

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>HOLY CROSS HEALTH, INC.</b><br>Doing business as <b>SEE SCHEDULE O</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1500 FOREST GLEN ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>SILVER SPRING, MD 20910-1484</b><br><b>F</b> Name and address of principal officer: <b>NORVELL COOTS, M.D.</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>52-0738041</b><br><b>E</b> Telephone number<br><b>301-754-7034</b><br><b>G</b> Gross receipts \$ <b>605,061,123.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: ▶ <b>WWW.HOLYCROSSHEALTH.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |
|  |  | <b>L</b> Year of formation: <b>1959</b>   |
|  |  | <b>M</b> State of legal domicile: <b>MD</b>   |

**Part I Summary**

|                                    |                |   |  |
|------------------------------------|----------------|---|--|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HEALTH CARE AND HOSPITAL SERVICES</b>         |  |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>15</b>  |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>13</b>  |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>4762</b>  |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>613</b>   |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>82,725.</b>   |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 38  | <b>18,965.</b>   |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | <b>560,065,651.</b>  |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>9,838,066.</b>  |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>14,648,656.</b>   |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>586,387,387.</b>  |
| <b>Expenses</b>                    |                | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>280,097,535.</b>  |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>   |  |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>267,769,694.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>548,570,479.</b>  |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | <b>37,816,908.</b>   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>903,821,361.</b>  |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | <b>492,095,443.</b>  |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>411,725,918.</b>  |

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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 \$ 460,795,481. including grants of \$ 679,355. ) (Revenue \$ 587,303,554. ) HOLY CROSS HEALTH IS A NOT-FOR-PROFIT HEALTH SYSTEM IN MONTGOMERY COUNTY, MD., DEDICATED TO IMPROVING THE HEALTH OF ITS COMMUNITY FOR MORE THAN 55 YEARS. HOLY CROSS SERVES OVER 225,000 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 HOSPITAL IN THE NATION TO BE LOCATED ON A COLLEGE CAMPUS. CARE IS ENHANCED BY AN EDUCATIONAL PARTNERSHIP, AND INCLUDES HIGH-QUALITY MEDICAL, SURGICAL, OBSTETRIC, EMERGENCY, AND BEHAVIORAL HEALTH SERVICES. HOLY CROSS HEALTH CENTERS ARE LOCATED IN SILVER SPRING, GAITHERSBURG, GERMANTOWN AND ASPEN HILL.

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 460,795,481.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  | <b>4</b> X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>10</b> X  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   | <b>11b</b> X |    |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <b>18</b>    | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b> X |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b> X |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <b>21</b> X  |    |

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

|  | Yes | No |
|--|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | X   |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

**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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include 2a (4762 employees), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a, 14b, 15, 16.

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 (1024 or 1024-A 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)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) NORVELL COOTS, M.D.<br>DIRECTOR; PRESIDENT & CEO HCH | 54.00<br>1.00   | X   |                       | X       |              |                              |        | 0.   | 591,002.  | 131,938.  |
| (2) SHARON FRIEDMAN<br>DIRECTOR; CHAIR                   | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) RUTH MARIE NICKERSON, CSC<br>DIRECTOR; VICE CHAIR    | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 73.   |
| (4) MARILYN MOON<br>DIRECTOR; SECRETARY                  | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) THOMAS MCELROY<br>DIRECTOR; TREASURER                | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) CRAIG DICKMAN, M.D.<br>DIRECTOR THROUGH 12/18        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) CHYLA EVANS<br>DIRECTOR THROUGH 1/19                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) AJAY GUPTA<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) COURTNEY LANG<br>DIRECTOR                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) CARMEN LARSEN<br>DIRECTOR                           | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) ROBIN MADDEN, M.D., PHD<br>DIRECTOR AS OF 1/19      | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) DOUGLAS MURPHY, M.D.<br>DIRECTOR                    | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) HERCULES PINKNEY<br>DIRECTOR                        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MARC POTASH<br>DIRECTOR AS OF 6/19                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) KATHLEEN REILLY, CSC<br>DIRECTOR THROUGH 12/18      | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) ERIC SCHOOMAKER, M.D.<br>DIRECTOR                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) MARCUS SHIPLEY<br>DIRECTOR; TRINITY HEALTH SVP      | 1.00<br>49.00   | X   |                       |         |              |                              |        | 0.   | 1,251,313.  | 46,224.   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) VERONIQUE WIEDOWER, CSC<br>DIRECTOR AS OF 1/19            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) ANNE GILLIS<br>CFO & ASSISTANT TREASURER                  | 49.00<br>1.00   |   |                       | X       |              |                              |        | 0.   | 339,711.  | 47,893.   |
| (20) LOUIS DAMIANO, M.D.<br>PRESIDENT HOLY CROSS HOSPITAL      | 55.00<br>0.00   |   |                       | X       |              |                              |        | 0.   | 463,861.  | 39,102.   |
| (21) DOUG RYDER<br>PRESIDENT HC GERMANTOWN HOSPITAL            | 55.00<br>0.00   |   |                       | X       |              |                              |        | 0.   | 433,020.  | 27,469.   |
| (22) ANNICE CODY<br>PRESIDENT HCH NETWORK                      | 50.00<br>0.00   |   |                       | X       |              |                              |        | 0.   | 371,804.  | 44,763.   |
| (23) ELIZABETH SIMPSON<br>GENERAL COUNSEL & ASST SECRETARY     | 49.00<br>1.00   |   |                       | X       |              |                              |        | 0.   | 356,609.  | 37,351.   |
| (24) BLAIR EIG, M.D.<br>CHIEF MEDICAL OFFICER                  | 50.00<br>0.00   |   |                       |         | X            |                              |        | 0.   | 395,844.  | 46,705.   |
| (25) GREG JOLISSAINT<br>VP MILITARY AND VETERANS HEALTH        | 50.00<br>0.00   |   |                       |         |              | X                            |        | 0.   | 391,523.  | 27,093.   |
| (26) YANCY PHILLIPS, M.D.<br>VP CHIEF QUALITY OFFICER          | 50.00<br>0.00   |   |                       |         |              | X                            |        | 0.   | 385,167.  | 36,643.   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 0.   | 4,979,854.  | 485,254.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 656,215.   | 680,064.  | 116,566.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 656,215.   | 5,659,918.  | 601,820.  |

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 337

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SYSKO CORP FOOD SERVICES<br>PO BOX 1099, JESSUP, MD 20794                           | FOOD SERVICES                  | 2,434,399.          |
| GEORGE WASHINGTON UNIV, 2300 EYE ST NW<br>ROSS HALL, WASHINGTON, DC 20037           | HEALTH CARE SERVICES           | 2,187,238.          |
| STRATEGIC STAFFING SOLUTIONS, 645 GRISWOLD<br>ST., STE 2900, DETROIT, MI 48226-4206 | RECRUITING SERVICES            | 2,186,988.          |
| CHILDRENS NATL MED, 12211 PLUM ORCHARD<br>DR., STE 200, SILVER SPRING, MD 20904     | CLINICAL SERVICES              | 2,060,064.          |
| INPATIENT CONSULTANTS OF MD<br>PO BOX 844929, LOS ANGELES, CA 90084-4929            | CLINICAL SERVICES              | 2,040,751.          |

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 122

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)           | (B)                                | (C)                        | (D)  |  |
|--|---|--|----------------------|---------------|------------------------------------|----------------------------|--|--|
|  |   |  |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns .....  | <b>1a</b>            |               |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues .....  | <b>1b</b>            |               |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events .....   | <b>1c</b>            |               |                                    |                            |  |  |
|  | <b>d</b>  | Related organizations .....  | <b>1d</b>            | 1,420,803.    |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions) .....  | <b>1e</b>            | 384,536.      |                                    |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above .....   | <b>1f</b>            |               |                                    |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f: \$ .....  |                      |               |                                    |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f .....  |                      |               | 1,805,339.                         |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>  | NET PATIENT SERVICE REVENUE  | <b>Business Code</b> | 622110        | 577,286,691.                       | 577,203,966.               | 82,725.  |  |
|  | <b>b</b>  |  |                      |               |                                    |                            |  |  |
|  | <b>c</b>  |  |                      |               |                                    |                            |  |  |
|  | <b>d</b>  |  |                      |               |                                    |                            |  |  |
|  | <b>e</b>  |  |                      |               |                                    |                            |  |  |
|  | <b>f</b>  | All other program service revenue .....  |                      |               |                                    |                            |  |  |
|  | <b>g</b>  | <b>Total.</b> Add lines 2a-2f .....  |                      |               | 577,286,691.                       |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) .....   |                      |               | 5,472,138.                         |                            | 5,472,138.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....   |                      |               |                                    |                            |  |  |
|  | <b>5</b>  | Royalties .....  |                      |               |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents .....  | (i) Real             | (ii) Personal |                                    |                            |  |  |
|  |   | Less: rental expenses .....  | 1,016,300.           | 0.            |                                    |                            |  |  |
|  |   | Rental income or (loss) .....  | 1,016,300.           |               |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss) .....  |                      |               | 1,016,300.                         |                            | 1,016,300.   |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....   | (i) Securities       | (ii) Other    |                                    |                            |  |  |
|  |   | Less: cost or other basis and sales expenses .....   | 5,466,307.           | 320,859.      |                                    |                            |  |  |
|  |   | Gain or (loss) .....   | 0.                   | 0.            |                                    |                            |  |  |
|  |   | Net gain or (loss) .....   | 5,466,307.           | 320,859.      |                                    |                            |  |  |
|  | <b>d</b>  | Net gain or (loss) .....   |                      |               | 5,787,166.                         |                            | 5,787,166.   |  |
|  | <b>8 a</b>  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | a                    |               |                                    |                            |  |  |
|  |   | Less: direct expenses .....  | b                    |               |                                    |                            |  |  |
| Net income or (loss) from fundraising events .....     |   |  |                      |               |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 ..... | a  |                      |               |                                    |                            |  |  |
|  | Less: direct expenses .....                                     | b  |                      |               |                                    |                            |  |  |
|  | Net income or (loss) from gaming activities .....               |  |                      |               |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....     | a  |                      |               |                                    |                            |  |  |
|  | Less: cost of goods sold .....                                  | b  |                      |               |                                    |                            |  |  |
|  | Net income or (loss) from sales of inventory .....              |  |                      |               |                                    |                            |  |  |
| Miscellaneous Revenue                                  |   |  | <b>Business Code</b> |               |                                    |                            |  |  |
| <b>11 a</b>  | RADIATION TREATMENT CENTER                                      | 622110   |                      | 4,342,633.    | 4,342,633.                         |                            |  |  |
|  | CAFETERIA REVENUE   | 722514   |                      | 3,593,901.    |                                    | 3,593,901.                 |  |  |
|  | GOV'T SUBSIDY - EHR   | 622110   |                      | 473,857.      | 473,857.                           |                            |  |  |
|  | All other revenue .....   | 622110   |                      | 5,283,098.    | 5,283,098.                         |                            |  |  |
|  | <b>Total.</b> Add lines 11a-11d .....                           |  |                      |               | 13,693,489.                        |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....                    |  |                      | 605,061,123.  | 587,303,554.                       | 82,725.                    | 15,869,505.  |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 679,355.              | 679,355.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 3,226,695.            |                                 | 3,226,695.                             |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   | 353,117.              |                                 | 353,117.                               |                             |
| <b>7</b> Other salaries and wages .....  | 233,581,260.          | 177,658,841.                    | 55,922,419.                            |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 7,133,079.            | 5,422,669.                      | 1,710,410.                             |                             |
| <b>9</b> Other employee benefits .....   | 24,761,378.           | 18,710,137.                     | 6,051,241.                             |                             |
| <b>10</b> Payroll taxes .....  | 17,162,268.           | 12,871,701.                     | 4,290,567.                             |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management .....  | 999,516.              | 999,516.                        |  |                             |
| <b>b</b> Legal .....   | 203,142.              |                                 | 203,142.                               |                             |
| <b>c</b> Accounting .....  |                       |                                 |  |                             |
| <b>d</b> Lobbying .....  | 75,000.               |                                 | 75,000.                                |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  | 464,571.              |                                 | 464,571.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 49,949,761.           | 42,547,091.                     | 7,402,670.                             |                             |
| <b>12</b> Advertising and promotion .....  | 2,339,971.            | 1,754,978.                      | 584,993.                               |                             |
| <b>13</b> Office expenses .....  | 4,551,523.            | 3,413,642.                      | 1,137,881.                             |                             |
| <b>14</b> Information technology .....   | 23,263,119.           | 17,447,339.                     | 5,815,780.                             |                             |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 14,819,224.           | 11,114,418.                     | 3,704,806.                             |                             |
| <b>17</b> Travel .....   | 355,088.              | 266,316.                        | 88,772.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 174,511.              | 130,883.                        | 43,628.                                |                             |
| <b>20</b> Interest .....   | 15,697,837.           | 15,697,837.                     |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 37,926,852.           | 28,445,139.                     | 9,481,713.                             |                             |
| <b>23</b> Insurance .....  | 5,106,328.            |                                 | 5,106,328.                             |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>MEDICAL SUPPLIES</b>   | 82,226,601.           | 82,226,601.                     |  |                             |
| <b>b</b> <b>BAD DEBT</b>   | 24,539,892.           | 24,539,892.                     |  |                             |
| <b>c</b> <b>INTERCO PURCHASED SVCS</b>   | 10,080,552.           | 7,560,414.                      | 2,520,138.                             |                             |
| <b>d</b> <b>EQUIPMENT MAINTENANCE</b>  | 8,509,287.            | 6,381,965.                      | 2,127,322.                             |                             |
| <b>e</b> All other expenses .....  | 3,902,329.            | 2,926,747.                      | 975,582.                               |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 572,082,256.          | 460,795,481.                    | 111,286,775.                           | 0.                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |
| Check here <input type="checkbox"/> 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)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 369,322.                 | <b>1</b>     | 368,136.           |
|  | <b>2</b> Savings and temporary cash investments .....  | 58,397.                  | <b>2</b>     | 59,668.            |
|  | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>     |                    |
|  | <b>4</b> Accounts receivable, net .....  | 76,014,447.              | <b>4</b>     | 75,656,781.        |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>     |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>     |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|  | <b>8</b> Inventories for sale or use .....   | 9,802,842.               | <b>8</b>     | 9,603,270.         |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 9,208,601.               | <b>9</b>     | 9,061,440.         |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 782,950,083.  |              |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 346,117,455.  |              |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 453,563,457.             | <b>10c</b>   | 436,832,628.       |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 173,557,715.             | <b>11</b>    | 195,217,181.       |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 110,583,768.             | <b>12</b>    | 124,322,197.       |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>    |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,628,288.               | <b>14</b>    | 2,875,058.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 69,034,524.  | <b>15</b>                | 69,537,740.  |                    |
|  | 903,821,361.   | <b>16</b>                | 923,534,099. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 71,041,721.              | <b>17</b>    | 67,876,931.        |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                    |
|  | <b>19</b> Deferred revenue .....   | 1,279,980.               | <b>19</b>    | 1,313,315.         |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>    |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 1,469,708.               | <b>23</b>    | 1,828,393.         |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 418,304,034.             | <b>25</b>    | 409,733,457.       |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 492,095,443.             | <b>26</b>    | 480,752,096.       |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |              |                    |
|  | <b>27</b> Unrestricted net assets .....  | 411,667,521.             | <b>27</b>    | 442,722,335.       |
|  | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b>    | 0.                 |
|  | <b>29</b> Permanently restricted net assets .....  | 58,397.                  | <b>29</b>    | 59,668.            |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |              |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>    |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>    |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>    |                    |
| <b>33</b> Total net assets or fund balances .....                                | 411,725,918.   | <b>33</b>                | 442,782,003. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....                   | 903,821,361.   | <b>34</b>                | 923,534,099. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 605,061,123. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 572,082,256. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 32,978,867.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 411,725,918. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 5,325,097.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -7,247,879.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 442,782,003. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2018)



**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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> |     |    |
| <b>1</b>   |     |    |

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

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

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

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

**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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013   |                                     |   |  |
| <b>b</b> From 2014   |                                     |   |  |
| <b>c</b> From 2015   |                                     |   |  |
| <b>d</b> From 2016   |                                     |   |  |
| <b>e</b> From 2017   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014  |                                     |   |  |
| <b>b</b> Excess from 2015  |                                     |   |  |
| <b>c</b> Excess from 2016  |                                     |   |  |
| <b>d</b> Excess from 2017  |                                     |   |  |
| <b>e</b> Excess from 2018  |                                     |   |  |

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><br><b>HOLY CROSS HEALTH, INC.</b> | Employer identification number<br><br><b>52-0738041</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 535,745.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 885,058.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>HOLY CROSS HEALTH, INC.</b> | Employer identification number<br><br><b>52-0738041</b> |
|--|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>HOLY CROSS HEALTH, INC.</b> | Employer identification number<br><br><b>52-0738041</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**HOLY CROSS HEALTH, INC.**

Employer identification number

**52-0738041**

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

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

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b> |   |          |          |          |           |
|---|---|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)              | (a) 2015  | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b>   | Lobbying nontaxable amount                              |          |          |          |           |
| <b>b</b>  | Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |           |
| <b>c</b>  | Total lobbying expenditures                             |          |          |          |           |
| <b>d</b>  | Grassroots nontaxable amount                            |          |          |          |           |
| <b>e</b>  | Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |           |
| <b>f</b>  | Grassroots lobbying expenditures                        |          |          |          |           |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  | (a) |    | (b)      |
|---|-----|----|----------|
|   | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers? .....  |     | X  |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  | X   |    |          |
| <b>c</b> Media advertisements? .....  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   | X   |    | 45,437.  |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  | X   |    | 76,196.  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |          |
| <b>i</b> Other activities? .....  |     | X  |          |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 121,633. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |          |

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

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

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

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

**Part IV Supplemental Information**

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

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

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

**Part IV** Supplemental Information (continued)

MARYLAND HOSPITAL ASSOCIATION - \$16,520

CATHOLIC HOSPITAL ASSOCIATION - \$2,837

AMERICAN HOSPITAL ASSOCIATION - \$4,911

PROFESSIONAL ORGANIZATIONS -21,169

TOTAL - \$45,437

ORGANIZATION EMPLOYEES ALSO ENGAGE IN ADVOCACY ON ISSUES RELATED TO HEALTH CARE AND HEALTH CARE PROVIDERS. SUCH ACTIVITIES CONSIST OF WRITTEN AND VERBAL COMMUNICATIONS WITH FEDERAL, STATE AND LOCAL ELECTED OFFICIALS AND GOVERNMENT AGENCIES.

HCH ALSO PAID A THIRD PARTY LOBBYING FIRM DURING THE YEAR TO LOBBY FOR OR AGAINST LEGISLATION DETERMINED TO BE OF INTEREST TO HCH.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 58,397.          | 50,357.        | 42,885.            | 45,057.              | 45,627.             |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  | 8,040.         | 7,472.             | -2,172.              | 430.                |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      | 1,000.              |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 58,397.          | 58,397.        | 50,357.            | 42,885.              | 45,057.             |

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 493,418.                        |                              | 493,418.       |
| b Buildings  |                                      | 604,993,161.                    | 217,217,015.                 | 387,776,146.   |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 173,415,747.                    | 128,900,440.                 | 44,515,307.    |
| e Other  | 175,940.                             | 3,871,817.                      |                              | 4,047,757.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 436,832,628.   |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value      | (c) Method of valuation: Cost or end-of-year market value |
|---|---------------------|---|
| (1) Financial derivatives   |                     |   |
| (2) Closely-held equity interests                                       |                     |   |
| (3) Other   |                     |   |
| (A) COMMINGLED FUNDS DIRECTLY   |                     |   |
| (B) HOLDING SECURITIES  | 38,252,984.         | END-OF-YEAR MARKET VALUE                                  |
| (C) EQUITY METHOD INVESTMENTS   | 60,567,224.         | COST  |
| (D) HEDGE FUNDS   | 25,501,989.         | END-OF-YEAR MARKET VALUE                                  |
| (E)   |                     |   |
| (F)   |                     |   |
| (G)   |                     |   |
| (H)   |                     |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | <b>124,322,197.</b> |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value     |
|---|--------------------|
| (1) MISCELLANEOUS RECEIVABLES   | 914,127.           |
| (2) INTERCOMPANY ACCOUNTS RECEIVABLE                                      | 4,816,140.         |
| (3) INVESTMENT IN UNCONSOL. AFFILIATES                                    | 34,039,798.        |
| (4) INTERCOMPANY OTHER LT ASSETS  | 29,767,675.        |
| (5)   |                    |
| (6)   |                    |
| (7)   |                    |
| (8)   |                    |
| (9)   |                    |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>69,537,740.</b> |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value      |
|---|---------------------|
| (1) Federal income taxes  |                     |
| (2) INTERCOMPANY ACCOUNTS PAYABLE   | 6,003,656.          |
| (3) DEFERRED COMPENSATION LIABILITY                                       | 764,509.            |
| (4) ASSET RETIREMENT OBLIGATION (ASC                                      |                     |
| (5) 410)  | 412,886.            |
| (6) OTHER LIABILITIES   | 5,635,465.          |
| (7) INTERCOMPANY NOTES PAYABLE  | 393,795,650.        |
| (8) GUARANTEES  | 3,121,291.          |
| (9)   |                     |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>409,733,457.</b> |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                                   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 37336351.                           | 20622024.                     | 16714327.                         | 3.05%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 112523328                           | 115758272                     | 0.                                | .00%                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs                          |   |                               | 149859679                           | 136380296                     | 16714327.                         | 3.05%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) | 73  | 196,207                       | 6038317.                            | 390,365.                      | 5647952.                          | 1.03%                        |
| <b>f</b> Health professions education (from Worksheet 5)   | 5   | 189                           | 3128173.                            | 0.                            | 3128173.                          | .57%                         |
| <b>g</b> Subsidized health services (from Worksheet 6)   | 14  | 117,765                       | 10451133.                           | 414,597.                      | 10036536.                         | 1.83%                        |
| <b>h</b> Research (from Worksheet 7)   | 2   | 1,297                         | 328,779.                            | 24,520.                       | 304,259.                          | .06%                         |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 3   | 0                             | 197,258.                            | 0.                            | 197,258.                          | .04%                         |
| <b>j Total.</b> Other Benefits   | 97  | 315,458                       | 20143660.                           | 829,482.                      | 19314178.                         | 3.53%                        |
| <b>k Total.</b> Add lines 7d and 7j  | 97  | 315,458                       | 170003339                           | 137209778                     | 36028505.                         | 6.58%                        |

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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with 3 columns: Question, Yes, No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. (24,539,892). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (0).

Section B. Medicare

Table for Section B with 3 columns: Question, Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (153,043,745). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (129,067,092). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (23,976,653). Row 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Method used: Cost to charge ratio (checked).

Section C. Collection Practices

Table for Section C with 3 columns: Question, Yes, No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? (Yes: X).

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, or trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | X   |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | X   |    |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | X   |    |
| a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>   |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   |     |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

|  | Yes      | No |
|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %  |          |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |          |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |          |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status   |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Residency   |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| 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):  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |          |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   |          |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.HOLYCROSSHEALTH.ORG/FINANCIALASSISTANCE</u>  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |          |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |          |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |

**Part V Facility Information** (continued)

**Billing and Collections**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |          |          |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |          |          |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |          |          |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |          |          |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |          |          |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |          |          |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |          |          |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |          |          |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |          |          |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |          |          |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |          |          |

**Policy Relating to Emergency Medical Care**

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

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

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

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

|   | Yes       | No       |
|---|-----------|----------|
| <b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.  |           |          |
| <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period  |           |          |
| <b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period   |           |          |
| <b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                               |           |          |
| <b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |           |          |
| <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....<br>If "Yes," explain in Section C. | <b>23</b> | <b>X</b> |
| <b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....<br>If "Yes," explain in Section C.   | <b>24</b> | <b>X</b> |

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**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | X   |    |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | X   |    |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>   |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | X   |    |
| a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>   |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   |     |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

|  | Yes      | No |
|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %  |          |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |          |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |          |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status   |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Residency   |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| 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):  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |          |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   |          |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.HOLYCROSSHEALTH.ORG/FINANCIALASSISTANCE</u>  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |          |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |          |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |

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**Part V Facility Information** (continued)

**Billing and Collections**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>X</b> |          |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |          |          |
| 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP   |          |          |
| d <input type="checkbox"/> Actions that require a legal or judicial process   |          |          |
| e <input type="checkbox"/> Other similar actions (describe in Section C)  |          |          |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |          |          |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |          | <b>X</b> |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |          |          |
| 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP   |          |          |
| d <input type="checkbox"/> Actions that require a legal or judicial process   |          |          |
| e <input type="checkbox"/> Other similar actions (describe in Section C)  |          |          |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |          |          |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                       |          |          |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)   |          |          |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)  |          |          |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)   |          |          |
| 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**

|   |          |  |
|---|----------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | <b>X</b> |  |
| 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)  |          |  |

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

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

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

|  |  | Yes | No |  |  |  |
|--|--|-----|----|--|--|--|
| <p><b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p> |  |     |    |  |  |  |
| <p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....</p> <p>If "Yes," explain in Section C.</p>   |  | 23  | X  |  |  |  |
| <p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....</p> <p>If "Yes," explain in Section C.</p>   |  | 24  | X  |  |  |  |

Schedule H (Form 990) 2018

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 3J: N/A

PART V, SECTION B, LINE 3E: HOLY CROSS HEALTH (HCH) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. MATERNAL AND INFANT HEALTH
- 2. SENIORS
- 3. DIABETES
- 4. CANCERS
- 5. CARDIOVASCULAR HEALTH
- 6. OBESITY
- 7. BEHAVIORAL HEALTH

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: HCH INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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. MATERNAL AND INFANT HEALTH

2. SENIORS

3. DIABETES

4. CANCERS

5. CARDIOVASCULAR HEALTH

6. OBESITY

7. BEHAVIORAL HEALTH

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 HEALTH CARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. WE USE THE COMMUNITY HEALTH NEED INDEX AND OTHER AVAILABLE REPORTS AND ASSESSMENTS. WE ALSO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR COMMUNITY.

EACH YEAR SINCE 2005, WE HAVE INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE INTERESTS OF THE COMMUNITIES WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES; A VARIETY OF INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES; AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

ON JUNE 7, 2016 WE INVITED REPRESENTATIVES FROM A VARIETY OF GOVERNMENT AND NON-PROFIT ORGANIZATIONS TO PROVIDE INPUT ON EXISTING AND EMERGING COMMUNITY NEEDS FOR THE FISCAL YEAR 2017 CHNA. A WIDE VARIETY OF ORGANIZATIONS, REPRESENTING MULTIPLE COMMUNITIES WITHIN OUR COMMUNITY BENEFIT SERVICE AREA, WERE SOLICITED FOR INPUT. INPUT ON THE NEEDS OF LOW-INCOME, MINORITY, AND SENIOR POPULATIONS WERE PROVIDED BY: THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, A REPRESENTATIVE FROM THE LATINO HEALTH INITIATIVE, AND A REPRESENTATIVE FROM THE AFRICAN AMERICAN HEALTH INITIATIVE. EXISTING AND EMERGING NEEDS OF THE MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS WERE PROVIDED BY THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES AND BY A REPRESENTATIVE FROM THE MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY. INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE SERVE WAS PROVIDED BY REPRESENTATIVES FROM THE UNIVERSITY OF MARYLAND EXTENSION, THE SILVER SPRING VILLAGE, THE EASTERN MONTGOMERY COUNTY REGIONAL CENTER, AND THE CANCER AND TOBACCO PREVENTION PROGRAMS OF THE

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

HOLY CROSS GERMANTOWN 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 HEALTH CARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. WE USE THE COMMUNITY HEALTH NEED INDEX AND OTHER AVAILABLE REPORTS AND ASSESSMENTS. WE ALSO CONDUCT AN EXTENSIVE ANALYSIS OF DEMOGRAPHICS, HEALTH INDICATORS AND SOCIAL DETERMINANTS OF HEALTH OF THE COMMUNITIES WE SERVE. FINALLY, WE SEEK EXPERT GUIDANCE FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN THE NEEDS OF OUR COMMUNITY.

EACH YEAR SINCE 2005, WE HAVE INVITED INPUT AND OBTAINED ADVICE FROM A GROUP OF EXTERNAL PARTICIPANTS THAT REPRESENT THE INTERESTS OF THE COMMUNITIES WE SERVE. THE GROUP REVIEWS OUR COMMUNITY BENEFIT PLAN, ANNUAL WORK PLAN, FOUNDATION/KEY BACKGROUND MATERIAL, AND DATA SUPPLEMENTS TO ADVISE US ON PRIORITY COMMUNITY NEEDS AND THE DIRECTION TO TAKE FOR THE NEXT YEAR. EXTERNAL GROUP PARTICIPANTS INCLUDE THE PUBLIC HEALTH OFFICER AND THE DIRECTOR OF MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES; A VARIETY OF INDIVIDUALS FROM LOCAL AND STATE GOVERNMENTAL AGENCIES; AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, CHURCHES, COLLEGES, COALITIONS, AND ASSOCIATIONS. THESE PARTICIPANTS ARE EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS AND HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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

ON JUNE 7, 2016 WE INVITED REPRESENTATIVES FROM A VARIETY OF GOVERNMENT  
AND NON-PROFIT ORGANIZATIONS TO PROVIDE INPUT ON EXISTING AND EMERGING  
COMMUNITY NEEDS FOR THE FISCAL YEAR 2017 CHNA. A WIDE VARIETY OF  
ORGANIZATIONS, REPRESENTING MULTIPLE COMMUNITIES WITHIN OUR COMMUNITY  
BENEFIT SERVICE AREA, WERE SOLICITED FOR INPUT. INPUT ON THE NEEDS OF  
LOW-INCOME, MINORITY, AND SENIOR POPULATIONS WERE PROVIDED BY: THE  
DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
A REPRESENTATIVE FROM THE LATINO HEALTH INITIATIVE, AND A REPRESENTATIVE  
FROM THE AFRICAN AMERICAN HEALTH INITIATIVE. EXISTING AND EMERGING NEEDS  
OF THE MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS WERE PROVIDED BY  
THE DIRECTOR OF THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN  
SERVICES AND BY A REPRESENTATIVE FROM THE MENTAL HEALTH ASSOCIATION OF  
MONTGOMERY COUNTY. INFORMATION ON THE BROADER NEEDS OF THE COMMUNITY WE  
SERVE WAS PROVIDED BY REPRESENTATIVES FROM THE UNIVERSITY OF MARYLAND  
EXTENSION, THE SILVER SPRING VILLAGE, THE EASTERN MONTGOMERY COUNTY  
REGIONAL CENTER, AND THE CANCER AND TOBACCO PREVENTION PROGRAMS OF THE  
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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,

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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 COUNCIL, ICF INTERNATIONAL, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH FOUNDATION, MONTGOMERY COUNTY COMMISSION ON HEALTH, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, HOUSE OF DELEGATES, MARYLAND GENERAL ASSEMBLY, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY, CAREFIRST BLUE CROSS BLUE SHIELD, AFRICAN AMERICAN HEALTH PROGRAM, COMMISSION ON PEOPLE WITH DISABILITIES, ASIAN AMERICAN HEALTH INITIATIVE, PROYECTO SALUD HEALTH CENTER, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, AND MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 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 COUNCIL, ICF INTERNATIONAL, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH FOUNDATION, MONTGOMERY COUNTY COMMISSION ON HEALTH, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, HOUSE OF DELEGATES, MARYLAND GENERAL ASSEMBLY, KAISER PERMANENTE, GARVEY ASSOCIATES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, COMMISSION ON AGING, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY, CAREFIRST BLUE CROSS BLUE SHIELD, AFRICAN AMERICAN HEALTH PROGRAM, COMMISSION ON PEOPLE WITH DISABILITIES, ASIAN AMERICAN HEALTH INITIATIVE, PROYECTO SALUD HEALTH CENTER, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, GEORGETOWN UNIVERSITY SCHOOL OF NURSING AND HEALTH STUDIES, AND MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 9:  
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 9:  
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS ADDRESSES 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 HOSPITAL'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, AND IMPLEMENTATION AND EVALUATION OF COMMUNITY BENEFIT ACTIVITIES, WHICH ARE INTEGRATED INTO OUR MULTI-YEAR STRATEGIC AND ANNUAL OPERATING PLANNING PROCESSES.

THIS MULTI-YEAR IMPLEMENTATION STRATEGY ADDRESSES THE PRIORITY AREAS AND OVERARCHING THEMES BY FOCUSING OUR COMMUNITY BENEFIT ACTIVITIES ON THE MOST VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES, INCLUDING WOMEN AND CHILDREN, SENIORS, AND RACIAL, ETHNIC AND LINGUISTIC MINORITIES. 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

SELECT OUTREACH PRIORITIES FOR THE IMPLEMENTATION STRATEGY, HCH LINKED  
COMMUNITY HEALTH CARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES.

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 INFANT HEALTH, SENIORS, DIABETES, CANCERS, CARDIOVASCULAR HEALTH,  
OBESITY, AND BEHAVIORAL HEALTH. PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING  
EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS WERE  
ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A  
COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT  
OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN  
NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2019, THROUGH  
THIS PARTNERSHIP, HOLY CROSS HOSPITAL OFFERED PRENATAL SERVICES TO 561  
LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PRENATAL SERVICES  
INCLUDE PRENATAL CARE, ROUTINE LABORATORY TESTS, PRENATAL CLASSES, AND A  
DENTAL SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: THE SENIOR SOURCE, AN AWARD-WINNING PROGRAM DEVELOPED IN

**Part V Facility Information** (continued)

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

PARTNERSHIP WITH THE HOUSING OPPORTUNITIES COMMISSION OF MONTGOMERY COUNTY, THE MARYLAND DEPARTMENT OF AGING AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, IS A FREE-STANDING HEALTH AND WELLNESS CENTER FOR ACTIVE ADULTS AGE 55 AND OLDER LOCATED IN DOWNTOWN SILVER SPRING. THE SENIOR SOURCE OFFERS AN ARRAY OF PROGRAMS TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. THE SENIOR SOURCE OFFERS CLASSES THAT RANGE FROM ART APPRECIATION TO ZUMBA AND HAD 13,303 ENCOUNTERS IN FISCAL YEAR 2019.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE, IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE, AND ENCOURAGE SELF-MANAGEMENT. IN FISCAL YEAR 2019, 65 SENIOR FIT CLASSES WERE OFFERED EACH WEEK AT 23 GEOGRAPHICALLY ACCESSIBLE LOCATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. THE AVERAGE WEEKLY UNDUPLICATED ATTENDANCE WAS 2,000 PARTICIPANTS, AND TOTAL ENCOUNTERS FOR THE YEAR WERE 95,038.

OBESITY: KIDS FIT, A ONE-HOUR INTERACTIVE EXERCISE AND NUTRITION PROGRAM, TARGETS AT-RISK YOUTH TO IMPROVE FITNESS, TEAM WORK, AND KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES AMONG CHILDREN AGED 6 TO 12 RESIDING IN LOW-INCOME HOUSING PROPERTIES. FOR HOLY CROSS HEALTH, IN FISCAL YEAR 2019, A TOTAL OF 78 KIDS FIT CLASSES WERE HELD AT FOUR HOUSING OPPORTUNITIES SITES IN MONTGOMERY COUNTY, WITH AN AVERAGE CLASS ATTENDANCE OF 26 AND TOTAL ENCOUNTERS OF 1,180.

DIABETES: THE DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS AND SUPPORT, TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. IN FISCAL YEAR 2019, THE DIABETES PREVENTION PROGRAM ENROLLED 69 COMMUNITY MEMBERS, WITH AN AVERAGE WEIGHT LOSS OF 5.15% AT 12 MONTHS.

BEHAVIORAL HEALTH: IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, 19.6% AND 20.7% OF THE POPULATION, RESPECTIVELY, SAID THAT THEY EXPERIENCED MORE THAN TWO DAYS OF POOR MENTAL HEALTH IN THE PAST MONTH. THE LOW-INCOME, UNINSURED OR UNDERINSURED POPULATIONS HAVE LIMITED SERVICES AVAILABLE TO THEM TO ASSIST IN COPING WITH BEHAVIORAL HEALTH ISSUES. IT IS ESTIMATED THAT MORE THAN 60,000 COUNTY RESIDENTS ARE UNINSURED, WITH MORE THAN 44,000 OF THE UNINSURED INELIGIBLE DUE TO IMMIGRATION STATUS, ACCORDING TO THE MIGRATION POLICY INSTITUTE (PRIMARY CARE COALITION, 2017), AND THERE ARE APPROXIMATELY 140,000 MEDICAID RECIPIENTS IN MONTGOMERY COUNTY. TO MEET THIS GROWING NEED, BEHAVIORAL HEALTH SERVICES HAVE BEEN INCORPORATED INTO ALL FOUR OF OUR HOLY CROSS HEALTH CENTERS THAT PROVIDE PRIMARY CARE TO UNINSURED AND MEDICAID RECIPIENTS. IN FISCAL YEAR 2019, 1,293 PATIENTS USED BEHAVIORAL HEALTH SERVICES FOR COUNSELING AND MEDICATION MANAGEMENT FOR MILD DEPRESSION, ANXIETY, COPING AND PANIC DISORDERS, OR FOR CASE MANAGEMENT TO ADDRESS AN IDENTIFIED SOCIAL DETERMINANT OF HEALTH NEED.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FISCAL YEAR 2019, 541 COMMUNITY MEMBERS RECEIVED

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

**FREE MAMMOGRAMS.**

**HOLY CROSS GERMANTOWN HOSPITAL:**

**PART V, SECTION B, LINE 11: HOLY CROSS ADDRESSES 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 GERMANTOWN HOSPITAL'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, AND IMPLEMENTATION AND EVALUATION OF COMMUNITY BENEFIT ACTIVITIES, WHICH ARE INTEGRATED INTO OUR MULTI-YEAR STRATEGIC AND ANNUAL OPERATING PLANNING PROCESSES.**

**THIS MULTI-YEAR IMPLEMENTATION STRATEGY ADDRESSES THE PRIORITY AREAS AND OVERARCHING THEMES BY FOCUSING OUR COMMUNITY BENEFIT ACTIVITIES ON THE MOST VULNERABLE AND UNDERSERVED INDIVIDUALS AND FAMILIES, INCLUDING WOMEN AND CHILDREN, SENIORS, AND RACIAL, ETHNIC AND LINGUISTIC MINORITIES. TO SELECT OUTREACH PRIORITIES FOR THE IMPLEMENTATION STRATEGY, HOLY CROSS HEALTH LINKED COMMUNITY HEALTH CARE NEEDS TO OUR MISSION AND STRATEGIC PRIORITIES.**

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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, DIABETES, CANCERS, CARDIOVASCULAR HEALTH, OBESITY, AND BEHAVIORAL HEALTH. PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING EACH NEED FOLLOW:

MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS WERE ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FISCAL YEAR 2019, THROUGH THIS PARTNERSHIP, HOLY CROSS GERMANTOWN HOSPITAL OFFERED PRENATAL SERVICES TO 397 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. PRENATAL SERVICES INCLUDE PRENATAL CARE, ROUTINE LABORATORY TESTS, PRENATAL CLASSES, AND A DENTAL SCREENING BY A DENTAL HYGIENIST, IF REFERRED.

SENIORS: THE SENIOR SOURCE, AN AWARD-WINNING PROGRAM DEVELOPED IN PARTNERSHIP WITH THE HOUSING OPPORTUNITIES COMMISSION OF MONTGOMERY COUNTY, THE MARYLAND DEPARTMENT OF AGING AND THE MONTGOMERY COUNTY

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, IS A FREE-STANDING HEALTH AND WELLNESS CENTER FOR ACTIVE ADULTS AGE 55 AND OLDER LOCATED IN DOWNTOWN SILVER SPRING. THE SENIOR SOURCE OFFERS AN ARRAY OF PROGRAMS TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. THE SENIOR SOURCE OFFERS CLASSES THAT RANGE FROM ART APPRECIATION TO ZUMBA AND HAD 13,303 ENCOUNTERS IN FISCAL YEAR 2019.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES TO MINIMIZE SYMPTOMS OF CHRONIC DISEASE, IMPROVE STRENGTH, FLEXIBILITY AND CARDIOVASCULAR ENDURANCE, AND ENCOURAGE SELF-MANAGEMENT. IN FISCAL YEAR 2019, 65 SENIOR FIT CLASSES WERE OFFERED EACH WEEK AT 23 GEOGRAPHICALLY ACCESSIBLE LOCATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. THE AVERAGE WEEKLY UNDUPLICATED ATTENDANCE WAS 800 PARTICIPANTS, AND TOTAL ENCOUNTERS FOR THE YEAR WERE 32,671.

OBESITY: KIDS FIT, A ONE-HOUR INTERACTIVE EXERCISE AND NUTRITION PROGRAM, TARGETS AT-RISK YOUTH TO IMPROVE FITNESS, TEAM WORK, AND KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES AMONG CHILDREN AGED 6 TO 12 RESIDING IN LOW-INCOME HOUSING PROPERTIES. FOR HOLY CROSS HEALTH, IN FISCAL YEAR 2019, A TOTAL OF 78 KIDS FIT CLASSES WERE HELD AT FOUR HOUSING OPPORTUNITIES SITES IN MONTGOMERY COUNTY, WITH AN AVERAGE CLASS ATTENDANCE OF 26 AND TOTAL ENCOUNTERS OF 1,180.

DIABETES: THE DIABETES PREVENTION PROGRAM IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS AND SUPPORT, TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. IN FISCAL YEAR 2019, THE DIABETES PREVENTION PROGRAM ENROLLED 69 COMMUNITY MEMBERS, WITH AN AVERAGE WEIGHT LOSS OF 5.83% AT 12 MONTHS.

BEHAVIORAL HEALTH: IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, 19.6% AND 20.7% OF THE POPULATION, RESPECTIVELY, SAID THAT THEY EXPERIENCED MORE THAN TWO DAYS OF POOR MENTAL HEALTH IN THE PAST MONTH. THE LOW-INCOME, UNINSURED OR UNDERINSURED POPULATIONS HAVE LIMITED SERVICES AVAILABLE TO THEM TO ASSIST IN COPING WITH BEHAVIORAL HEALTH ISSUES. IT IS ESTIMATED THAT MORE THAN 60,000 COUNTY RESIDENTS ARE UNINSURED, WITH MORE THAN 44,000 OF THE UNINSURED INELIGIBLE DUE TO IMMIGRATION STATUS, ACCORDING TO THE MIGRATION POLICY INSTITUTE (PRIMARY CARE COALITION, 2017), AND THERE ARE APPROXIMATELY 140,000 MEDICAID RECIPIENTS IN MONTGOMERY COUNTY. TO MEET THIS GROWING NEED, BEHAVIORAL HEALTH SERVICES HAVE BEEN INCORPORATED INTO ALL FOUR OF OUR HOLY CROSS HEALTH CENTERS THAT PROVIDE PRIMARY CARE TO UNINSURED AND MEDICAID RECIPIENTS. IN FISCAL YEAR 2019, 1,293 PATIENTS USED BEHAVIORAL HEALTH SERVICES FOR COUNSELING AND MEDICATION MANAGEMENT FOR MILD DEPRESSION, ANXIETY, COPING AND PANIC DISORDERS, OR FOR CASE MANAGEMENT TO ADDRESS AN IDENTIFIED SOCIAL DETERMINANT OF HEALTH NEED.

CANCERS: MAMMOGRAM ASSISTANCE PROGRAM SERVICES (MAPS) PROVIDES BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FISCAL YEAR 2019, 541 COMMUNITY MEMBERS RECEIVED FREE MAMMOGRAMS.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 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 HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

HOLY CROSS 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.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

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

HOLY CROSS HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[WWW.HOLYCROSSHEALTH.ORG/FINANCIALLASSISTANCE](http://WWW.HOLYCROSSHEALTH.ORG/FINANCIALLASSISTANCE)

HOLY CROSS GERMANTOWN HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

WWW.HOLYCROSSHEALTH.ORG/FINANCIALASSISTANCE

HOLY CROSS HOSPITAL

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

WWW.HOLYCROSSHEALTH.ORG/FINANCIALASSISTANCE

HOLY CROSS GERMANTOWN HOSPITAL

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

WWW.HOLYCROSSHEALTH.ORG/FINANCIALASSISTANCE

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

WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

WWW.HOLYCROSSHEALTH.ORG/COMMUNITY-BENEFIT-IMPLEMENTATION-PLAN

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

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 DOCTORS REGIONAL CANCER CENTER<br>8116 GOOD LUCK RD., SUITE 005<br>LANHAM, MD 20706                | CANCER TREATMENT            |
| 2 DOCTORS REGIONAL CANCER CENTER<br>4901 TELSIA DR., SUITE A<br>BOWIE, MD 20715                      | CANCER TREATMENT            |
| 3 CHESAPEAKE POTOMAC REGIONAL CANCER CT<br>11340 PEMBROOKE SQ., SUITE 201<br>WALDORF, MD 20603       | CANCER TREATMENT            |
| 4 CHESAPEAKE POTOMAC REGIONAL CANCER CT<br>30077 BUSINESS CENTER DR.<br>CHARLOTTE HALL, MD 20622     | CANCER TREATMENT            |
| 5 HOLY CROSS RADIATION TREATMENT CENTER<br>2121 MEDICAL PARK DR., SUITE 4<br>SILVER SPRING, MD 20902 | CANCER TREATMENT            |
| 6 HOLY CROSS DIALYSIS CTR AT WOODMORE<br>11721 WOODMORE RD., SUITE 190<br>MITCHELLVILLE, MD 20721    | DIALYSIS TREATMENT          |
| 7 HOLY CROSS HEALTH CENTER - ASPEN HILL<br>13975 CONNECTICUT AVE., SUITE 250<br>ASPEN HILL, MD 20906 | HEALTH CLINIC               |
| 8 HOLY CROSS HEALTH CTR - GAITHERSBURG<br>220 PERRY PARKWAY, UNIT 5<br>GAITHERSBURG, MD 20877        | HEALTH CLINIC               |
| 9 HC HEALTH PARTNERS IN KENSINGTON<br>3720 FARRAGUT AVE., 2ND FLOOR<br>KENSINGTON, MD 20895          | PRIMARY CARE                |
| 10 HOLY CROSS RESOURCE CENTER<br>9805 DAMERON DR.<br>SILVER SPRING, MD 20902                         | ADULT DAY CARE              |

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**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

HOLY CROSS HEALTH (HCH) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT FOR HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL, WHICH IT SUBMITS TO THE STATE OF MARYLAND. DUE TO MARYLAND'S UNIQUE ALL PAYER SYSTEM THE VALUES REPORTED ON PART I, LINE 7B ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. SEE PART I, LINE 7B BELOW. IN ADDITION, HCH REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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

**Part VI** Supplemental Information (Continuation)

PART I, LINE 7:

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

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

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**Part VI** Supplemental Information (Continuation)

YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$24,539,892, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

AS COMMUNITIES THROUGHOUT MONTGOMERY COUNTY GROW MORE DIVERSE, CERTAIN POPULATIONS CONTINUE TO EXPERIENCE POORER HEALTH AND DISPROPORTIONATE RATES OF ILLNESS AND DEATH. HCH HAS PIONEERED INNOVATIVE EFFORTS TO BETTER MEET THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS, INCLUDING RACIAL, ETHNIC AND LINGUISTIC MINORITIES, THAT GO BEYOND CLINICAL CARE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH ISSUES THAT HAVE AN INDIRECT IMPACT ON HEALTH STATUS.

IN FISCAL YEAR 2019, HCH PROVIDED \$14,785 IN 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.

IN FISCAL YEAR 2019, HCH ALSO PROVIDED \$5,998 TO SUPPORT HUMAN RESOURCE'S PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM. THE PROGRAM WORKS WITH COMMUNITY AND GOVERNMENTAL ORGANIZATIONS TO HIRE INDIVIDUALS WHO ARE

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

TRYING TO BREAK FROM THE CYCLE OF POVERTY CAUSED BY LACK OF ECONOMIC OPPORTUNITY, LACK OF EDUCATION/SKILLS, AND/OR PRIOR LEGAL OFFENSES. THESE HARD-TO-HIRE INDIVIDUALS INCLUDE WOUNDED WARRIORS AND VETERANS RETURNING TO OUR COMMUNITY, HOMELESS INDIVIDUALS, SENIORS, AND AT-RISK YOUTH.

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

HCH IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY

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**Part VI** Supplemental Information (Continuation)

HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED.

FOR PATIENT ACCOUNTS RECEIVABLE RESULTING FROM REVENUE RECOGNIZED PRIOR TO JULY 1, 2018, PATIENT ACCOUNTS RECEIVABLE WERE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. PRIOR TO THIS DATE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS ESTABLISHED TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. GENERALLY, THIS ALLOWANCE WAS ESTIMATED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYER. UNDER THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2014-09 "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), " WHICH WAS ADOPTED EFFECTIVE JULY 1, 2018, AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED

**Part VI** Supplemental Information (Continuation)

BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE SUBSEQUENT TO THE ADOPTION OF ASU NO. 2014-09 ON JULY 1, 2018, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE."

## PART III, LINE 8:

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

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

**Part VI** Supplemental Information (Continuation)

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 JOINT NEEDS ASSESSMENT. THE HEALTHY MONTGOMERY STEERING COMMITTEE IS COMPRISED OF GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS/INITIATIVES, ADVOCACY GROUPS, ACADEMIC 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:

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

**Part VI** Supplemental Information (Continuation)

- BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2015-2025
- MONTGOMERY COUNTY FOOD COUNCIL'S COMMUNITY FOOD ACCESS ASSESSMENT; MONTGOMERY COUNTY MARYLAND, 2013 - 2015
- HOMELESSNESS IN METROPOLITAN WASHINGTON: RESULTS AND ANALYSIS FROM THE ANNUAL POINT-IN-TIME (PIT) COUNT OF PERSONS EXPERIENCING HOMELESSNESS, MAY 2016
- MARYLAND STATE HEALTH IMPROVEMENT PROCESS
- MONTGOMERY COUNTY INTERAGENCY COMMISSION ON HOMELESSNESS ANNUAL REPORT, 2015
- MONTGOMERY MOVING FORWARD'S CALL TO ACTION: FUELING OUR FUTURE WITH SKILLED WORKERS AND GOOD JOBS, 2014
- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT: HEALTH REPORT 2015
- PRINCE GEORGE'S COUNTY HEALTH IMPROVEMENT PLAN 2011-2014
- THE CHILDREN'S AGENDA: MONTGOMERY COUNTY COLLABORATION COUNCIL'S 2015 DATA BOOK
- UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA

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

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

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -  
HCH 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, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE 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

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**Part VI** Supplemental Information (Continuation)

PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

HCH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

HCH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HCH MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION -

**Part VI** Supplemental Information (Continuation)

HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL:

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES' RESIDENTS. OUR 19 ZIP CODE PRIMARY SERVICE AREA INCLUDES 663,447 PEOPLE, OF WHOM 68.8% ARE MINORITIES. AN ESTIMATED 1.8 MILLION PEOPLE IN 65 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 71% ARE 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 15% CONTRIBUTE TO OUR SECONDARY SERVICE AREA.

HOLY CROSS GERMANTOWN HOSPITAL OPENED ITS DOORS IN OCTOBER 2014 AND BEGAN SERVING RESIDENTS IN NORTHERN MONTGOMERY COUNTY. AN ESTIMATED 455,000 PEOPLE IN 17 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 62.5% ARE MINORITIES. OUR SIX ZIP CODE PRIMARY SERVICE AREA INCLUDES 273,819 PEOPLE, OF WHOM 66.4% 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. THE LATEST FIGURES FROM THE U.S. CENSUS BUREAU SHOW THAT 32.4% OF THE POPULATION IN MONTGOMERY COUNTY AND 20.7% OF THE POPULATION IN PRINCE GEORGE'S COUNTY ARE OF FOREIGN BIRTH, SIGNIFICANTLY GREATER THAN THE STATE AND NATIONAL RATE OF 14.2% AND 13.0%, RESPECTIVELY (COMMUNITY COMMONS, 2016).

THE COMMUNITY WITHIN THE HOLY CROSS HOSPITAL SERVICE AREA HAS A

**Part VI** Supplemental Information (Continuation)

FOREIGN-BORN RATE OF 29.3%. APPROXIMATELY 512,000 PERSONS (57% OF THE TOTAL FOREIGN-BORN POPULATION IN MARYLAND) RESIDE WITHIN OUR PRIMARY AND SECONDARY SERVICE AREAS. THE COMMUNITY WITHIN THE HOLY CROSS GERMANTOWN HOSPITAL SERVICE AREA HAS A FOREIGN-BORN RATE OF 33.9%. APPROXIMATELY 146,000 PERSONS (16% OF THE TOTAL FOREIGN-BORN POPULATION IN MARYLAND) RESIDE WITHIN OUR PRIMARY AND SECONDARY SERVICE AREAS. THE TOTAL SERVICE AREA OF HOLY CROSS HEALTH IS ONE OF THE MOST CULTURALLY AND ETHNICALLY DIVERSE IN THE NATION, CHALLENGING THE HOSPITAL, THE COUNTY HEALTH DEPARTMENTS, AND COMMUNITY-BASED 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. APPROXIMATELY 40% OF THOSE FOREIGN-BORN IN MONTGOMERY COUNTY SPEAK ENGLISH LESS THAN "VERY WELL" (U.S. CENSUS BUREAU, 2012), AND 7.0% OF THE POPULATION AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED (COMMUNITY COMMONS, 2016). THE HIGHEST RATES OF LINGUISTIC ISOLATION ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS. MORE THAN 197,000 PRINCE GEORGE'S COUNTY RESIDENTS, APPROXIMATELY 22% OF THE TOTAL FOREIGN-BORN POPULATION IN MARYLAND, 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 4.9% OF THE POPULATION AGED 5 AND OVER IS LINGUISTICALLY ISOLATED, WITH THE MOST LINGUISTIC ISOLATION OCCURRING IN NORTHERN PRINCE GEORGE'S COUNTY (COMMUNITY COMMONS, 2016).

PART VI, LINE 5:

OTHER INFORMATION -

HCH HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS THAT PROVIDE GOVERNANCE FOR THE ENTIRE HOLY CROSS HEALTH SYSTEM,

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**Part VI** Supplemental Information (Continuation)

WHICH INCLUDES TWO HOSPITALS, HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL, AS WELL AS HOLY CROSS HEALTH NETWORK. TWO OF THE 15 BOARD MEMBERS ARE EMPLOYED BY TRINITY HEALTH, HCH'S PARENT CORPORATION (HCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND A TRINITY HEALTH REPRESENTATIVE). TWO BOARD MEMBERS LIVE OUTSIDE HCH'S LOCAL AREA. TWO SISTERS OF THE HOLY CROSS ARE BOARD MEMBERS. NO BOARD MEMBER IS RELATED TO ANY HCH EXECUTIVE.

HOLY CROSS HEALTH HAS A VERY LARGE, DIVERSE MEDICAL AND DENTAL STAFF OF 1,927 MEMBERS. THE MEDICAL STAFFS OF HCH ARE ORGANIZED IN THE PUBLIC INTEREST, AND MEDICAL STAFF PRIVILEGES AT THE TWO HOSPITALS ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS.

HCH ALSO HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. MORE THAN 600 VOLUNTEERS CONTRIBUTE THEIR TIME, AND THEIR PARTICIPATION IN OUR EFFORTS IS GRATIFYING.

HOLY CROSS HOSPITAL IS THE LARGEST HOSPITAL EMERGENCY SERVICES PROVIDER IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, AND THE FOURTH LARGEST HOSPITAL EMERGENCY ROOM IN MARYLAND. OVER 105,000 ACUTELY ILL PATIENTS ARE TREATED ANNUALLY, AND THE CENTER PROVIDES A WIDE RANGE OF EMERGENCY SERVICES, 24 HOURS A DAY, SEVEN DAYS A WEEK, INCLUDING SEVERAL HIGHLY REGARDED SPECIALIZED EMERGENCY SERVICES THAT HAVE EARNED THE HOSPITAL A REPUTATION AS A PIONEER IN EMERGENCY CARE:

- EXPRESS CARE FOR PATIENTS WITH LESS SERIOUS MEDICAL ILLNESSES AND INJURIES TO REDUCE WAIT TIME AND SPEED TREATMENT
- AN OBSERVATION ROOM FOR PATIENTS WHO REQUIRE MONITORING OVER TIME
- THE NATION'S FIRST AND THE REGION'S ONLY SENIORS EMERGENCY CENTER, A

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**Part VI** Supplemental Information (Continuation)

MODEL OF EMERGENCY CARE FOR SENIORS THAT TAILORS SERVICES AND AMENITIES TO MEET THE UNIQUE NEEDS OF PEOPLE AGE 65 AND OLDER

- PEDIATRIC EMERGENCY CARE PROVIDED AROUND-THE-CLOCK BY BOARD-CERTIFIED PEDIATRIC EMERGENCY MEDICINE PHYSICIANS

- PRIMARY STROKE CENTER DESIGNATION BY THE JOINT COMMISSION AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS), WHICH MEANS WE PROVIDE RAPID, 24-HOUR-A-DAY, LIFESAVING TREATMENT FROM A TEAM OF STROKE ACUTE CARE HOSPITAL EXPERTS

- CARDIAC INTERVENTIONAL CENTER DESIGNATION BY THE MIEMSS, WHICH MEANS WE TREAT THE MOST SEVERE TYPE OF HEART ATTACK

THE HOLY CROSS GERMANTOWN HOSPITAL EMERGENCY ROOM IS THE ONLY FULL-SERVICE EMERGENCY ROOM IN GERMANTOWN, MD. THE HOSPITAL'S EMERGENCY ROOM IS STAFFED BY A TEAM OF BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, REGISTERED NURSES AND PATIENT CARE TECHNICIANS. IT FEATURES AN ARRAY OF ACUTE EMERGENCY SERVICES, AS WELL AS SPECIALIZED EMERGENCY SERVICES INCLUDING:

- DIAGNOSIS AND TREATMENT OF PATIENTS WITH LESS SERIOUS MEDICAL ISSUES
- RAPID STABILIZATION AND EVALUATION OF PATIENTS IN CRITICAL CONDITION
- CARE FOR PATIENTS WHO REQUIRE EXTENDED MONITORING, BUT NOT INPATIENT HOSPITALIZATION
- EMERGENCY PSYCHIATRIC SERVICES AND DIRECT ACCESS TO THE HOSPITAL'S INPATIENT ADULT BEHAVIORAL HEALTH UNIT

NO PART OF THE INCOME OF HCH INURES BENEFITS TO ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE HEALTH OF THE COMMUNITY, IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR

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**Part VI** Supplemental Information (Continuation)

FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS.

HCH'S OVERALL RESPONSIVENESS TO THE NEEDS OF OUR COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, DURING FY09-FY19, THE HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUPPORT ITS NEEDS ASSESSMENT PROCESS, HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. IN ADDITION, WE HAVE MADE FINANCIAL CONTRIBUTIONS TO NURSING EDUCATION PROGRAMS THROUGH A STATEWIDE PROGRAM, AND WE HAVE RESPONDED TO THE SPECIFIC NEED OF OUR COMMUNITY TO ADD HEALTH CENTERS FOR UNINSURED ADULTS. HCH HAS PARTNERED WITH THE FOUR OTHER HOSPITALS IN MONTGOMERY COUNTY AND A NETWORK OF COMMUNITY-BASED ORGANIZATIONS TO IMPLEMENT NEXUS MONTGOMERY, A POPULATION HEALTH IMPROVEMENT PLAN DESIGNED TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE. THE TARGET POPULATION FOR NEXUS MONTGOMERY INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS, AND THOSE WITHOUT ELIGIBILITY FOR HEALTH INSURANCE.

IN FISCAL YEAR 2016, TRINITY HEALTH'S TRANSFORMING COMMUNITIES INITIATIVE (TCI) AWARDED \$500,000 TO A COMMUNITY COLLABORATIVE THAT INCLUDES HCH, THE INSTITUTE FOR PUBLIC HEALTH INNOVATION, AND HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION, TO FUND A MULTI-YEAR EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2019, TCI FOCUSED ON COMMUNITY ENGAGEMENT AND ADOPTION OF THE INITIATIVES IMPLEMENTED THAT ARE DESIGNED TO REDUCE OBESITY, PROMOTE TOBACCO-FREE LIVING, AND ADDRESS

**Part VI** Supplemental Information (Continuation)

SOCIAL DETERMINANTS THAT IMPACT HEALTH OUTCOMES. SOME FY2019

ACCOMPLISHMENTS INCLUDE:

- ADVOCATED FOR PASSING OF TOBACCO 21 (BILL PASSED IN 2019)
- ASSISTED IN THE FORMATION OF LOCAL SCHOOL WELLNESS COUNCILS IN MONTGOMERY COUNTY PUBLIC SCHOOLS. DURING THE 2018-2019 SCHOOL YEAR, 46 SCHOOLS HAVE FORMALIZED LOCAL SCHOOL WELLNESS COUNCILS (LCSWS), AND 28 RECEIVED MINI-GRANT FUNDING OF MORE THAN \$26,000 TO SUPPORT STUDENT ACCESS TO HEALTHY FOODS, NUTRITION EDUCATION, INCREASE PHYSICAL ACTIVITY, DEVELOP SCHOOL GARDENS, AND ENHANCE INITIATIVES TO SUPPORT MENTAL HEALTH
- PARTNERED WITH THE DEPARTMENT OF TRANSPORTATION TO EXPAND SAFE ROUTES TO SCHOOLS
- SUPPORTED FOOD AS MEDICINE IN ALL SAFETY NET CLINICS
- SUPPORTED THE MONTGOMERY COUNTY FOOD PLAN, CENTER ON POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT OFFER LONG-TERM BENEFITS FOR COMMUNITY HEALTH IMPROVEMENT AND PREVENTING CHRONIC DISEASE. THE PROGRAM IS SPECIFICALLY FOCUSING ON THE COMMUNITIES OF GAITHERSBURG, GERMANTOWN, LONG BRANCH, AND TAKOMA PARK.

IN FY2019, HOLY CROSS HEALTH ADVOCATED AT THE STATE AND COUNTY LEVEL IN SUPPORT OF PASSING TOBACCO 21 (PASSED IN 2019) AND ADVOCATED AT THE COUNTY LEVEL TO BAN OUTDOOR SMOKING AND VAPING ON RESTAURANT PATIOS (PASSED IN 2019). WE ALSO ADVOCATED IN FAVOR OF THE 340B DRUG PRICING PROGRAM.

IN 2016, HOLY CROSS HEALTH ESTABLISHED THE KEVIN J. SEXTON FUND TO INCREASE ACCESS AND IMPROVE COMMUNITY HEALTH. THE FUND PROVIDES DIRECT FINANCIAL SUPPORT TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH NEEDS OF PATIENTS AT HOLY CROSS HEALTH'S FOUR HEALTH CENTERS FOR PRIMARY CARE, AT TWO HEALTH CENTERS FOR OBSTETRICS AND GYNECOLOGIC CARE, AND ALSO PROVIDES

**Part VI** Supplemental Information (Continuation)

SUPPORT FOR OTHER COMMUNITY-BASED PROGRAMS AND INITIATIVES. EXAMPLES OF SUPPORT INCLUDE TRANSPORTATION ASSISTANCE, SPECIALTY CARE REFERRALS, FUNDS TO PAY FOR NEEDED ITEMS SUCH AS DURABLE MEDICAL EQUIPMENT, GROCERIES, OR RENT, AND SUPPORT FOR COMMUNITY GROUPS AND ORGANIZATIONS ADDRESSING SOCIAL DETERMINANTS OF HEALTH ISSUES IN NEIGHBORHOODS SURROUNDING OUR HEALTH CENTERS.

IN ADDITION TO PROVIDING DIRECT FUNDING TO ASSIST WITH THE SOCIAL DETERMINANTS OF HEALTH NEEDS OF PATIENTS, THE HOLY CROSS HEALTH CENTERS IMPLEMENTED A SCREEN AND INTERVENE PROGRAM TO ADDRESS FOOD INSECURITY OF DIABETIC PATIENTS IN OUR DIABETES CARE TEAM. PATIENTS IN THE DIABETES CARE TEAM WERE SCREENED FOR FOOD INSECURITY AND THOSE SCREENING POSITIVE WERE PROVIDED A SIX-MONTH FOOD SUBSCRIPTION BOX SERVICE AND WERE LINKED TO ADDITIONAL REOURCES.

HOLY CROSS HEALTH ALSO COLLABORATED WITH MANNA FOOD CENTER AND S.H.A.R.E. TO CONDUCT TWO FOOD DISTRIBUTION EVENTS THAT ADDRESSED HUNGER, NUTRITION EDUCATION, AND FOOD INSECURITY, AND CONNECTED PARTICIPANTS TO RESOURCES FOR LONGER-TERM SOLUTIONS TO ADDRESS FOOD INSECURITY. THE FOOD DISTRIBUTIONS WERE HELD IN AREAS THAT ARE DESIGNATED AS HAVING LOW FOOD ACCESS OR ARE DESIGNATED AS A FOOD DESERT (I.E., AREAS WHERE RESIDENTS HAVE LIMITED ACCESS TO FOODS THAT SUPPORT HEALTHY EATING PATTERNS FOR OPTIMAL HEALTH OUTCOMES). OVER 100 FAMILIES/COMMUNITY MEMBERS WERE PROVIDED NUTRITIOUS AND NUTRIENT-DENSE FOODS, AS WELL AS FOOD LITERACY INFORMATION AND ACCESS TO RESOURCES.

PART VI, LINE 6:

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

**Part VI** Supplemental Information (Continuation)

DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON:

1. REDUCING TOBACCO USE
2. REDUCING OBESITY PREVALENCE
3. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY HEALTH. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE. ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS. TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION

**Part VI** Supplemental Information (Continuation)

PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE.

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

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

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

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

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

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

| <b>1 (a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--|---------------------------------|--|--|--|--|
| INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUT AVE., NW STE 200 - WASHINGTON, DC 20036 | 46-3039129     | 501(C)(3)                              | 400,000.                        | 0.                                       |  |  | SUPPORT FOR MONTGOMERY COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAMS                |
| SISTERS OF THE HOLY CROSS FINANCIAL SERVICES, ST. MARY'S LOURDES HALL - NOTRE DAME, IN 46556-5014 | 35-0868159     | 501(C)(3)                              | 160,000.                        | 0.                                       |  |  | SUPPORT FOR THE FORMAL MINISTRIES OF THE SISTERS OF THE HOLY CROSS                 |
| MONTGOMERY COLLEGE FOUNDATION 9221 CORPORATE BLVD., ROCKVILLE, MD 20850                           | 52-1267008     | 501(C)(3)                              | 71,855.                         | 0.                                       |  |  | SUPPORT MONTGOMERY COLLEGE TO ACHIEVE EDUCATIONAL GOALS                            |
| NATIONAL INSTITUTES OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892                              | 52-0858115     | 501(C)(3)                              | 47,500.                         | 0.                                       |  |  | SUPPORT PALLIATIVE CARE FELLOWS EMPLOYED BY NATIONAL INSTITUTE OF HEALTH (NIH) AND |
|   |                |  |                                 |  |  |  |  |
|   |                |  |                                 |  |  |  |  |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

**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) (2018)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

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

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

**PART I, LINE 2:**

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL INSTITUTES OF HEALTH**

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PALLIATIVE CARE FELLOWS  
EMPLOYED BY NATIONAL INSTITUTE OF HEALTH (NIH) AND PRACTICING AT HOLY  
CROSS PURSUANT TO THE INTERINSTITUTIONAL TRAINING AGREEMENT BETWEEN HOLY  
CROSS AND THE NIH

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 on line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) NORVELL COOTS, M.D.<br>DIRECTOR; PRESIDENT & CEO HCH  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 490,661.   | 78,218.                             | 22,123.                             | 112,752.                                       | 19,186.                 | 722,940.                        | 0.  |
| (2) MARCUS SHIPLEY<br>DIRECTOR; TRINITY HEALTH SVP        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 750,961.   | 305,302.                            | 195,050.                            | 12,375.  | 33,849.                 | 1,297,537.                      | 0.  |
| (3) ANNE GILLIS<br>CFO & ASSISTANT TREASURER              | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 282,159.   | 53,194.                             | 4,358.                              | 16,500.  | 31,393.                 | 387,604.                        | 0.  |
| (4) LOUIS DAMIANO, M.D.<br>PRESIDENT HOLY CROSS HOSPITAL  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 367,164.   | 80,397.                             | 16,300.                             | 10,521.  | 28,581.                 | 502,963.                        | 0.  |
| (5) DOUG RYDER<br>PRESIDENT HC GERMANTOWN HOSPITAL        | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 269,862.   | 86,102.                             | 77,056.                             | 12,375.  | 15,094.                 | 460,489.                        | 0.  |
| (6) ANNICE CODY<br>PRESIDENT HCH NETWORK                  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 311,333.   | 57,917.                             | 2,554.                              | 16,500.  | 28,263.                 | 416,567.                        | 0.  |
| (7) ELIZABETH SIMPSON<br>GENERAL COUNSEL & ASST SECRETARY | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 269,970.   | 78,877.                             | 7,762.                              | 12,375.  | 24,976.                 | 393,960.                        | 0.  |
| (8) BLAIR EIG, M.D.<br>CHIEF MEDICAL OFFICER              | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 328,263.   | 60,479.                             | 7,102.                              | 16,500.  | 30,205.                 | 442,549.                        | 0.  |
| (9) GREG JOLISSAINT<br>VP MILITARY AND VETERANS HEALTH    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 322,115.   | 61,452.                             | 7,956.                              | 13,594.  | 13,499.                 | 418,616.                        | 0.  |
| (10) YANCY PHILLIPS, M.D.<br>VP CHIEF QUALITY OFFICER     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 312,066.   | 58,496.                             | 14,605.                             | 12,375.  | 24,268.                 | 421,810.                        | 0.  |
| (11) ANN BURKE<br>VP MEDICAL AFFAIRS                      | (i)  | 308,378.   | 29,203.                             | 1,375.                              | 16,500.  | 20,801.                 | 376,257.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) KRISTIN FELICIANO<br>VP CHIEF STRATEGY OFFICER       | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 280,797.   | 52,365.                             | 1,558.                              | 12,375.  | 26,853.                 | 373,948.                        | 0.  |
| (13) ERIC CAWTHON<br>PHYSICIAN ASSISTANT II               | (i)  | 314,390.   | 500.                                | 2,369.                              | 8,250.   | 24,014.                 | 349,523.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) JUDITH FRUITERMAN<br>FORMER OFFICER                  | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 0.   | 0.                                  | 345,344.                            | 0.   | 7,773.                  | 353,117.                        | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

**PART I, LINE 3:**

HOLY CROSS HEALTH (HCH) IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. HCH'S  
CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH  
CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO  
ESTABLISH THE COMPENSATION OF HCH'S CEO:

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

**PART I, LINES 4A-B:**

THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2018. THIS  
AMOUNT IS INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

JUDITH FRUITERMAN - \$278,936

COLUMN F OF SCHEDULE J PART II, INCLUDES THE PORTION OF THESE AMOUNTS THAT

**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.

WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018. THE PLAN PROVIDES RETIREMENT BENEFITS TO CERTAIN TRINITY HEALTH EXECUTIVES SUBJECT TO MEETING SPECIFIED VESTING AND EMPLOYMENT DATE REQUIREMENTS. BENEFITS FOR PARTICIPANTS VESTED IN A PLAN WERE PAID OUT IN 2018, AND BENEFITS FOR PARTICIPANTS NOT YET VESTED IN A PLAN WERE ACCRUED IN 2018.

THE FOLLOWING PAYOUTS FOR 2018 FOR THE PLAN ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

LOUIS DAMIANO - \$3,854

JUDITH FRUITERMAN - \$55,245

DOUG RYDER - \$61,230

MARCUS SHIPLEY - \$178,646

THE FOLLOWING ACCRUAL FOR 2018 IS INCLUDED IN COLUMN C OF SCHEDULE J, PART II:

NORVELL COOTS - \$100,377

**Part III Supplemental Information**

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

THE FOLLOWING ARE PARTICIPANTS IN A TRINITY HEALTH RESTORATION OR RETENTION  
 PLAN. THE RESTORATION PLAN PROVIDES RETIREMENT BENEFITS FOR CERTAIN  
 TRINITY HEALTH SYSTEM OFFICE EXECUTIVES WITH EARNINGS ABOVE THE IRS PAY CAP  
 FOR QUALIFIED PLANS (\$275,000 FOR 2018). THE FOLLOWING PAYOUTS FOR 2018  
 FOR THESE PLANS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II:

ANNICE CODY - \$0

BLAIR EIG - \$0

KRISTIN FELICAINO -\$0

ANNE GILLIS - \$0

GREG JOLISSAINT -\$0

YANCY PHILLIPS - \$0

ELIZABETH SIMPSON - \$2,037

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

HOLY CROSS HEALTH, INC.

Employer identification number

52-0738041

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

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

FOR MORE INFORMATION SEE SCHEDULE H AND THE HOSPITAL WEBSITE:

[WWW.HOLYCROSSHEALTH.ORG](http://WWW.HOLYCROSSHEALTH.ORG).

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

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

SEE LINE 7 FOR ADDITIONAL INFORMATION.

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

TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF HCH. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF HCH.

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

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

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

PRIOR TO FILING, THE FORM 990 FOR HCH IS REVIEWED BY SENIOR MANAGEMENT. IN

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

Schedule O (Form 990 or 990-EZ) (2018)

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

ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF DIRECTORS. EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF HCH (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO HCH OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF HCH (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO

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

DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF HCH. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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

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

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

FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

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

HCH IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE. IN ADDITION, HCH INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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

FORM 990, PART VII, SECTION A, LINE 1:

RUTH MARIE NICKERSON, CSC IS A MEMBER OF THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS. HAVING TAKEN A VOW OF POVERTY, SISTER RUTH DID NOT RECEIVE COMPENSATION FOR THE SERVICES SHE PROVIDED TO SAINT AGNES MEDICAL CENTER, A RELATED ORGANIZATION. INSTEAD, A TOTAL OF \$13,066 WAS PAID BY SAINT AGNES MEDICAL CENTER DIRECTLY TO THE CONGREGATION OF THE SISTERS OF THE HOLY CROSS FOR SISTER RUTH'S SERVICES.

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

|                                     |              |
|-------------------------------------|--------------|
| EQUITY TRANSFERS TO AFFILIATES      | -10,175,914. |
| EQUITY GAIN IN UNCONSOL. AFFILIATES | 2,928,035.   |

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

TOTAL TO FORM 990, PART XI, LINE 9 -7,247,879.

FORM 990, PART XII, LINE 2:

HCH'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY19 CONSOLIDATED  
FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN  
INDEPENDENT PUBLIC ACCOUNTING FIRM.

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

HOLY CROSS HOSPITAL

HOLY CROSS GERMANTOWN HOSPITAL

HOLY CROSS HEALTH NETWORK

HOLY CROSS DIALYSIS CENTER AT WOODMORE

HOLY CROSS HEALTH CENTER

HOLY CROSS HOSPITAL DIALYSIS

HOLY CROSS HEALTH PARTNERS

PROFESSIONAL SERVICES OF HOLY CROSS

SENIOR FIT

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| HOLY CROSS HEALTH CENTERS, LLC - 82-2340203<br>1500 FOREST GLEN ROAD<br>SILVER SPRING, MD 20910  | PHYSICIAN NETWORK       | MARYLAND  | 912.                | 0.                        | HOLY CROSS HEALTH, INC.             |
| HOLY CROSS HEALTH PARTNERS, LLC - 82-2391212<br>1500 FOREST GLEN ROAD<br>SILVER SPRING, MD 20910 | PHYSICIAN NETWORK       | MARYLAND  | 202,834.            | 0.                        | HOLY CROSS HEALTH, INC.             |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--------------------------------------|---|-------------------------------|---|--|--|----|
|   |                                      |   |                               |   |  | Yes  | No |
| ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP<br>- 27-2491974, 245 STATE ST. SE, GRAND<br>RAPIDS, MI 49503              | HEALTH CARE SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>HEALTH-MICHIGAN                     | X  |    |
| ALLEGANY FRANCISCAN MINISTRIES, INC. -<br>58-1492325, 33920 U.S. HIGHWAY 19 NORTH<br>SUITE 269, PALM HARBOR, FL 34684 | GRANT MAKING                         | FLORIDA   | 501(C)(3)                     | LINE 12A, I   | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| ASYLUM HILL FAMILY MEDICINE CENTER, INC. -<br>06-1450170, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                  | HEALTH CARE SERVICES                 | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| BAUM HARMON MERCY HOSPITAL - 42-1500277<br>255 NORTH WELCH AVENUE<br>PRIMGHAR, IA 51245                               | HEALTH CARE AND HOSPITAL<br>SERVICES | IOWA  | 501(C)(3)                     | LINE 3  | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.        | X  |    |

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

Schedule R (Form 990) 2018

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                               | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity        | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|---|---|-------------------------------|---|--|--|----|
|  |   |   |                               |   |  | Yes  | No |
| BAUM HARMON MERCY HOSPITAL AND CLINICS<br>FOUNDATION - 26-2973307, 255 NORTH WELCH<br>AVENUE, PRIMGHAR, IA 51245 | FOUNDATION  | IOWA  | 501(C)(3)                     | LINE 12A, I   | BAUM HARMON MERCY<br>HOSPITAL              | X  |    |
| BEECHWOOD, INC. - 14-1651563<br>2212 BURDETT AVE.<br>TROY, NY 12180  | TITLE HOLDING COMPANY                                 | NEW YORK  | 501(C)(2)                     | N/A   | LTC (EDDY), INC.                           | X  |    |
| BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685<br>905 WATSON STREET<br>PITTSBURGH, PA 15219                          | HOMELESS SHELTER                                      | PENNSYLVANIA  | 501(C)(3)                     | LINE 7  | PITTSBURGH MERCY<br>HEALTH SYSTEM,<br>INC. | X  |    |
| BEVERWYCK, INC. - 14-1717028<br>40 AUTUMN DRIVE<br>SLINGERLANDS, NY 12159  | SENIOR LIVING COMMUNITY                               | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                           | X  |    |
| BRIGHTSIDE, INC. - 04-2182395<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                                       | HEALTH CARE SERVICES                                  | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 10   | THE MERCY<br>HOSPITAL, INC.                | X  |    |
| CAPITAL REGION GERIATRIC CENTER, INC. -<br>14-1701597, 421 WEST COLUMBIA STREET,<br>COHOES, NY 12047             | LONG TERM CARE  | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                           | X  |    |
| CARING PARTNERS HOME HEALTH, INC. -<br>20-1681131, 1200 EARHART RD, ANN ARBOR, MI<br>48105                       | HOME HEALTH SERVICES                                  | MICHIGAN  | 501(C)(3)                     | LINE 10   | GLACIER HILLS,<br>INC.                     | X  |    |
| CATHERINE MCAULEY HEALTH SERVICES CORP. -<br>38-2507173, PO BOX 995, ANN ARBOR, MI 48106                         | HEALTH CARE SERVICES                                  | MICHIGAN  | 501(C)(3)                     | LINE 3  | TRINITY<br>HEALTH-MICHIGAN                 | X  |    |
| CATHOLIC HEALTH MINISTRIES<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152  | GOVERNANCE AND MANAGEMENT<br>OF TRINITY HEALTH SYSTEM | OTHER COUNTRY                                       | 501(C)(3)                     | LINE 1  | N/A  |  | X  |
| DILEY RIDGE MEDICAL CENTER - 34-2032340<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213                          | HEALTH CARE AND HOSPITAL<br>SERVICES                  | OHIO  | 501(C)(3)                     | LINE 3  | MOUNT CARMEL<br>HEALTH SYSTEM              | X  |    |
| DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941<br>250 MERCY DRIVE<br>DUBUQUE, IA 52001                             | FOUNDATION  | IOWA  | 501(C)(3)                     | LINE 12A, I   | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.    | X  |    |
| DYERSVILLE HEALTH FOUNDATION, INC. -<br>20-5383271, 1111 3RD STREET SW, DYERSVILLE,<br>IA 52040                  | FOUNDATION  | IOWA  | 501(C)(3)                     | LINE 12A, I   | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.    | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity               | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--------------------------------------|---|-------------------------------|---|---|--|----|
|  |                                      |   |                               |   |   | Yes  | No |
| EAST NORRITON PHYSICIANS SERVICES, INC. -<br>23-2515999, ONE WEST ELM STREET, SUITE 100,<br>CONSHOHOCKEN, PA 19428 | HEALTH CARE SERVICES                 | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | MERCY PHYSICIAN<br>NETWORK                        | X  |    |
| EDDY LICENSED HOME CARE AGENCY - 14-1818568<br>433 RIVER ST SUITE 3000<br>TROY, NY 12180                           | HOME HEALTH SERVICES                 | NEW YORK  | 501(C)(3)                     | LINE 3  | LTC (EDDY), INC.                                  | X  |    |
| EMBRACING AGE, INC. - 46-1051881<br>333 BUTTERNUT DRIVE<br>DEWITT, NY 13214  | PACE PROGRAM                         | NEW YORK  | 501(C)(3)                     | LINE 12B, II  | ST. JOSEPH'S<br>HEALTH, INC.                      | X  |    |
| EMPIRE HOME INFUSION SERVICE, INC. -<br>14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY<br>12020                        | HOME HEALTH SERVICES                 | NEW YORK  | 501(C)(3)                     | LINE 10   | HOME AIDE SERVICE<br>OF EASTERN NEW<br>YORK, INC. | X  |    |
| FARREN CARE CENTER, INC. - 04-2501711<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                                 | LONG TERM CARE                       | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                       | X  |    |
| FRANCISCAN ELDERCARE CORPORATION -<br>22-3008680, P.O. BOX 2500, WILMINGTON, DE<br>19805                           | LONG TERM CARE (INACTIVE)            | DELAWARE  | 501(C)(3)                     | LINE 10   | ST. FRANCIS<br>HOSPITAL, INC.                     | X  |    |
| GLACIER HILLS FOUNDATION - 20-8072723<br>1200 EARHART RD<br>ANN ARBOR, MI 48105                                    | FOUNDATION                           | MICHIGAN  | 501(C)(3)                     | LINE 12A, I   | GLACIER HILLS,<br>INC.                            | X  |    |
| GLACIER HILLS, INC - 38-1891500<br>1200 EARHART RD<br>ANN ARBOR, MI 48105  | SENIOR LIVING COMMUNITY              | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES            | X  |    |
| GLEN EDDY, INC. - 14-1794150<br>1 GLEN EDDY DRIVE<br>NISKAYUNA, NY 12309   | SENIOR LIVING COMMUNITY              | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                                  | X  |    |
| GLOBAL HEALTH MINISTRY - 42-1253527<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152                                   | HEALTH CARE SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 12A, I   | TRINITY HEALTH<br>CORPORATION                     | X  |    |
| GOOD SAMARITAN HOSPITAL, INC. - 26-1720984<br>5401 LAKE OCONEE PARKWAY<br>GREENSBORO, GA 30642                     | HEALTH CARE AND HOSPITAL<br>SERVICES | GEORGIA   | 501(C)(3)                     | LINE 3  | ST. MARY'S HEALTH<br>CARE SYSTEM, INC.            | X  |    |
| GOTTLIEB COMMUNITY HEALTH SERVICES<br>CORPORATION - 36-3332852, 701 W. NORTH AVE.,<br>MELROSE PARK, IL 60160       | HEALTH CARE AND HOSPITAL<br>SERVICES | ILLINOIS  | 501(C)(3)                     | LINE 3  | LOYOLA UNIVERSITY<br>HEALTH SYSTEM                | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity    | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--------------------------------------|---|-------------------------------|---|--|--|----|
|   |                                      |   |                               |   |  | Yes  | No |
| GOTTLIEB MEMORIAL FOUNDATION - 74-3260011<br>701 WEST NORTH AVENUE<br>MELROSE PARK, IL 60160                  | FOUNDATION                           | ILLINOIS  | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | N/A                                    |  | X  |
| GOTTLIEB MEMORIAL HOSPITAL - 36-2379649<br>701 W. NORTH AVE.<br>MELROSE PARK, IL 60160                        | HEALTH CARE AND HOSPITAL<br>SERVICES | ILLINOIS  | 501(C)(3)                     | LINE 3  | LOYOLA UNIVERSITY<br>HEALTH SYSTEM     | X  |    |
| HACKLEY LIFE COUNSELING - 38-1386362<br>125 E. SOUTHERN AVENUE<br>MUSKEGON, MI 49442                          | HEALTH CARE SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 10   | MERCY HEALTH<br>PARTNERS               | X  |    |
| HAWTHORNE RIDGE, INC. - 80-0102840<br>30 COMMUNITY WAY<br>EAST GREENBUSH, NY 12061                            | SENIOR LIVING COMMUNITY              | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                       | X  |    |
| HEART CENTER OF GREATER WATERBURY, INC. -<br>83-0416893, 114 WOODLAND STREET, HARTFORD,<br>CT 06105           | MANAGEMENT                           | CONNECTICUT   | 501(C)(3)                     | LINE 12A, I   | N/A                                    |  | X  |
| HERITAGE HOUSE NURSING CENTER, INC. -<br>14-1725101, 2920 TIBBITS AVE, TROY, NY<br>12180                      | LONG TERM CARE                       | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                       | X  |    |
| HOLY CROSS CARENET, INC. - 52-1945054<br>PO BOX 9184<br>FARMINGTON HILLS, MI 48152                            | LONG TERM CARE                       | MARYLAND  | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES | X  |    |
| HOLY CROSS HEALTH FOUNDATION, INC. -<br>20-8428450, 1500 FOREST GLEN ROAD, SILVER<br>SPRING, MD 20910         | FOUNDATION                           | MARYLAND  | 501(C)(3)                     | LINE 7  | HOLY CROSS<br>HEALTH, INC.             | X  |    |
| HOLY CROSS HEALTH, INC. - 52-0738041<br>1500 FOREST GLEN ROAD<br>SILVER SPRING, MD 20910                      | HEALTH CARE AND HOSPITAL<br>SERVICES | MARYLAND  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION          |  | X  |
| HOLY CROSS HOSPITAL, INC. - 59-0791028<br>4725 NORTH FEDERAL HIGHWAY<br>FT. LAUDERDALE, FL 33308              | HEALTH CARE AND HOSPITAL<br>SERVICES | FLORIDA   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION          | X  |    |
| HOLY CROSS OUTPATIENT SERVICES, INC. -<br>46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT.<br>LAUDERDALE, FL 33308 | HEALTH CARE SERVICES                 | FLORIDA   | 501(C)(3)                     | LINE 10   | HOLY CROSS<br>HOSPITAL, INC.           | X  |    |
| HOLY CROSS PRIMARY CARE, INC. - 81-2531495<br>4725 NORTH FEDERAL HIGHWAY<br>FT. LAUDERDALE, FL 33308          | HEALTH CARE SERVICES                 | FLORIDA   | 501(C)(3)                     | LINE 10   | HOLY CROSS<br>HOSPITAL, INC.           | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--------------------------------------|---|-------------------------------|---|--|--|----|
|   |                                      |   |                               |   |  | Yes  | No |
| HOME & COMMUNITY HEALTH SERVICES, INC. -<br>81-0723591, 114 WOODLAND STREET, HARTFORD,<br>CT 06105        | HOME HEALTH SERVICES                 | CONNECTICUT   | 501(C)(3)                     | LINE 10   | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| HOME AIDE SERVICE OF EASTERN NEW YORK, INC.<br>- 14-1514867, 433 RIVER ST SUITE 3000, TROY,<br>NY 12180   | HOME HEALTH SERVICES                 | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                               | X  |    |
| HOSPICE OF NORTH IOWA - 42-1173708<br>232 SECOND STREET SE<br>MASON CITY, IA 50401                        | HOSPICE SERVICES                     | IOWA  | 501(C)(3)                     | LINE 10   | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.        | X  |    |
| HOSPICE OF SIOUXLAND - 38-3320710<br>4300 HAMILTON BLVD.<br>SIOUX CITY, IA 51104                          | HOSPICE SERVICES                     | IOWA  | 501(C)(3)                     | LINE 12A, I   | N/A  |  | X  |
| IHA HEALTH SERVICES CORPORATION - 38-3316559<br>24 FRANK LLOYD WRIGHT DR., LOBBY J<br>ANN ARBOR, MI 48106 | HEALTH CARE SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>HEALTH-MICHIGAN                     | X  |    |
| JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                 | HEALTH CARE AND HOSPITAL<br>SERVICES | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| LANGHORNE MRI, INC. - 23-2519529<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047                    | HEALTH CARE SERVICES<br>(INACTIVE)   | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | ST. MARY MEDICAL<br>CENTER                     | X  |    |
| LANGHORNE PHYSICIAN SERVICES, INC. -<br>23-2571699, 1201 LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047   | HEALTH CARE SERVICES                 | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | ST. MARY MEDICAL<br>CENTER                     | X  |    |
| LIFE AT LOURDES, INC. - 26-1854750<br>2475 MCCLELLAN AVENUE<br>PENNSAUKEN, NJ 08109                       | PACE PROGRAM                         | NEW JERSEY  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>PACE                         | X  |    |
| LIFE AT ST. FRANCIS HEALTHCARE, INC. -<br>45-2569214, 7TH AND CLAYTON STREETS,<br>WILMINGTON, DE 19805    | PACE PROGRAM                         | DELAWARE  | 501(C)(3)                     | LINE 10   | ST. FRANCIS<br>HOSPITAL, INC.                  | X  |    |
| LIFE ST. FRANCIS CORPORATION - 22-2797282<br>7500 K. JOHNSON BOULEVARD<br>BORDENTOWN, NJ 08505            | PACE PROGRAM                         | NEW JERSEY  | 501(C)(3)                     | LINE 10   | ST. FRANCIS<br>MEDICAL CENTER<br>TRENTON NJ    | X  |    |
| LIFE ST. JOSEPH OF THE PINES, INC. -<br>27-2159847, 100 GOSSMAN DRIVE, SOUTHERN<br>PINES, NC 28387        | PACE PROGRAM                         | NORTH CAROLINA                                      | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>PACE                         | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|--|--|----|
|  |  |   |                               |   |  | Yes  | No |
| LIFE ST. MARY - 26-2976184<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047                 | PACE PROGRAM                                 | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | ST. MARY MEDICAL<br>CENTER                     | X  |    |
| LOURDES ANCILLARY SERVICES - 22-2568525<br>1600 HADDON AVENUE<br>CAMDEN, NJ 08103                | HEALTH CARE SYSTEM SUPPORT                   | NEW JERSEY  | 501(C)(3)                     | LINE 12B, II  | OUR LADY OF<br>LOURDES HEALTH<br>CARE SERVICES | X  |    |
| LOURDES CARDIOLOGY SERVICES PC - 27-4357794<br>1600 HADDON AVENUE<br>CAMDEN, NJ 08103            | HEALTH CARE SERVICES                         | NEW JERSEY  | 501(C)(3)                     | LINE 3  | OUR LADY OF<br>LOURDES HEALTH<br>CARE SERVICES | X  |    |
| LOYOLA MEDICINE TRANSPORT LLC - 47-4147171<br>905 W. NORTH AVE.<br>MELROSE PARK, IL 60160        | TRANSPORTATION SERVICES                      | ILLINOIS  | 501(C)(3)                     | LINE 10   | LOYOLA UNIVERSITY<br>MEDICAL CENTER            | X  |    |
| LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448<br>2160 SOUTH FIRST AVENUE<br>MAYWOOD, IL 60153     | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | ILLINOIS  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| LOYOLA UNIVERSITY MEDICAL CENTER -<br>36-4015560, 2160 SOUTH FIRST AVENUE,<br>MAYWOOD, IL 60153  | HEALTH CARE AND HOSPITAL<br>SERVICES         | ILLINOIS  | 501(C)(3)                     | LINE 3  | LOYOLA UNIVERSITY<br>HEALTH SYSTEM             | X  |    |
| LTC (EDDY), INC. - 22-2564710<br>2212 BURDETT AVE.<br>TROY, NY 12180                             | MANAGEMENT SERVICES FOR<br>LONG TERM CARE    | NEW YORK  | 501(C)(3)                     | LINE 12B, II  | ST. PETER'S<br>HEALTH PARTNERS                 | X  |    |
| MARIAN HOME HEALTHCARE - 38-3320705<br>801 5TH STREET<br>SIOUX CITY, IA 51101                    | HOME HEALTH SERVICES<br>(INACTIVE)           | IOWA  | 501(C)(3)                     | LINE 12A, I   | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.        | X  |    |
| MAXIS HEALTH SYSTEM - 91-1940902<br>3805 WEST CHESTER PIKE, STE. 100<br>NEWTOWN SQUARE, PA 19073 | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | PENNSYLVANIA  | 501(C)(3)                     | LINE 12A, I   | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| MCAULEY CENTER, INC. - 06-1058086<br>275 STEELE ROAD<br>WEST HARTFORD, CT 06117                  | SENIOR LIVING COMMUNITY                      | CONNECTICUT   | 501(C)(3)                     | LINE 10   | MERCY COMMUNITY<br>HEALTH, INC.                | X  |    |
| MCAULEY CLINIC CORPORATION - 38-2561013<br>PO BOX 992<br>ANN ARBOR, MI 48106                     | HEALTH CARE SERVICES<br>(INACTIVE)           | MICHIGAN  | 501(C)(3)                     | LINE 3  | CATHERINE MCAULEY<br>HEALTH SERVICES<br>CORP.  | X  |    |
| MCAULEY MINISTRIES - 94-3436142<br>3333 FIFTH AVENUE<br>PITTSBURGH, PA 15213                     | GRANT MAKING                                 | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | PITTSBURGH MERCY<br>HEALTH SYSTEM,<br>INC.     | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity             | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| MEMORIAL HOSPITAL, ALBANY, N.Y. - 14-1338457<br>600 NORTHERN BLVD.<br>ALBANY, NY 12204  | HEALTH CARE AND HOSPITAL<br>SERVICES         | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS                  | X  |    |
| MERCY AMICARE HOME HEALTHCARE, OAKLAND -<br>38-3320698, 17410 COLLEGE PARKWAY, STE 150,<br>LIVONIA, MI 48152                    | HOME HEALTH SERVICES                         | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HOME<br>HEALTH SERVICES                 | X  |    |
| MERCY CARE FOUNDATION, INC. - 58-1448522<br>424 DECATUR STREET<br>ATLANTA, GA 30312   | FOUNDATION                                   | GEORGIA   | 501(C)(3)                     | LINE 7  | SAINT JOSEPH'S<br>HEALTH SYSTEM,<br>INC.        | X  |    |
| MERCY CATHOLIC MEDICAL CENTER OF<br>SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE<br>WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA | HEALTH CARE AND HOSPITAL<br>SERVICES         | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| MERCY COMMUNITY HEALTH, INC. - 06-1492707<br>2021 ALBANY AVENUE<br>WEST HARTFORD, CT 06117                                      | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | CONNECTICUT   | 501(C)(3)                     | LINE 12B, II  | TRINITY<br>CONTINUING CARE<br>SERVICES          | X  |    |
| MERCY FAMILY SUPPORT - 23-2325059<br>1001 BALTIMORE PIKE, SUITE 310<br>SPRINGFIELD, PA 19064                                    | HOME HEALTH SERVICES                         | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | MERCY HOME HEALTH<br>SERVICES                   | X  |    |
| MERCY FOUNDATION, INC. - 36-3227350<br>2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616  | FOUNDATION                                   | ILLINOIS  | 501(C)(3)                     | LINE 7  | MERCY HEALTH<br>SYSTEM OF CHICAGO               | X  |    |
| MERCY GENERAL HEALTH PARTNERS, AMICARE<br>HOMECARE - 38-3321856, 888 TERRACE STREET,<br>MUSKEGON, MI 49440                      | HOME HEALTH SERVICES                         | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HOME<br>HEALTH SERVICES                 | X  |    |
| MERCY HEALTH FOUNDATION OF SOUTHEASTERN<br>PENNSYLVANIA - 23-2829864, ONE WEST ELM<br>STREET, SUITE 100, CONSHOHOCKEN, PA 19428 | FOUNDATION                                   | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| MERCY HEALTH NETWORK, INC. - 42-1478417<br>1449 NW 128TH ST, BLDG 5<br>CLIVE, IA 50325  | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | DELAWARE  | 501(C)(3)                     | LINE 12B, II  | N/A   |  | X  |
| MERCY HEALTH PARTNERS - 38-2589966<br>1500 E. SHERMAN BLVD.<br>MUSKEGON, MI 49444   | HEALTH CARE AND HOSPITAL<br>SERVICES         | MICHIGAN  | 501(C)(3)                     | LINE 3  | TRINITY<br>HEALTH-MICHIGAN                      | X  |    |
| MERCY HEALTH PLAN - 22-2483605<br>ONE WEST ELM STREET, SUITE 100<br>CONSHOHOCKEN, PA 19428                                      | MEDICAID MANAGED CARE PLAN                   | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity             | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|---|--|----|
|  |  |   |                               |   |   | Yes  | No |
| MERCY HEALTH SERVICES - IOWA, CORP. -<br>31-1373080, 1000 4TH STREET SW, MASON CITY,<br>IA 50401                         | HEALTH CARE AND HOSPITAL<br>SERVICES         | DELAWARE  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327<br>2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616                           | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | ILLINOIS  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| MERCY HEALTHCARE FOUNDATION - CLINTON -<br>42-1316126, 1410 N. 4TH ST., CLINTON, IA<br>52732                             | FOUNDATION                                   | IOWA  | 501(C)(3)                     | LINE 7  | N/A   |  | X  |
| MERCY HOME HEALTH - 23-1352099<br>1001 BALTIMORE PIKE, SUITE 310<br>SPRINGFIELD, PA 19064                                | HOME HEALTH SERVICES                         | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | MERCY HOME HEALTH<br>SERVICES                   | X  |    |
| MERCY HOME HEALTH SERVICES - 23-2325058<br>1001 BALTIMORE PIKE, SUITE 310<br>SPRINGFIELD, PA 19064                       | MANAGEMENT SERVICES FOR<br>HOME HEALTH       | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| MERCY HOSPITAL AND MEDICAL CENTER -<br>36-2170152, 2525 SOUTH MICHIGAN AVENUE,<br>CHICAGO, IL 60616                      | HEALTH CARE AND HOSPITAL<br>SERVICES         | ILLINOIS  | 501(C)(3)                     | LINE 3  | MERCY HEALTH<br>SYSTEM OF CHICAGO               | X  |    |
| MERCY HOSPITAL CADILLAC FOUNDATION -<br>20-3357131, 1820 44TH ST. SE, KENTWOOD, MI<br>49508                              | FOUNDATION                                   | MICHIGAN  | 501(C)(3)                     | LINE 12A, I   | TRINITY<br>HEALTH-MICHIGAN                      | X  |    |
| MERCY LIFE CENTER CORPORATION - 25-1604115<br>1200 REEDSDALE STREET<br>PITTSBURGH, PA 15233                              | COMMUNITY OUTREACH                           | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | PITTSBURGH MERCY<br>HEALTH SYSTEM,<br>INC.      | X  |    |
| MERCY LIFE OF ALABAMA - 27-3163002<br>P.O. BOX 7957<br>MOBILE, AL 36670  | PACE PROGRAM                                 | ALABAMA   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>PACE                          | X  |    |
| MERCY LIFE, INC. - 45-3086711<br>1221 MAIN STREET, SUITE 213<br>HOLYOKE, MA 01040  | PACE PROGRAM                                 | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>PACE                          | X  |    |
| MERCY MANAGEMENT OF SOUTHEASTERN<br>PENNSYLVANIA - 23-2627944, ONE WEST ELM<br>STREET, SUITE 100, CONSHOHOCKEN, PA 19428 | HEALTH CARE SERVICES                         | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | MERCY PHYSICIAN<br>NETWORK                      | X  |    |
| MERCY MEDICAL CENTER - CLINTON, INC. -<br>42-1336618, 1410 NORTH 4TH ST., CLINTON, IA<br>52732                           | HEALTH CARE AND HOSPITAL<br>SERVICES         | DELAWARE  | 501(C)(3)                     | LINE 3  | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.         | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                       | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity             | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|---|---|-------------------------------|---|---|--|----|
|  |   |   |                               |   |   | Yes  | No |
| MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION<br>- 14-1880022, 801 5TH STREET, SIOUX CITY, IA<br>51102              | FOUNDATION  | IOWA  | 501(C)(3)                     | LINE 7  | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.         | X  |    |
| MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA<br>- 42-1229151, 1000 4TH STREET SW, MASON<br>CITY, IA 50401          | FOUNDATION  | IOWA  | 501(C)(3)                     | LINE 7  | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.         | X  |    |
| MERCY MEDICAL CORPORATION - 63-6002215<br>P.O. BOX 7957<br>MOBILE, AL 36670  | PACE PROGRAM  | ALABAMA   | 501(C)(3)                     | LINE 10   | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| MERCY MEDICAL GROUP, INC. - 45-4884805<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                                | HEALTH CARE SERVICES  | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                     | X  |    |
| MERCY PHYSICIAN NETWORK - 46-1187365<br>ONE WEST ELM STREET, SUITE 100<br>CONSHOHOCKEN, PA 19428                   | MANAGEMENT SERVICES FOR<br>PHYSICIAN SERVICE<br>ORGANIZATIONS | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| MERCY SENIOR CARE, INC. - 58-1366508<br>424 DECATUR STREET<br>ATLANTA, GA 30312                                    | COMMUNITY OUTREACH  | GEORGIA   | 501(C)(3)                     | LINE 7  | SAINT JOSEPH'S<br>HEALTH SYSTEM,<br>INC.        | X  |    |
| MERCY SERVICES DOWNTOWN, INC. - 27-2046353<br>424 DECATUR STREET<br>ATLANTA, GA 30312                              | TITLE HOLDING COMPANY   | GEORGIA   | 501(C)(3)                     | LINE 12B, II  | SAINT JOSEPH'S<br>HEALTH SYSTEM,<br>INC.        | X  |    |
| MERCY SERVICES FOR AGING NONPROFIT HOUSING<br>CORPORATION - 38-2719605, PO BOX 9184,<br>FARMINGTON HILLS, MI 48333 | LONG TERM CARE  | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES          | X  |    |
| MERCY SPECIALIST PHYSICIANS, INC. -<br>26-4033168, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                      | HEALTH CARE SERVICES  | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                     | X  |    |
| MERCY SUBURBAN HOSPITAL - 23-1396763<br>ONE WEST ELM STREET, SUITE 100<br>CONSHOHOCKEN, PA 19428                   | HEALTH CARE AND HOSPITAL<br>SERVICES                          | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| MISSION HEALTH CORPORATION - 38-3181557<br>37595 SEVEN MILE ROAD<br>LIVONIA, MI 48152                              | BUILDING MANAGEMENT<br>SERVICES                               | DELAWARE  | 501(C)(3)                     | LINE 12A, I   | N/A   |  | X  |
| MOUNT CARMEL COLLEGE OF NURSING - 31-1308555<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213                       | COLLEGE OF NURSING  | OHIO  | 501(C)(3)                     | LINE 2  | MOUNT CARMEL<br>HEALTH SYSTEM                   | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--------------------------------------|---|-------------------------------|---|--|--|----|
|  |                                      |   |                               |   |  | Yes  | No |
| MOUNT CARMEL HEALTH INSURANCE COMPANY -<br>25-1912781, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213     | HEALTH INSURANCE                     | OHIO  | 501(C)(4)                     | N/A   | MOUNT CARMEL<br>HEALTH SYSTEM                  | X  |    |
| MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. -<br>83-1422704, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213   | MEDICARE HMO                         | IDAHO   | 501(C)(4)                     | N/A   | MOUNT CARMEL<br>HEALTH PLAN, INC.              | X  |    |
| MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC -<br>83-3278543, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213 | MEDICARE HMO                         | NEW YORK  | 501(C)(4)                     | N/A   | MOUNT CARMEL<br>HEALTH PLAN, INC.              | X  |    |
| MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213              | MEDICARE HMO                         | OHIO  | 501(C)(4)                     | N/A   | MOUNT CARMEL<br>HEALTH SYSTEM                  | X  |    |
| MOUNT CARMEL HEALTH SYSTEM - 31-1439334<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213                  | HEALTH CARE AND HOSPITAL<br>SERVICES | OHIO  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| MOUNT CARMEL HEALTH SYSTEM FOUNDATION -<br>31-1113966, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213     | FOUNDATION                           | OHIO  | 501(C)(3)                     | LINE 12A, I   | MOUNT CARMEL<br>HEALTH SYSTEM                  | X  |    |
| MOUNT SINAI HOSPITAL FOUNDATION, INC. -<br>22-2584082, 114 WOODLAND STREET, HARTFORD,<br>CT 06105        | FOUNDATION                           | CONNECTICUT   | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | N/A  |  | X  |
| MOUNT SINAI REHABILITATION HOSPITAL, INC. -<br>06-1422973, 114 WOODLAND STREET, HARTFORD,<br>CT 06105    | HEALTH CARE AND HOSPITAL<br>SERVICES | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| MOUNT ST. JOSEPH - 01-0274998<br>7 HIGHTOWER STREET<br>WATERVILLE, ME 04901                              | LONG TERM CARE                       | MAINE   | 501(C)(3)                     | LINE 3  | MERCY COMMUNITY<br>HEALTH, INC.                | X  |    |
| MRI MOBILE SERVICES OF WEST MICHIGAN -<br>38-3073745, 1820 44TH STREET, KENTWOOD, MI<br>49508            | HEALTH CARE SERVICES<br>(INACTIVE)   | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>HEALTH-MICHIGAN                     | X  |    |
| MUSKEGON COMMUNITY HEALTH PROJECT -<br>91-1932918, 565 W. WESTERN AVENUE, MUSKEGON,<br>MI 49440          | COMMUNITY OUTREACH                   | MICHIGAN  | 501(C)(3)                     | LINE 7  | MERCY HEALTH<br>PARTNERS                       | X  |    |
| NAZARETH HEALTH CARE FOUNDATION - 23-2300951<br>2701 HOLME AVENUE<br>PHILADELPHIA, PA 19152              | FOUNDATION                           | PENNSYLVANIA  | 501(C)(3)                     | LINE 12A, I   | NAZARETH HOSPITAL                              | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity             | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|---|--|----|
|  |  |   |                               |   |   | Yes  | No |
| NAZARETH HOSPITAL - 23-2794121<br>2601 HOLME AVENUE<br>PHILADELPHIA, PA 19152                                | HEALTH CARE AND HOSPITAL<br>SERVICES         | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| NAZARETH PHYSICIAN SERVICES, INC. -<br>20-3261266, ONE WEST ELM STREET, SUITE 100,<br>CONSHOHOCKEN, PA 19428 | HEALTH CARE SERVICES                         | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | MERCY PHYSICIAN<br>NETWORK                      | X  |    |
| NE PHYSICIAN SERVICES INC. - 23-2497355<br>ONE WEST ELM STREET, SUITE 100<br>CONSHOHOCKEN, PA 19428          | HEALTH CARE SERVICES<br>(INACTIVE)           | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | MERCY PHYSICIAN<br>NETWORK                      | X  |    |
| OAKLAND MERCY HOSPITAL - 20-8072234<br>601 EAST 2ND STREET<br>OAKLAND, NE 68045                              | HEALTH CARE AND HOSPITAL<br>SERVICES         | NEBRASKA  | 501(C)(3)                     | LINE 3  | MERCY HEALTH<br>SERVICES-IOWA,<br>CORP.         | X  |    |
| OAKLAND MERCY HOSPITAL FOUNDATION -<br>31-1678345, 601 E. 2ND STREET, OAKLAND, NE<br>68045                   | FOUNDATION                                   | NEBRASKA  | 501(C)(3)                     | LINE 12A, I   | OAKLAND MERCY<br>HOSPITAL                       | X  |    |
| OSU/MOUNT CARMEL HEALTH ALLIANCE -<br>31-1654603, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213              | COOPERATIVE HEALTH CARE<br>DELIVERY SYSTEM   | OHIO  | 501(C)(3)                     | LINE 12A, I   | N/A   |  | X  |
| OUR LADY OF LOURDES HEALTH CARE SERVICES,<br>INC. - 22-2568528, 1600 HADDON AVENUE,<br>CAMDEN, NJ 08103      | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | NEW JERSEY  | 501(C)(3)                     | LINE 12B, II  | MAXIS HEALTH<br>SYSTEM                          | X  |    |
| OUR LADY OF LOURDES HEALTH FOUNDATION, INC.<br>- 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ<br>08103         | FOUNDATION                                   | NEW JERSEY  | 501(C)(3)                     | LINE 7  | OUR LADY OF<br>LOURDES HEALTH<br>CARE SERVICES  | X  |    |
| OUR LADY OF MERCY LIFE CENTER - 14-1743506<br>2 MERCYCARE LANE<br>GUILDERLAND, NY 12084                      | LONG TERM CARE                               | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HOSPITAL                         | X  |    |
| PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. -<br>45-4208896, 114 WOODLAND STREET, HARTFORD,<br>CT 06105       | HEALTH CARE SERVICES                         | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                     | X  |    |
| PITTSBURGH MERCY HEALTH SYSTEM, INC. -<br>25-1464211, 3333 5TH AVENUE, PITTSBURGH, PA<br>15213               | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | PENNSYLVANIA  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| PROBILITY THERAPY SERVICES - 20-2020239<br>2058 S. STATE STREET<br>ANN ARBOR, MI 48104                       | HEALTH CARE SERVICES                         | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>HEALTH-MICHIGAN                      | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity                 | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| PROFESSIONAL MED TEAM - 38-2638284<br>965 FORK STREET<br>MUSKEGON, MI 49442   | HEALTH CARE SERVICES                         | MICHIGAN  | 501(C)(3)                     | LINE 10   | MERCY HEALTH<br>PARTNERS                            | X  |    |
| RIVERBEND MEDICAL GROUP, INC. - 81-1807730<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                                   | HEALTH CARE SERVICES                         | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                         | X  |    |
| S.J. MANAGEMENT COMPANY OF SYRACUSE, INC. -<br>27-1763712, 301 PROSPECT AVENUE, SYRACUSE,<br>NY 13203                     | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | ST. JOSEPH'S<br>HOSPITAL HEALTH<br>CENTER           | X  |    |
| SAINT AGNES MEDICAL CENTER - 94-1437713<br>1303 EAST HERNDON AVE.<br>FRESNO, CA 93720                                     | HEALTH CARE AND HOSPITAL<br>SERVICES         | CALIFORNIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION                       | X  |    |
| SAINT AGNES MEDICAL FOUNDATION - 94-2839324<br>1303 EAST HERNDON AVE.<br>FRESNO, CA 93720                                 | HEALTH CARE SERVICES                         | CALIFORNIA  | 501(C)(3)                     | LINE 12A, I   | SAINT AGNES<br>MEDICAL CENTER                       | X  |    |
| SAINT ALPHONSUS DIVERSIFIED CARE, INC. -<br>94-3028978, 1055 NORTH CURTIS RD., BOISE, ID<br>83706                         | HEALTH CARE SYSTEM SUPPORT                   | IDAHO   | 501(C)(3)                     | LINE 12A, I   | SAINT ALPHONSUS<br>REGIONAL MEDICAL<br>CENTER, INC. | X  |    |
| SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC.<br>- 94-3164869, 3325 POCAHONTAS ROAD, BAKER<br>CITY, OR 97814                | FOUNDATION                                   | OREGON  | 501(C)(3)                     | LINE 7  | SAINT ALPHONSUS<br>MEDICAL CENTER -<br>BAKER CITY   | X  |    |
| SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. -<br>20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR<br>97914                       | FOUNDATION                                   | OREGON  | 501(C)(3)                     | LINE 7  | SAINT ALPHONSUS<br>MEDICAL<br>CENTER-ONTARIO        | X  |    |
| SAINT ALPHONSUS HEALTH SYSTEM, INC. -<br>27-1929502, 1055 N. CURTIS ROAD, BOISE, ID<br>83706                              | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | IDAHO   | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                       | X  |    |
| SAINT ALPHONSUS MEDICAL CENTER ONTARIO<br>VOLUNTEERS - 94-3059469, 351 S.W. 9TH<br>STREET, ONTARIO, OR 97914              | VOLUNTEER SERVICE<br>AUXILIARY               | OREGON  | 501(C)(3)                     | LINE 10   | SAINT ALPHONSUS<br>MEDICAL<br>CENTER-ONTARIO        | X  |    |
| SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY,<br>INC. - 27-1790052, 3325 POCAHONTAS ROAD,<br>BAKER CITY, OR 97814            | HEALTH CARE AND HOSPITAL<br>SERVICES         | OREGON  | 501(C)(3)                     | LINE 3  | SAINT ALPHONSUS<br>HEALTH SYSTEM,<br>INC.           | X  |    |
| SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH<br>FOUNDATION, INC. - 26-1737256, 4300 E.<br>FLAMINGO AVENUE, NAMPA, ID 83687 | FOUNDATION                                   | IDAHO   | 501(C)(3)                     | LINE 7  | SAINT ALPHONSUS<br>MEDICAL<br>CENTER-NAMPA          | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity                   | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. -<br>82-0200896, 4300 E. FLAMINGO AVENUE, NAMPA,<br>ID 83687                         | HEALTH CARE AND HOSPITAL<br>SERVICES         | IDAHO   | 501(C)(3)                     | LINE 3  | SAINT ALPHONSUS<br>HEALTH SYSTEM,<br>INC.             | X  |    |
| SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC.<br>- 27-1789847, 351 S.W. 9TH STREET, ONTARIO,<br>OR 97914                         | HEALTH CARE AND HOSPITAL<br>SERVICES         | OREGON  | 501(C)(3)                     | LINE 3  | SAINT ALPHONSUS<br>HEALTH SYSTEM,<br>INC.             | X  |    |
| SAINT ALPHONSUS REGIONAL MEDICAL CENTER -<br>82-0200895, 1055 NORTH CURTIS RD., BOISE, ID<br>83706                              | HEALTH CARE AND HOSPITAL<br>SERVICES         | IDAHO   | 501(C)(3)                     | LINE 3  | SAINT ALPHONSUS<br>HEALTH SYSTEM,<br>INC.             | X  |    |
| SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.<br>- 45-1994612, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                         | HEALTH CARE SERVICES                         | CONNECTICUT   | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH OF<br>NEW ENGLAND PNO,<br>INC.         | X  |    |
| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER -<br>06-0646813, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                           | HEALTH CARE AND HOSPITAL<br>SERVICES         | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC.        | X  |    |
| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER<br>FOUNDATION, INC. - 06-1008255, 114 WOODLAND<br>STREET, HARTFORD, CT 06105          | FOUNDATION                                   | CONNECTICUT   | 501(C)(3)                     | LINE 7  | SAINT FRANCIS<br>HOSPITAL AND<br>MEDICAL CENTER       | X  |    |
| SAINT JOSEPH PACE INC. - 47-3129127<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152  | PACE PROGRAM                                 | INDIANA   | 501(C)(3)                     | LINE 10   | TRINITY HEALTH<br>PACE                                | X  |    |
| SAINT JOSEPH REGIONAL MEDICAL CENTER -<br>PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX<br>670, PLYMOUTH, IN 46563                 | HEALTH CARE AND HOSPITAL<br>SERVICES         | INDIANA   | 501(C)(3)                     | LINE 3  | SAINT JOSEPH<br>REGIONAL MEDICAL<br>CENTER, INC.      | X  |    |
| SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH<br>BEND CAMPUS, INC. - 35-0868157, 5215 HOLY<br>CROSS PARKWAY, MISHAWAKA, IN 46545 | HEALTH CARE AND HOSPITAL<br>SERVICES         | INDIANA   | 501(C)(3)                     | LINE 3  | SAINT JOSEPH<br>REGIONAL MEDICAL<br>CENTER, INC.      | X  |    |
| SAINT JOSEPH REGIONAL MEDICAL CENTER<br>PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915<br>LAKE AVENUE, PLYMOUTH, IN 46563          | VOLUNTEER SERVICE<br>AUXILIARY               | INDIANA   | 501(C)(3)                     | LINE 12A, I   | SAINT JOSEPH<br>REGIONAL MEDICAL<br>CENTER - PLYMOUTH | X  |    |
| SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. -<br>35-1568821, 5215 HOLY CROSS PARKWAY,<br>MISHAWAKA, IN 46545                     | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | INDIANA   | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                         | X  |    |
| SAINT JOSEPH'S HEALTH SYSTEM, INC. -<br>58-1744848, 424 DECATUR STREET, ATLANTA, GA<br>30312                                    | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | GEORGIA   | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | TRINITY HEALTH<br>CORPORATION                         | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--------------------------------------|---|-------------------------------|---|--|--|----|
|   |                                      |   |                               |   |  | Yes  | No |
| SAINT JOSEPH'S MERCY CARE SERVICES, INC. -<br>58-1752700, 424 DECATUR STREET, ATLANTA, GA<br>30312                | HEALTH CARE SERVICES                 | GEORGIA   | 501(C)(3)                     | LINE 7  | SAINT JOSEPH'S<br>HEALTH SYSTEM,<br>INC.       | X  |    |
| SAINT JOSEPH'S TOWER, INC. - 31-1040468<br>PO BOX 9184<br>FARMINGTON HILLS, MI 48333                              | SENIOR LIVING COMMUNITY              | INDIANA   | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES -       | X  |    |
| SAINT MARY'S AMICARE HOME HEALTHCARE -<br>38-3320700, 1430 MONROE NW, STE 120, GRAND<br>RAPIDS, MI 49505          | HOME HEALTH SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HOME<br>HEALTH SERVICES                | X  |    |
| SAINT MARY'S FOUNDATION - 38-1779602<br>200 JEFFERSON ST., SE<br>GRAND RAPIDS, MI 49503                           | FOUNDATION                           | MICHIGAN  | 501(C)(3)                     | LINE 7  | TRINITY<br>HEALTH-MICHIGAN                     | X  |    |
| SAINT MARY'S HOSPITAL FOUNDATION, INC. -<br>22-2528400, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                | FOUNDATION                           | CONNECTICUT   | 501(C)(3)                     | LINE 7  | SAINT MARY'S<br>HOSPITAL, INC.                 | X  |    |
| SAINT MARY'S HOSPITAL, INC. - 06-0646844<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                             | HEALTH CARE AND HOSPITAL<br>SERVICES | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| SAMARITAN CHILD CARE CENTER, INC. -<br>14-1710225, 2215 BURDETT AVE., TROY, NY<br>12180                           | CHILD CARE SERVICES                  | NEW YORK  | 501(C)(3)                     | LINE 10   | ST. PETER'S<br>HEALTH PARTNERS                 | X  |    |
| SAMARITAN HOSPITAL - 14-1338544<br>2215 BURDETT AVE.<br>TROY, NY 12180  | HEALTH CARE AND HOSPITAL<br>SERVICES | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS                 | X  |    |
| SENIOR CARE CONNECTION, INC. - 14-1708754<br>504 STATE STREET<br>SCHENECTADY, NY 12305                            | PACE PROGRAM                         | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                               | X  |    |
| SETON AUXILIARY, INC. - 14-1505031<br>1300 MASSACHUSETTS AVENUE<br>TROY, NY 12180                                 | VOLUNTEER SERVICE<br>AUXILIARY       | NEW YORK  | 501(C)(3)                     | LINE 10   | SETON HEALTH<br>SYSTEM, INC.                   | X  |    |
| SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL<br>HEALTHCARE - 14-1756230, ONE ABELE BLVD.,<br>CLIFTON PARK, NY 12065 | LONG TERM CARE                       | NEW YORK  | 501(C)(3)                     | LINE 10   | SETON HEALTH<br>SYSTEM, INC.                   | X  |    |
| SETON HEALTH FOUNDATION, INC. - 22-2345416<br>310 S. MANNING BLVD.<br>ALBANY, NY 12208                            | FOUNDATION                           | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | SETON HEALTH<br>SYSTEM, INC.                   | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                    | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity             | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|---|--|----|
|  |  |   |                               |   |   | Yes  | No |
| SETON HEALTH SYSTEM, INC. - 14-1776186<br>1300 MASSACHUSETTS AVENUE<br>TROY, NY 12180                                  | HEALTH CARE AND HOSPITAL<br>SERVICES                       | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS                  | X  |    |
| SISTERS OF PROVIDENCE CARE CENTERS, INC. -<br>22-2541103, 114 WOODLAND STREET, HARTFORD,<br>CT 06105                   | LONG TERM CARE   | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | THE MERCY<br>HOSPITAL, INC.                     | X  |    |
| SJHS/JOC HOLDINGS, INC. - 47-2299757<br>424 DECATUR STREET<br>ATLANTA, GA 30312  | HEALTH CARE SYSTEM SUPPORT                                 | GEORGIA   | 501(C)(3)                     | LINE 12B, II  | SAINT JOSEPH'S<br>HEALTH SYSTEM,<br>INC.        | X  |    |
| ST. AGNES CONTINUING CARE CENTER -<br>23-2840137, ONE WEST ELM STREET, SUITE 100,<br>CONSHOHOCKEN, PA 19428            | PACE PROGRAM   | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>THE MID-ATLANTIC<br>REGION | X  |    |
| ST. AGNES CONTINUING CARE CENTER FOUNDATION<br>- 23-2415137, ONE WEST ELM STREET, SUITE<br>100, CONSHOHOCKEN, PA 19428 | FOUNDATION   | PENNSYLVANIA  | 501(C)(3)                     | LINE 12A, I   | ST. AGNES<br>CONTINUING CARE<br>CENTER          | X  |    |
| ST. FRANCIS FOUNDATION - 51-0374158<br>P.O. BOX 2500<br>WILMINGTON, DE 19805   | FOUNDATION   | DELAWARE  | 501(C)(3)                     | LINE 12A, I   | ST. FRANCIS<br>HOSPITAL, INC.                   | X  |    |
| ST. FRANCIS HOSPITAL, INC. - 51-0064326<br>P.O. BOX 2500<br>WILMINGTON, DE 19805                                       | HEALTH CARE AND HOSPITAL<br>SERVICES                       | DELAWARE  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| ST. FRANCIS MEDICAL ASSOCIATES, P.A. -<br>83-2199054, 601 HAMILTON AVENUE, TRENTON, NJ<br>08629                        | HEALTH CARE SERVICES                                       | NEW JERSEY  | 501(C)(3)                     | LINE 3  | ST. FRANCIS<br>MEDICAL CENTER<br>TRENTON NJ     | X  |    |
| ST. FRANCIS MEDICAL CENTER FOUNDATION, INC.<br>- 52-1025476, 601 HAMILTON AVENUE, TRENTON,<br>NJ 08629                 | FOUNDATION   | NEW JERSEY  | 501(C)(3)                     | LINE 7  | ST. FRANCIS<br>MEDICAL CENTER<br>TRENTON NJ     | X  |    |
| ST. FRANCIS MEDICAL CENTER TRENTON NJ -<br>22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ<br>08629                       | HEALTH CARE AND HOSPITAL<br>SERVICES                       | NEW JERSEY  | 501(C)(3)                     | LINE 3  | MAXIS HEALTH<br>SYSTEM                          | X  |    |
| ST. JAMES MERCY HEALTH SYSTEM, INC. -<br>22-3127184, 411 CANISTEO STREET, HORNELL, NY<br>14843                         | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT<br>(INACTIVE) | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | TRINITY HEALTH<br>CORPORATION                   | X  |    |
| ST. JOSEPH MERCY CHELSEA, INC. - 82-4757260<br>775 S MAIN ST<br>CHELSEA, MI 48118                                      | MEDICAL SERVICES   | MICHIGAN  | 501(C)(3)                     | LINE 3  | TRINITY<br>HEALTH-MICHIGAN                      | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| ST. JOSEPH OF THE PINES, INC. - 56-0694200<br>100 GOSSMAN DRIVE<br>SOUTHERN PINES, NC 28387                                 | LONG TERM CARE                               | NORTH CAROLINA                                      | 501(C)(3)                     | LINE 3  | TRINITY<br>CONTINUING CARE<br>SERVICES    | X  |    |
| ST. JOSEPH'S COLLEGE OF NURSING AT ST.<br>JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206<br>PROSPECT AVENUE, SYRACUSE, NY 13203 | COLLEGE OF NURSING                           | NEW YORK  | 501(C)(3)                     | LINE 2  | ST. JOSEPH'S<br>HOSPITAL HEALTH<br>CENTER | X  |    |
| ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC.<br>- 23-7219294, 301 PROSPECT AVENUE, SYRACUSE<br>, NY 13203                    | BUILDING MANAGEMENT<br>SERVICES              | NEW YORK  | 501(C)(3)                     | LINE 12B, II  | ST. JOSEPH'S<br>HEALTH, INC.              | X  |    |
| ST. JOSEPH'S HEALTH, INC. - 47-4754987<br>301 PROSPECT AVENUE<br>SYRACUSE, NY 13203   | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | NEW YORK  | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | TRINITY HEALTH<br>CORPORATION             | X  |    |
| ST. JOSEPH'S HOSPITAL HEALTH CENTER -<br>15-0532254, 301 PROSPECT AVENUE, SYRACUSE,<br>NY 13203                             | HEALTH CARE AND HOSPITAL<br>SERVICES         | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. JOSEPH'S<br>HEALTH, INC.              | X  |    |
| ST. JOSEPH'S HOSPITAL HEALTH CENTER<br>FOUNDATION, INC. - 22-2149775, 301 PROSPECT<br>AVENUE, SYRACUSE, NY 13203            | FOUNDATION                                   | NEW YORK  | 501(C)(3)                     | LINE 12B, II  | ST. JOSEPH'S<br>HEALTH, INC.              | X  |    |
| ST. JOSEPH'S MEDICAL, P.C. - 27-3899821<br>301 PROSPECT AVENUE<br>SYRACUSE, NY 13203  | HEALTH CARE SERVICES                         | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | ST. JOSEPH'S<br>HOSPITAL HEALTH<br>CENTER | X  |    |
| ST. JOSEPH'S PHYSICIAN HEALTH, P.C. -<br>16-1516863, 301 PROSPECT AVENUE, SYRACUSE,<br>NY 13203                             | HEALTH CARE SERVICES                         | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | ST. JOSEPH'S<br>HOSPITAL HEALTH<br>CENTER | X  |    |
| ST. MARY BUILDING AND DEVELOPMENT -<br>46-1827502, 1201 LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047                      | TITLE HOLDING COMPANY                        | PENNSYLVANIA  | 501(C)(2)                     | N/A   | ST. MARY MEDICAL<br>CENTER                | X  |    |
| ST. MARY EMERGENCY MEDICAL SERVICES -<br>46-5354512, 1201 LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047                    | HEALTH CARE SERVICES                         | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | ST. MARY MEDICAL<br>CENTER                | X  |    |
| ST. MARY HOME, INCORPORATED - 06-0646843<br>2021 ALBANY AVENUE<br>WEST HARTFORD, CT 06117                                   | LONG TERM CARE                               | CONNECTICUT   | 501(C)(3)                     | LINE 3  | MERCY COMMUNITY<br>HEALTH, INC.           | X  |    |
| ST. MARY MEDICAL CENTER - 23-1913910<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047                                  | HEALTH CARE AND HOSPITAL<br>SERVICES         | PENNSYLVANIA  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION             | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                      | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity    | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|--|--|----|
|   |  |   |                               |   |  | Yes  | No |
| ST. MARY MEDICAL CENTER FOUNDATION, INC. -<br>23-2567468, 1201 LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047     | FOUNDATION                                   | PENNSYLVANIA  | 501(C)(3)                     | LINE 7  | ST. MARY MEDICAL<br>CENTER             | X  |    |
| ST. MARY'S FOUNDATION, INC. - 58-2544232<br>1230 BAXTER STREET<br>ATHENS, GA 30606                                | FOUNDATION                                   | GEORGIA   | 501(C)(3)                     | LINE 12A, I   | ST. MARY'S HEALTH<br>CARE SYSTEM, INC. | X  |    |
| ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. -<br>81-1660088, 1230 BAXTER STREET, ATHENS, GA<br>30606               | FOUNDATION                                   | GEORGIA   | 501(C)(3)                     | LINE 12A, I   | ST. MARY'S HEALTH<br>CARE SYSTEM, INC. | X  |    |
| ST. MARY'S HEALTH CARE SYSTEM, INC. -<br>58-0566223, 1230 BAXTER STREET, ATHENS, GA<br>30606                      | HEALTH CARE AND HOSPITAL<br>SERVICES         | GEORGIA   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION          | X  |    |
| ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648<br>1230 BAXTER STREET<br>ATHENS, GA 30606                            | SENIOR LIVING COMMUNITY                      | GEORGIA   | 501(C)(3)                     | LINE 3  | ST. MARY'S HEALTH<br>CARE SYSTEM, INC. | X  |    |
| ST. MARY'S MEDICAL GROUP, INC. - 26-1858563<br>1230 BAXTER STREET<br>ATHENS, GA 30606                             | HEALTH CARE SERVICES                         | GEORGIA   | 501(C)(3)                     | LINE 3  | ST. MARY'S HEALTH<br>CARE SYSTEM, INC. | X  |    |
| ST. MARY'S SACRED HEART HOSPITAL, INC. -<br>47-3752176, 367 CLEAR CREEK PARKWAY,<br>LAVONIA, GA 30553             | HEALTH CARE AND HOSPITAL<br>SERVICES         | GEORGIA   | 501(C)(3)                     | LINE 3  | ST. MARY'S HEALTH<br>CARE SYSTEM, INC. | X  |    |
| ST. PETER'S HEALTH PARTNERS - 45-3570715<br>315 SOUTH MANNING BLVD<br>ALBANY, NY 12208                            | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT | NEW YORK  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION          | X  |    |
| ST. PETER'S HEALTH PARTNERS MEDICAL<br>ASSOCIATES, P.C. - 46-1177336, 315 SOUTH<br>MANNING BLVD, ALBANY, NY 12208 | HEALTH CARE SERVICES                         | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS         | X  |    |
| ST. PETER'S HOSPITAL - 14-1348692<br>315 SOUTH MANNING BLVD<br>ALBANY, NY 12208                                   | HEALTH CARE AND HOSPITAL<br>SERVICES         | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS         | X  |    |
| ST. PETER'S HOSPITAL FOUNDATION, INC. -<br>22-2262982, 310 SOUTH MANNING BLVD, ALBANY,<br>NY 12208                | FOUNDATION                                   | NEW YORK  | 501(C)(3)                     | LINE 7  | ST. PETER'S<br>HEALTH PARTNERS         | X  |    |
| SUNNYVIEW HOSPITAL AND REHABILITATION CENTER<br>- 14-1338386, 1270 BELMONT AVENUE,<br>SCHENECTADY, NY 12308       | HEALTH CARE AND HOSPITAL<br>SERVICES         | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS         | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity              | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity              | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--------------------------------------|---|-------------------------------|---|--|--|----|
|   |                                      |   |                               |   |  | Yes  | No |
| SUNNYVIEW HOSPITAL AND REHABILITATION CENTER<br>FOUNDATION, INC. - 22-2505127, 1270 BELMONT<br>AVE., SCHENECTADY, NY 12308            | FOUNDATION                           | NEW YORK  | 501(C)(3)                     | LINE 7  | SUNNYVIEW<br>HOSPITAL AND<br>REHABILITATION      | X  |    |
| THE COMMUNITY HOSPICE FOUNDATION, INC. -<br>22-2692940, 445 NEW KARNER RD., ALBANY, NY<br>12205                                       | FOUNDATION                           | NEW YORK  | 501(C)(3)                     | LINE 7  | THE COMMUNITY<br>HOSPICE, INC.                   | X  |    |
| THE COMMUNITY HOSPICE, INC. - 14-1608921<br>445 NEW KARNER RD.<br>ALBANY, NY 12205  | HOSPICE SERVICES                     | NEW YORK  | 501(C)(3)                     | LINE 3  | ST. PETER'S<br>HEALTH PARTNERS                   | X  |    |
| THE FOUNDATION OF SAINT JOSEPH REGIONAL<br>MEDICAL CENTER, INC. - 35-1654543, 707 EAST<br>CEDAR STREET, STE 175, SOUTH BEND, IN 46617 | FOUNDATION                           | INDIANA   | 501(C)(3)                     | LINE 7  | SAINT JOSEPH<br>REGIONAL MEDICAL<br>CENTER, INC. | X  |    |
| THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER,<br>INC. - 22-2570478, 2256 BURDETT AVE., TROY,<br>NY 12180                               | LONG TERM CARE                       | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                                 | X  |    |
| THE MARJORIE DOYLE ROCKWELL CENTER, INC. -<br>14-1793885, 421 WEST COLUMBIA ST., COHOES,<br>NY 12047                                  | LONG TERM CARE                       | NEW YORK  | 501(C)(3)                     | LINE 10   | LTC (EDDY), INC.                                 | X  |    |
| THE MERCY HOSPITAL, INC. - 04-3398280<br>114 WOODLAND STREET<br>HARTFORD, CT 06105  | HEALTH CARE AND HOSPITAL<br>SERVICES | MASSACHUSETTS                                       | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC.   | X  |    |
| THE NORTHEAST HEALTH FOUNDATION, INC. -<br>22-2743478, 310 SOUTH MANNING BLVD, ALBANY,<br>NY 12208                                    | FOUNDATION                           | NEW YORK  | 501(C)(3)                     | LINE 7  | ST. PETER'S<br>HEALTH PARTNERS                   | X  |    |
| THE WOMEN'S AUXILIARY OF SAINT FRANCIS<br>HOSPITAL AND MEDICAL CENTER, INC. - 0, 114<br>WOODLAND STREET, HARTFORD, CT 06105           | VOLUNTEER SERVICE<br>AUXILIARY       | CONNECTICUT   | 501(C)(3)                     | LINE 12B, II  | N/A  |  | X  |
| THHS OAKLAND F/K/A CRANBROOK HOSPICE CARE -<br>38-3320699, 17410 COLLEGE PARKWAY, STE 150,<br>LIVONIA, MI 48152                       | HOSPICE SERVICES<br>(INACTIVE)       | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HOME<br>HEALTH SERVICES                  | X  |    |
| TRI-HOSPITAL EMERGENCY MEDICAL SERVICES -<br>38-2485700, 309 GRAND RIVER, PORT HURON, MI<br>48060                                     | HEALTH CARE SERVICES                 | MICHIGAN  | 501(C)(3)                     | LINE 12A, I   | N/A  |  | X  |
| TRINITY CONTINUING CARE SERVICES -<br>38-2559656, PO BOX 9184, FARMINGTON HILLS,<br>MI 48333  | LONG TERM CARE                       | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HEALTH<br>CORPORATION                    | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                       | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|---|---|-------------------------------|---|--|--|----|
|  |   |   |                               |   |  | Yes  | No |
| TRINITY CONTINUING CARE SERVICES - INDIANA -<br>93-0907047, PO BOX 9184, FARMINGTON HILLS,<br>MI 48333                               | LONG TERM CARE                                | INDIANA   | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES         | X  |    |
| TRINITY CONTINUING CARE SERVICES -<br>MASSACHUSETTS - 82-4005577, PO BOX 9184,<br>FARMINGTON HILLS, MI 48333                         | LONG TERM CARE                                | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY<br>CONTINUING CARE<br>SERVICES         | X  |    |
| TRINITY HEALTH - MICHIGAN - 38-2113393<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152  | HEALTH CARE AND HOSPITAL<br>SERVICES          | MICHIGAN  | 501(C)(3)                     | LINE 3  | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| TRINITY HEALTH CORPORATION - 35-1443425<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152   | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT  | INDIANA   | 501(C)(3)                     | LINE 12B, II  | CATHOLIC HEALTH<br>MINISTRIES                  | X  |    |
| TRINITY HEALTH LIFE PENNSYLVANIA, INC. -<br>47-5244984, 20555 VICTOR PARKWAY, LIVONIA,<br>MI 48152                                   | PACE PROGRAM                                  | PENNSYLVANIA  | 501(C)(3)                     | LINE 10   | TRINITY HEALTH<br>PACE                         | X  |    |
| TRINITY HEALTH OF NEW ENGLAND CORPORATION,<br>INC. - 06-1491191, 114 WOODLAND STREET,<br>HARTFORD, CT 06105                          | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT  | CONNECTICUT   | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| TRINITY HEALTH OF NEW ENGLAND EMERGENCY<br>MEDICAL SERVICES, INC - 83-3546613, 114<br>WOODLAND STREET, HARTFORD, CT 06105            | HEALTH CARE SERVICES                          | CONNECTICUT   | 501(C)(3)                     | LINE 10   | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| TRINITY HEALTH OF NEW ENGLAND PROVIDER<br>NETWORK ORGANIZATION, INC. - 06-1450, 114<br>WOODLAND STREET, HARTFORD, CT 06105           | HEALTH CARE SERVICES                          | CONNECTICUT   | 501(C)(3)                     | LINE 3  | TRINITY HEALTH OF<br>NEW ENGLAND CORP,<br>INC. | X  |    |
| TRINITY HEALTH OF THE MID-ATLANTIC REGION<br>(FKA MERCY HEALTH SYSTEM OF SEPA) , ONE WEST<br>ELM STREET, SUITE 100, CONSHOHOCKEN, PA | HEALTH CARE SYSTEM<br>MANAGEMENT AND SUPPORT  | PENNSYLVANIA  | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| TRINITY HEALTH PACE - 47-3073124<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152  | PACE PROGRAM                                  | MICHIGAN  | 501(C)(3)                     | LINE 12B, II  | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| TRINITY HEALTH WELFARE BENEFIT TRUST -<br>20-8151733, 20555 VICTOR PARKWAY, LIVONIA,<br>MI 48152                                     | RETIREE MEDICAL AND<br>RETIREE LIFE INSURANCE | MICHIGAN  | 501(C)(9)                     | N/A   | TRINITY HEALTH<br>CORPORATION                  | X  |    |
| TRINITY HOME HEALTH SERVICES - 38-2621935<br>17410 COLLEGE PARKWAY, STE 150<br>LIVONIA, MI 48152                                     | MANAGEMENT SERVICES FOR<br>HOME HEALTH SYSTEM | MICHIGAN  | 501(C)(3)                     | LINE 10   | TRINITY HEALTH<br>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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity               | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|---------------------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                                       |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| ADVENT REHABILITATION LLC -<br>38-3306673, 607 DEWEY AVENUE,<br>SUITE 300, GRAND RAPIDS, MI<br>49504                  | REHABILITATION<br>THERAPY<br>SERVICES | MI  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |
| BH VENTURE ONE LP -<br>38-4098074, 905 WATSON<br>STREET, PITTSBURGH, PA 15219   | REAL ESTATE                           | PA  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |
| BIG RUN MEDICAL OFFICE<br>BUILDING LIMITED PARTNERSHIP<br>- 31-1608125, 6150 EAST BROAD<br>STREET, COLUMBUS, OH 43213 | MEDICAL OFFICE<br>BUILDING RENTAL     | OH  | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                     |    | N/A   | N/A                                       |    | N/A                            |
| CATHERINE HORAN BUILDING<br>ASSOCIATES LP - 04-2723429,<br>1221 MAIN STREET, SUITE 105,<br>HOLYOKE, MA 01040          | PROPERTY<br>MANAGEMENT                | MA  | 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| CALIFORNIA HEALTHCARE MANAGEMENT PARTERS,<br>INC. - 82-0961647, 1303 E. HERNDON AVE,<br>FRESNO, CA 93720 | MANAGEMENT SERVICES     | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| CATHERINE HORAN BUILDING CORPORATION -<br>04-2938160, 114 WOODLAND STREET, HARTFORD,<br>CT 06105         | BUILDING MANAGEMENT     | MA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| CENTRAL VALLEY HEALTH PLAN, INC. -<br>61-1846844, 1303 E. HERNDON AVE, FRESNO, CA<br>93720               | HEALTH INSURANCE        | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| DIVERSIFIED COMMUNITY SERVICES, INC. -<br>04-3128890, 114 WOODLAND STREET, HARTFORD,<br>CT 06105         | MEDICAL SERVICES        | MA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| FHS SERVICES, INC. - 27-2995699<br>333 BUTTERNUT DRIVE, SUITE 100<br>DEWITT, NY 13214                    | MEDICAL SERVICES        | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |  |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| CENTENNIAL SURGUNIT, LLC -<br>22-3580847, 502 CENTENNIAL<br>BLVD, SUITE 1, VOORHEES, NJ<br>08043       | HEALTH CARE<br>SERVICES                                | NJ   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| CENTER FOR DIGESTIVE CARE,<br>LLC - 03-0447062, 5300<br>ELLIOTT DRIVE, YPSILANTI, MI<br>48197          | PROVIDE<br>GASTROINTESTINA<br>SERVICES                 | MI   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| CENTRAL NEW JERSEY HEART<br>SERVICES, LLC - 20-8525458,<br>45 SAPPHIRE DRIVE, PRINCETON,<br>NJ 08550   | CARDIAC PROGRAM  | NJ   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| CLINTON IMAGING SERVICES, LLC<br>- 41-2044739, 1410 N 4TH<br>STREET, CLINTON, IA 52732                 | MRI DIAGNOSTIC<br>SERVICES                             | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| DIAGNOSTIC IMAGING OF<br>SOUTHBURY, LLC - 06-1487582,<br>385 MAIN STREET SOUTH,<br>SOUTHBURY, CT 06488 | IMAGING CENTER   | CT   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| FOREST PARK IMAGING, LLC -<br>13-4365966, 1000 4TH STREET<br>SW, MASON CITY, IA 50401                  | X-RAY AND<br>MAMMOGRAPHY<br>SERVICES                   | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| FRANCES WARDE MEDICAL<br>LABORATORY - 38-2648446, 300<br>WEST TEXTILE ROAD, ANN ARBOR,<br>MI 48104     | LABORATORY   | MI   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| GATEWAY HEALTH PLAN, LP -<br>25-1691945, 444 LIBERTY AVE,<br>SUITE 2100, PITTSBURGH, PA<br>15222       | MEDICAID &<br>MEDICARE/SPECIA<br>NEEDS MANAGED<br>CARE | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| GREATER HARTFORD LITHOTRIPTY,<br>LLC - 06-1578891, 114<br>WOODLAND STREET, HARTFORD, CT<br>06105       | LITHOTRIPTY<br>SERVICES                                | CT   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity           | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-----------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                                   |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| HAWARDEN REGIONAL HEALTH<br>CLINICS, LLC - 20-1444339,<br>1122 AVENUE L, HAWARDEN, IA<br>51023            | MEDICAL CLINIC                    | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| HEART INSTITUTE OF ST. MARY<br>LLC - 45-4903701, 1201<br>LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047   | CARDIOVASCULAR<br>SERVICES        | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| LOYOLA AMBULATORY SURGERY<br>CENTER AT OAKBROOK, LP -<br>36-4119522, 569 BROOKWOOD<br>VILLAGE, SUITE 901, | SURGICAL<br>SERVICES              | IL   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MAGNETIC RESONANCE SERVICES<br>PARTNERSHIP - 42-1328388,<br>1416 SIXTH STREET SW, MASON<br>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<br>CENTER, LLC - 20-1960348, 990<br>4TH STREET SW, MASON CITY, IA<br>50401  | SURGERY-SAME<br>DAY               | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MCE MOB IV LIMITED<br>PARTNERSHIP - 42-1544707,<br>6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213          | MEDICAL OFFICE<br>BUILDING RENTAL | OH   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MDR/MRI TECHNICAL SERVICES,<br>LLC - 16-1590982, 5640 EAST<br>TAFT ROAD #3770, SYRACUSE, NY<br>13220      | MRI SERVICES                      | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MEDILUCENT MOB I - 20-4911370<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213                             | MEDICAL OFFICE<br>BUILDING RENTAL | OH   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MEDWORKS, LLC - 06-1490483<br>375 EAST CEDAR STREET<br>NEWINGTON, CT 06111                                | REHABILITATION<br>SERVICES        | CT   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity           | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-----------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                                   |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| MERCY HEART CTR O/P SERVICES,<br>LLC - 13-4237594, 1000 4TH<br>STREET SW, MASON CITY, IA<br>50401               | CARDIOVASCULAR<br>SERVICES        | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MERCY/MANOR PARTNERSHIP -<br>52-1931012, PO BOX 10086,<br>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,<br>LLC - 47-1290300, 15305<br>DALLAS PARKWAY, STE 1600, LB<br>28, ADDISON, TX 75001  | OUTPATIENT<br>SURGERY             | IA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| MOUNT CARMEL EAST POB III<br>LIMITED PARTNERSHIP -<br>31-1369473, 6150 EAST BROAD<br>STREET, COLUMBUS, OH 43213 | MEDICAL OFFICE<br>BUILDING RENTAL | OH   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| NAUGATUCK VALLEY MRI, LLC -<br>06-1239526, 385 MAIN STREET<br>SOUTH, SOUTHURY, CT 06488                         | IMAGING CENTER                    | CT   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| NAZARETH MEDICAL OFFICE<br>BUILDING ASSOCIATES, LP -<br>23-2388040, C/O NAZARETH<br>HOSP, 2601 HOLME AVE,       | MEDICAL OFFICE<br>BUILDING        | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| OSWEGO HEALTH HOME CARE, LLC<br>- 47-2463736, 113 SCHUYLER<br>STREET, FULTON, NY 13069                          | HOME HEALTH<br>CARE               | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| PHYSICIANS OUTPATIENT SURGERY<br>CENTER, LLC - 35-2325646,<br>1000 NE 56TH STREET, OAKLAND<br>PARK, FL 33334    | AMBULATORY<br>SURGERY CENTER      | FL   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| PRIMARY CARE PHYSICIAN<br>CENTER, LLC - 36-4038505,<br>2160 SOUTH FIRST AVENUE,<br>MAYWOOD, IL 75202            | OFFICE BUILDING<br>RENTAL         | 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity                                 | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|---|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |   |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| RADISSON SJH PROPERTIES, LLC<br>- 46-1892799, 5000 CAMPUSWOOD<br>DRIVE, SUITE 101, EAST<br>SYRACUSE, NY 13057            | MEDICAL OFFICE<br>BUILDING                              | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| SAINT AGNES/USP SURGERY<br>CENTERS LLC - 36-4896811,<br>15305 DALLAS PARKWAY, STE<br>1600, LB 28, ADDISON, TX            | MEDICAL<br>SERVICES                                     | CA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| SARMED OUTPATIENT PHARMACY,<br>LLC - 51-0483218, 999 N.<br>CURTIS RD., STE 102, BOISE,<br>ID 83706                       | PHARMACY  | ID   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| SIXTY FOURTH STREET, LLC -<br>20-2443646, 2373 64TH ST.,<br>STE 2200, BYRON CENTER, MI<br>49315                          | PROVIDE<br>OUTPATIENT<br>SURGICAL CARE                  | MI   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| SJLS, LLC - 20-1796650<br>7650 SE 27TH ST, STE 200<br>MERCER ISLAND, WA 98040  | DIALYSIS<br>SERVICES                                    | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| SJV MANAGEMENT LLC -<br>20-2273476, 200 CENTURY PKWY,<br>STE 200E, MOUNT LAUREL, NJ<br>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<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047                                       | INVESTMENT AND<br>OPERATION OF A<br>MEDICAL<br>BUILDING | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| ST. AGNES LONG-TERM INTENSIVE<br>CARE, LLP - 20-0984882, C/O<br>MHS, ONE WEST ELM ST, STE<br>100, CONSHOHOCKEN, PA 19428 | LONG TERM<br>INTENSIVE CARE                             | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                       |    | N/A   | N/A                                       |    | N/A                            |
| ST. ALPHONSUS CALDWELL CANCER<br>CTR., LLC - 82-0526861, 3123<br>MEDICAL DR., CALDWELL, ID<br>83605                      | HEALTH CARE<br>SERVICES                                 | ID   | 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------------------|--|-------------------------------------|---|---------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                                     |  |                                     |   |                                 |  | Yes                                    | No |   | Yes                                       | No |                                |
| ST. ANN'S MEDICAL OFFICE BLDG<br>II LIMITED PARTNERSHIP -<br>31-1603660, 6150 EAST BROAD<br>STREET, COLUMBUS, OH 43213 | MEDICAL OFFICE<br>BUILDING RENTAL   | OH   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| ST. JOSEPH'S IMAGING<br>ASSOCIATES, PLLC -<br>16-1104293, 104 UNION AVE,<br>SUITE 905, SYRACUSE, NY                    | RADIOLOGY<br>SERVICES               | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| ST. MARY REHABILITATION<br>HOSPITAL, LLP - 27-3938747,<br>680 SOUTH FOURTH STREET,<br>LOUISVILLE, KY 40202             | HEALTH CARE<br>SERVICES             | DE   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| ST. PETER'S AMBULATORY<br>SURGERY CENTER, LLC -<br>46-0463892, 1375 WASHINGTON<br>AVENUE, STE. 201, ALBANY, NY         | OUTPATIENT<br>SURGERY               | NY   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| THE AMBULATORY SURGERY CENTER<br>AT ST MARY, LLC - 27-2871206,<br>1203 LANGHORNE-NEWTOWN ROAD,<br>LANGHORNE, PA 19047  | OUTPATIENT<br>SURGERY               | PA   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| TRINITY HEALTH OF NEW ENGLAND<br>ACO LLC - 83-3165256, 95<br>WOODLAND STREET, 4TH FLOOR,<br>HARTFORD, CT 06105         | ACCOUNTABLE<br>CARE<br>ORGANIZATION | CT   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| WOODLAND IMAGING CENTER, LLC<br>- 76-0820959, 5301 E. HURON<br>RIVER DR., ANN ARBOR, MI<br>48106                       | RADIOLOGY/<br>IMAGING               | MI   | N/A                                 | N/A   | N/A                             | N/A                                      | N/A                                    |    | N/A   | N/A                                       |    | N/A                            |
| WOODLAND PARTNERS REAL ESTATE<br>LLC - 83-3371094, 129<br>WOODLAND STREET, HARTFORD, CT<br>06105                       | REAL ESTATE                         | CT   | 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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|---------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                           |   |                                     |  |                                 |  |                                | Yes   | No |
| FRANCISCAN ASSOCIATES, INC. - 20-2991688<br>333 BUTTERNUT DRIVE, SUITE 100<br>DEWITT, NY 13214                   | MEDICAL SERVICES          | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354<br>333 BUTTERNUT DRIVE, SUITE 100<br>DEWITT, NY 13214               | MEDICAL SERVICES          | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| FRANCISCAN MANAGEMENT SERVICES, INC. -<br>16-1351193, 333 BUTTERNUT DRIVE, SUITE 100,<br>DEWITT, NY 13214        | MANAGEMENT SERVICES       | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| FRANKLIN MEDICAL GROUP, PC - 06-1470493<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                             | PHYSICIAN OFFICE          | CT  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| GOTTLIEB MANAGEMENT SERVICES, INC. -<br>36-3330529, 701 W. NORTH AVE., MELROSE PARK,<br>IL 60160                 | MANAGEMENT SERVICES       | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814<br>1820 44TH STREET SE<br>KENTWOOD, MI 49508                        | WEIGHT MANAGEMENT         | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HACKLEY HEALTH VENTURES, INC. - 38-2589959<br>1820 44TH STREET SE<br>KENTWOOD, MI 49508                          | OTHER MEDICAL<br>SERVICES | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HACKLEY HEALTHCARE EQUIPMENT CORP. -<br>38-2578569, 1820 44TH STREET SE, KENTWOOD,<br>MI 49508                   | HOME MEDICAL<br>EQUIPMENT | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HACKLEY PROFESSIONAL PHARMACY, INC. -<br>38-2447870, 1820 44TH STREET SE, KENTWOOD,<br>MI 49508                  | PHARMACY                  | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HEALTH CARE MANAGEMENT ADMINISTRATORS, INC.<br>- 16-1450960, 333 BUTTERNUT DRIVE, SUITE<br>100, DEWITT, NY 13214 | HEALTH CARE<br>MANAGEMENT | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HEALTH MANAGEMENT SERVICES ORG., INC. -<br>22-3366580, 500 GROVE STREET, SUITE 100,<br>HADDON HEIGHTS, NJ 08035  | MEDICAL<br>ADMINISTRATION | NJ  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| HOLY CROSS PRIVATE HOME SERVICES CORP. -<br>52-1986562, 1500 FOREST GLEN RD., SILVER<br>SPRING, MD 20910         | HOME CARE SERVICES        | MD  | MARYLAND CARE<br>GROUP, INC.        | C CORP   | 0.                              | 0.                                       | 100%                           | X   |    |

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

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|--|---|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |   |   |                                     |  |                                 |  |                                | Yes   | No |
| HURON ARBOR CORPORATION - 38-2475644<br>5301 EAST HURON RIVER DR.<br>ANN ARBOR, MI 48106               | PROVIDES OFFICE<br>RENTAL SPACE         | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| IHA AFFILIATION CORPORATION - 38-3188895<br>24 FRANK LLOYD WRIGHT DR., LOBBY J<br>ANN ARBOR, MI 48106  | MEDICAL MANAGEMENT                      | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| LANGHORNE SERVICES II, INC. - 26-3795549<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047         | GENERAL PARTNER OF<br>LMOB PARTNERS, II | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| LANGHORNE SERVICES, INC. - 23-2625981<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047            | GENERAL PARTNER OF<br>LMOB PARTNERS     | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| LOURDES MEDICAL ASSOCIATES, PA - 22-3361862<br>500 GROVE STREET, SUITE 100<br>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<br>1600 HADDON AVENUE<br>CAMDEN, NJ 08103                 | URGENT CARE CENTER                      | NJ  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MACNEAL HEALTH PROVIDERS, INC. - 36-3361297<br>750 PASQUINELLI DRIVE, SUITE 216<br>WESTMONT, IL 60059  | MEDICAL SERVICES                        | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MARYLAND CARE GROUP, INC. - 52-1815313<br>1500 FOREST GLEN RD.<br>SILVER SPRING, MD 20910              | HEALTH CARE HOLDING                     | MD  | HOLY CROSS<br>HEALTH, INC.          | C CORP   | 0.                              | 0.                                       | 100%                           | X   |    |
| MCMC EASTWICK, INC. - 23-2184261<br>C/O MHS ONE WEST ELM STREET, STE 100<br>CONSHOHOCKEN, PA 19428     | MEDICAL OFFICE<br>BUILDINGS             | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MEDNOW, INC. - 82-0389927<br>4300 E. FLAMINGO AVE<br>NAMPA, ID 83687                                   | MEDICAL SERVICES                        | ID  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MERCY INPATIENT MEDICAL ASSOCIATES, INC -<br>04-3029929, 114 WOODLAND STREET, HARTFORD ,<br>CT 06105   | MEDICAL SERVICES                        | MA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MERCY MEDICAL SERVICES - 42-1283849<br>801 5TH STREET<br>SIOUX CITY, IA 51101                          | PRIMARY CARE<br>PHYSICIANS              | IA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |

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| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity            | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|------------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                                    |   |                                     |  |                                 |  |                                | Yes   | No |
| MERCY SERVICES CORPORATION - 36-3227348<br>2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616            | DORMANT                            | IL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| MOUNT CARMEL HEALTH PROVIDERS, INC. -<br>31-1382442, 6150 EAST BROAD STREET,<br>COLUMBUS, OH 43213    | MEDICAL SERVICES                   | OH  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| NURSING NETWORK, INC - 59-1145192<br>4725 NORTH FEDERAL HIGHWAY<br>FORT LAUDERDALE, FL 33308          | MEDICAL SERVICES                   | FL  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| PROVIDENCE HOMECARE, INC. - 04-3317426<br>114 WOODLAND STREET<br>HARTFORD, CT 06105                   | HEALTH CARE SERVICES               | MA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SAINT ALPHONSUS HEALTH ALLIANCE, INC. -<br>82-0524649, 1055 NORTH CURTIS ROAD, BOISE,<br>ID 83706     | ACCOUNTABLE CARE<br>ORGANIZATION   | ID  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SAINT ALPHONSUS PHYSICIANS, P.A. -<br>33-1078261, 1055 NORTH CURTIS ROAD, BOISE,<br>ID 83706          | HEALTH CARE SERVICES<br>(INACTIVE) | ID  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC -<br>06-1384686, 114 WOODLAND STREET, HARTFORD,<br>CT 06105 | MEDICAL SERVICES                   | CT  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SAINT FRANCIS CARE MEDICAL GROUP, PC -<br>06-1432373, 114 WOODLAND STREET, HARTFORD,<br>CT 06105      | MEDICAL SERVICES                   | CT  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SAMARITAN MEDICAL OFFICE BUILDING, INC. -<br>14-1607244, 2212 BURDETT AVENUE, TROY, NY<br>12180       | REAL ESTATE                        | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SJM PROPERTIES, INC. - 16-1294991<br>411 CANISTEO STREET<br>HORNELL, NY 14843                         | PROPERTY HOLDINGS                  | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SJPE PRACTICE MANAGEMENT SERVICES, INC. -<br>45-4164964, 301 PROSPECT AVE, SYRACUSE, NY<br>13203      | MANAGEMENT SERVICES                | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SJRCM HOLDINGS, INC. - 47-4763735<br>5215 HOLY CROSS PARKWAY<br>MISHAWAKA, IN 46545                   | PROPERTY HOLDINGS                  | IN  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |

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| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity           | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-----------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                                   |   |                                     |  |                                 |  |                                | Yes   | No |
| ST. ELIZABETH HEALTH SUPPORT SERVICES, INC.<br>- 16-1540486, 23 CAMPION ROAD, NEW HARTFORD,<br>NY 13413 | MEDICAL SERVICES                  | NY  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| SYSTEM COORDINATED SERVICES, INC. -<br>04-2938161, 114 WOODLAND STREET, HARTFORD ,<br>CT 06105          | LAB SERVICES                      | MA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| THRE SERVICES, LLC - 45-2603654<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152                            | REAL ESTATE BROKERAGE<br>SERVICES | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| TRI-HOSPITAL MRI CENTER - 38-2884297<br>2800 DEQUINDRE<br>WARREN, MI 48092                              | HEALTH CARE SERVICES              | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| TRINITY ASSURANCE, LTD. - 98-0453602<br>PO BOX 1159, GRAND CAYMAN<br>GRAND CAYMAN, CAYMAN ISLANDS       | SELF-INSURANCE                    | CAYMAN<br>ISLANDS   | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| TRINITY HEALTH ACO, INC. - 47-3794666<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152                      | ACCOUNTABLE CARE<br>ORGANIZATION  | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| TRINITY HEALTH EMPLOYEE BENEFIT TRUST -<br>38-3410377, 20555 VICTOR PARKWAY, LIVONIA,<br>MI 48152       | GRANTOR TRUST                     | MI  | N/A                                 | TRUST  | N/A                             | N/A                                      | N/A                            | X   |    |
| TRINITY SENIOR SERVICES MANAGEMENT, INC. -<br>37-1572595, P.O. BOX 9184 , FARMINGTON<br>HILLS, MI 48333 | SENIOR SERVICES                   | PA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
| WORKPLACE HEALTH OF GRAND HAVEN, INC. -<br>38-3112035, 1820 44TH STREET SE, KENTWOOD,<br>MI 49508       | OCCUPATIONAL HEALTH               | MI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            | X   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |
|   |                                   |   |                                     |  |                                 |  |                                |   |    |

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

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

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) TRINITY HOME HEALTH SERVICES    | L                             | 272,357.               | PER BOOKS                                    |
| (2) TRINITY HOME HEALTH SERVICES    | M                             | 94,066.                | PER BOOKS                                    |
| (3) TRINITY HEALTH CORPORATION      | B                             | 10,220,151.            | PER BOOKS                                    |
| (4) TRINITY HEALTH CORPORATION      | C                             | 535,745.               | PER BOOKS                                    |
| (5) TRINITY HEALTH CORPORATION      | L                             | 114,155.               | PER BOOKS                                    |
| (6) TRINITY HEALTH CORPORATION      | M                             | 41,859,460.            | PER BOOKS                                    |

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

| (a)<br>Name of other organization       | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) TRINITY HEALTH CORPORATION          | P                             | 14,445,839.            | PER BOOKS                                    |
| (8) TRINITY HEALTH CORPORATION          | Q                             | 3,798,891.             | PER BOOKS                                    |
| (9) TRINITY HEALTH CORPORATION          | R                             | 16,394,987.            | PER BOOKS                                    |
| (10) TRINITY HEALTH - MICHIGAN          | M                             | 445,242.               | PER BOOKS                                    |
| (11) HOLY CROSS HEALTH FOUNDATION, INC. | C                             | 885,058.               | PER BOOKS                                    |
| (12)                                    |                               |                        |  |
| (13)                                    |                               |                        |  |
| (14)                                    |                               |                        |  |
| (15)                                    |                               |                        |  |
| (16)                                    |                               |                        |  |
| (17)                                    |                               |                        |  |
| (18)                                    |                               |                        |  |
| (19)                                    |                               |                        |  |
| (20)                                    |                               |                        |  |
| (21)                                    |                               |                        |  |
| (22)                                    |                               |                        |  |
| (23)                                    |                               |                        |  |
| (24)                                    |                               |                        |  |



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.