INTERNATIONAL) - 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	

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
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, 1000 MONROE AVENUE 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, 11801 TECH ROAD, SILVER SPRING, MD 20904	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	

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
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	
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	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	
INTRACOASTAL HEALTH SYSTEMS, INC. - 65-0556413, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	FLORIDA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
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	
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	

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
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 11A, I	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 DIALYSIS AT INNOVA, INC. - 26-3237625, 3716 CHURCH ROAD, MT. LAUREL, NJ 08054	HEALTHCARE SERVICES (INACTIVE)	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 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	
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	NORTHEAST HEALTH, INC.	X	
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, NO. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
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 11A, I	TRINITY CONTINUING CARE SERVICES	X	
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, NO. 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 11A, I	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, INC.	X	
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 505 HURON AVENUE, PORT HURON, MI 48060	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.	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	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	X	
MERCY COMMUNITY HOMECARE SERVICES - 06-1488137, 2021 ALBANY AVENUE, WEST HARTFORD, CT 06117	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC.	X	

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						Yes	No
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, C/O ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH NETWORK - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11A, I	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1415 LEAHY STREET MUSKEGON, MI 49442	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH PLAN - 22-2483605 C/O ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
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

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						Yes	No
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, 400 HOBART, CADILLAC, MI 49601	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 11A, I	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 11A, I	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 1090 DAPHNE, AL 36526	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	MERCY MEDICAL CORPORATION	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	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, 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	

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						Yes	No
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	N/A		X
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 1090 DAPHNE, AL 36526	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 NORTH HOMECARE AND HOSPICE - 38-3313897, 7985 MACKINAW TRAIL, CADILLAC, MI 49601	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 C/O ONE WEST ELM STREET 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 CORPORATION - 06-1453323 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM SUPPORT (INACTIVE)	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH 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 11B, II	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 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, 185 OLD MILITARY ROAD, LAKE PLACID, NY 12946	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MERCYKNOLL INC. - 06-0757380 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.	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, 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	
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	NAZARETH HOSPITAL	X	

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						Yes	No
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, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES - 23-2497355 ONE WEST ELM STREET CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	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
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	
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 HEALTH CARE SERVICES	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	

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						Yes	No
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	
PROFESSIONAL OFFICE CORPORATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	BUILDING MANAGEMENT SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	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 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	
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-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	

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						Yes	No
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 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	
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-S. BEND	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 11A, I	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 11B, II	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	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES-INDIANA	X	
SAINT MARY HOME II, INC. - 06-1164104 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC.	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES, INC.	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	TRINITY HEALTH CORPORATION	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	NORTHEAST HEALTH, INC.	X	
SAMARITAN HOSPITAL OF TROY, NEW YORK - 14-1338544, 2215 BURDETT AVE., TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	NORTHEAST HEALTH, INC.	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	

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
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	
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11A, I	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	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 - 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 11A, I	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 FOUNDATION, INC. - 16-1486437, 411 CANISTEO STREET, HORNELL, NY 14843	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. JAMES MERCY HEALTH SYSTEM, INC.	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNELL, 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 HORNELL, NY 14843	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JAMES MERCY HEALTH 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. 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. 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	
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	

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. 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 AUXILIARY - 22-2843206 315 SOUTH MANNING BLVD ALBANY, NY 12208	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 11A, I	ST. PETER'S HEALTH CARE SERVICES	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 11A, I	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 CARE SERVICES	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 CARE SERVICES	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 3	NORTHEAST HEALTH, INC.	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	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 CARE SERVICES	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 11A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER, 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
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	
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 11A, I	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 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	
TRINITY HEALTH PACE - 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 9	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, INC. - 38-2621935, 17410 COLLEGE PARKWAY, LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
UIHLEIN MERCY CENTER - 15-0532190 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	HEALTHCARE SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	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	
CATHOLIC HEALTH EAST SENIOR SERVICES - 37-1572595, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, PA 19073	SENIOR SERVICES	PA	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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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, 3000 RIVERCHASE GALLERIA, STE 500,	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
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
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	OUTPATIENT SURGERY CENTER	MI	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	AMBULATORY SURGERY CENTER	FL	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	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
	PROVIDE OUTPATIENT SURGICAL CARE	MI	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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	RADIATION ONCOLOGY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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. 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 TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT SURGERY	NY	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

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
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	
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	
HACKLEY HEALTH MANAGEMENT CENTER - 38-2961814, 1415 LEAHY ST., MUSKEGON, MI 49442	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1415 LEAHY ST. MUSKEGON, MI 49442	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT - 38-2578569 1415 LEAHY ST. MUSKEGON, MI 49442	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL CENTER - 38-3024797 1415 LEAHY ST. MUSKEGON, MI 49442	REAL ESTATE RENTAL	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY - 38-2447870 1415 LEAHY ST. MUSKEGON, MI 49442	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
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	
HEF, INC. - 38-3086401 1415 LEAHY ST. MUSKEGON, MI 49442	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 11801 TECH ROAD, SILVER SPRING, MD 20904	HOME CARE SERVICES	MD	MARYLAND CARE GROUP, INC.	C CORP	64,334.	537,377.	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., PO BOX 992 ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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	
MANNING MEDICAL, PLLC - 46-4331512 315 S. MANNING BLVD. ALBANY, NY 12208	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313 11801 TECH ROAD SILVER SPRING, MD 20904	HEALTHCARE HOLDING	MD	HOLY CROSS HEALTH, INC.	C CORP	201,115.	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	
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	

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

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								Yes	No
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	
MICHIGAN ATHLETIC CLUB - 38-2647304 2500 BURTON GRAND RAPIDS, MI 49506	ATHLETIC CLUB	MI	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	PHYSICIANS	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT MARY'S HEALTH MANAGEMENT COMPANY - 38-3450733, 200 JEFFERSON AVENUE SE, GRAND RAPIDS, MI 49503	ATHLETIC CLUB	MI	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	

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
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	
SURGERY CENTER FINANCING CORPORATION - 31-1531102, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938181, 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 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	
VENZKE INSURANCE COMPANY, 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	
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 - 38-3112035 1415 LEAHY ST. MUSKEGON, MI 49442	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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	540,073.	PER BOOKS
(2) TRINITY HOME HEALTH SERVICES, INC.	M	53,480.	PER BOOKS
(3) TRINITY HEALTH CORPORATION	B	9,061,704.	PER BOOKS
(4) TRINITY HEALTH CORPORATION	C	187,133.	PER BOOKS
(5) TRINITY HEALTH CORPORATION	M	30,627,849.	PER BOOKS
(6) TRINITY HEALTH CORPORATION	P	23,110,709.	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	260,208.	PER BOOKS
(8)TRINITY HEALTH CORPORATION	R	14,725,164.	PER BOOKS
(9)HOLY CROSS PRIVATE HOME SERVICES CORP.	A	9,952.	PER BOOKS
(10)HOLY CROSS HEALTH FOUNDATION, INC.	C	4,459,512.	PER BOOKS
(11)TRINITY HEALTH CORPORATION	E	70,000,000.	PER BOOKS
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

