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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Doing Business As
SIBLEY MEMORIAL HOSPITAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5255 LOUGHBORO RD NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20016

D Employer identification number
53-0196602

E Telephone number
(202) 537-4000

G Gross receipts $ 1,107,797,814

F Name and address of principal officer
RICHARD O DAVIS
5255 LOUGHBORO RD NW
WASHINGTON, DC 20016

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SIBLEY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1891 | **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES AND MISSIONARIES PROVIDES ALL SERVICES WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,004
6	Total number of volunteers (estimate if necessary)	**6**	197
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	192,502
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-24,657

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	83,464	110,066
9	Program service revenue (Part VIII, line 2g)	123,975,332	246,266,626
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,932,629	14,536,799
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,080,340	4,459,719
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	138,071,765	265,373,210
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100,000	697,393
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,005,732	133,235,716
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,067,882	106,148,240
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	119,173,614	240,081,349
19	Revenue less expenses Subtract line 18 from line 12	18,898,151	25,291,861
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	972,401,974	973,001,610
21	Total liabilities (Part X, line 26)	203,029,737	198,386,791
22	Net assets or fund balances Subtract line 21 from line 20	769,372,237	774,614,819

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2013-05-06

ROBERT L SLOAN SR VP, COO, & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES AND MISSIONARIES CONDUCTING SIBLEY MEMORIAL HOSPITAL IS A GENERAL SHORT-TERM ACUTE CARE HOSPITAL LOCATED IN N W WASHINGTON,DC THE HOSPITAL PROVIDES ALL SVCS WITHOUT REGARD TO RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY ITS MISSION IS TO PROVIDE QUALITY HEALTH SVCS AND FACILITIES FOR THE COMMUNITY, TO PROMOTE WELLNESS, RELIEVE SUFFERING, AND RESTORE HEALTH AS SWIFTLY, SAFELY AND HUMANELY AS IT CAN BE DONE CONSISTENT WITH BEST SVC POSSIBLE AT THE HIGHEST VALUE FOR ALL CONCERNED ITS VISION IS TO MAKE AVAILABLE SUPERIOR HEALTHCARE SVC AND VALUE, WITH THE GOAL OF IMPROVING HEALTH AND WELL-BEING OF THE COMMUNITY THE HOSPITAL PLANS TO CONTINUE TO IMPROVE THAT SVC BY USING SCIENTIFIC METHODS, TEAMWORK, AND KNOWLEDGE OF BEST PRACTICES AND CUSTOMER EXPECTATIONS THE HOSPITAL HAS VALUES WHICH PROVIDE GUIDELINES AND PARAMETERS FOR DECISIONS NECESSARY TO IMPROVE PROCESSES AND RESPOND TO NEEDS OF ITS PATIENTS

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

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 ☑ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 221,345,186 including grants of $ 697,393) (Revenue $ 249,648,680)

PROVIDE ACUTE CARE HEALTHCARE SERVICES TO PATIENTS IN THE NORTHWEST WASHINGTON, DC AREA TO PROVIDE QUALITY HEALTH SERVICES AND FACILITIES TO THIS COMMUNITY, PROMOTING WELLNESS, RELIEVE SUFFERING, AND RESTORE HEALTH AS SWIFTLY, SAFELY AND HUMANELY AS IT CAN BE DONE CONSISTENT WITH THE BEST SERVICE GIVEN AT THE HIGHEST VALUE SIBLEY HOSPITAL IS A GENERAL SHORT TERM ACUTE CARE FACILITY LOCATED IN NORTHWEST WASHINGTON, DC THE HOSPITAL PROVIDES ALL SERVICES WITHOUT REGARD TO RACE, CREED, SEX, SEXUAL PREFERENCE, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IN NOVEMBER, 2010, THE HOSPITAL BECAME INTEGRATED WITH THE JOHNS HOPKINS HEALTH SYSTEM (JHHS) ONE OF THE REQUIREMENTS OF THE INTEGRATION WAS TO ADOPT THE FISCAL YEAR ACCOUNTING PERIOD OF JULY 1 TO JUNE 30 CONSEQUENTLY, THIS RETURN IS FOR THE 12-MONTH ACCOUNTING PERIOD JULY 1, 2011 TO JUNE 30, 2012 THE PREVIOUS RETURN WAS FOR THE 6 MONTH ACCOUNTING PERIOD OF JANUARY 1 TO JUNE 30, 2011 INHERENT IN THE PURPOSE IS THE HOSPITALS WILLINGNESS TO PROVIDE HEALTHCARE SERVICES TO MEMBERS OF THE COMMUNITY WHO ARE NOT ABLE TO PAY FOR SERVICES FOR FISCAL YEAR 2012, THE HOSPITAL PROVIDED CHARITY CARE TO MORE THAN 1,300 PATIENTS, INCURRING COSTS OVER $3 1 MILLION TOTAL BENEFITS AND UNCOMPENSATED COST OF CARE PROVIDED TO THE COMMUNITY EXCEEDED $ 6 6 MILLION SIBLEY PROVIDES CHARITY CARE TO THE CLIENTS OF THE CATHOLIC HEALTH CARE NETWORK, MARYS CENTER FOR MATERNAL AND CHILD HEALTH, THE COMMUNITY OF HOPE, COLUMBIA ROAD CLINIC, UNITY HEALTHCARE, AND BREAD FOR THE CITY THE HOSPITAL ADMITTED OVER 15,300 PATIENTS IN 2012, AND PROVIDED OVER 68,000 DAYS OF INPATIENT CARE OVER 3,500 NEW BABIES WERE DELIVERED AS WELL OVER 33,000 PATIENTS WERE TREATED IN OUR 24/7 EMERGENCY ROOM, AND OVER 138,000 PATIENTS RECEIVED SURGICAL, ENDOSCOPIC OR OTHER ANCILLIARY OUTPATIENT TREATMENTS OR PROCEDURES

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** ▶ $ 221,345,186

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	208		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,004			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ DC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

STEPHEN MCDONNELL
5255 LOUGHBORO RD NW
WASHINGTON, DC 20016
(202) 537-4680

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,305,255	1,703,555	2,485,130

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 ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JACKSON & CAMPBELL PC 1120 20TH STREET NW 300S WASHINGTON, DC 20036	LEGAL	488,739
THOMAS A FLEURY MD 5608 OVERLEA RD BETHESDA, MD 20816	PATHOLOGY	432,600
GITTLESON ZUPPAS 3 BETHESDA METRO CENTER 750 BETHESDA, MD 20814	MEDICAL REAL ESTATE	378,758
ROBERT S KLAPPENBACH MD 2337 BLAINE DRIVE CHEVY CHASE, MD 20815	PATHOLOGY	298,301
MARGARET M SHAFFER MD 11813 HAYFIELD CT POTOMAC, MD 20854	PATHOLOGY	294,677

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 ▶ 16

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 110,066				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	110,066			
Program Service Revenue		Business Code				
	2a	PATIENT REVENUE	621990	219,094,300	219,094,300	
	b	ASSISTED LIVING	623000	18,795,358	18,795,358	
	c	PHYSICIAN BILLING	621990	6,403,611	6,403,611	
	d	MEDICAL OFFICE	621990	1,787,594	1,787,594	
	e	LAB REVENUE	621500	185,763		185,763
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		246,266,626		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		11,098,214	6,739	11,091,475
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 845,525,152 / 20,303				
	b	Less cost or other basis and sales expenses: 842,106,870 / 0				
	c	Gain or (loss): 3,418,282 / 20,303				
	d	Net gain or (loss) . . . . . ▶	3,438,585	3,438,585		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 446,966				
	b	Less cost of goods sold . . b 317,734				
	c	Net income or (loss) from sales of inventory . . ▶	129,232	129,232		
		Miscellaneous Revenue / Business Code				
	11a	PARKING LOT 900099	1,505,404			1,505,404
	b	CAFETERIA/VENDING 900099	1,210,169			1,210,169
	c	OTHER INCOME 900099	966,546			966,546
	d	All other revenue	648,368			648,368
	e	**Total.** Add lines 11a–11d . . . . . ▶	4,330,487			
	12	**Total revenue.** See Instructions . . . ▶	265,373,210	249,648,680	192,502	15,421,962

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	697,393	697,393		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,469,297	5,173,955	295,342	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	104,973,164	94,837,568	10,135,596	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,016,461	5,691,572	324,889	
9	Other employee benefits	9,013,364	8,357,670	655,694	
10	Payroll taxes	7,763,430	7,344,205	419,225	
11	Fees for services (non-employees)				
a	Management	976,200	923,485	52,715	
b	Legal	317,280	145,193	172,087	
c	Accounting	227,714	215,417	12,297	
d	Lobbying	25,823		25,823	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,930,667		1,930,667	
g	Other	20,276,247	18,881,143	1,395,104	
12	Advertising and promotion	935,066	861,965	73,101	
13	Office expenses	1,220,868	369,945	850,923	
14	Information technology	3,726,843	3,525,593	201,250	
15	Royalties . .				
16	Occupancy	4,753,709	4,497,009	256,700	
17	Travel	75,148	71,090	4,058	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	310,908	294,119	16,789	
20	Interest	4,857,790	4,595,471	262,319	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,342,964	14,514,444	828,520	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PATIENT SUPPLIES	30,730,745	30,730,745	0	
b	OTHER SUPPLIES	10,468,759	9,940,163	528,596	
c	BAD DEBTS	7,565,940	7,565,940		
d	PROVIDER TAX	1,488,151	1,488,151		
e					
f	All other expenses	917,418	622,950	294,468	
25	**Total functional expenses.** Add lines 1 through 24f	240,081,349	221,345,186	18,736,163	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	24,524,916	2	26,895,127
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,934,901	4	30,869,323
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,215,706	8	1,504,177
	9	Prepaid expenses and deferred charges	4,343,951	9	3,613,270
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 305,566,252			
	b	Less accumulated depreciation — 10b: 24,811,257	257,910,984	10c	280,754,995
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	608,387,482	12	318,844,793
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	46,084,034	15	310,519,925
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	972,401,974	16	973,001,610
Liabilities	17	Accounts payable and accrued expenses	29,460,553	17	27,758,959
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	115,406,276	20	112,365,151
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	2,374,605	21	2,374,182
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	55,788,303	25	55,888,499
	26	**Total liabilities.** Add lines 17 through 25	203,029,737	26	198,386,791
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	740,886,058	27	740,671,379
	28	Temporarily restricted net assets	16,121,562	28	20,489,794
	29	Permanently restricted net assets	12,364,617	29	13,453,646
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	769,372,237	33	774,614,819
	34	Total liabilities and net assets/fund balances	972,401,974	34	973,001,610

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	265,373,210
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,081,349
3	Revenue less expenses Subtract line 2 from line 1	3	25,291,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	769,372,237
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-20,049,279
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	774,614,819

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES	53-0196602

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 on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV	Yes		25,823
j	Total lines 1c through 1i			25,823
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	SIBLEY MEMORIAL HOSPITAL PAID $25,823 DURING THE FISCAL YEAR ENDED JUNE 30, 2012 TO THE DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION FOR LOBBYING PURPOSES AS PART OF THE ANNUAL DUES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

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

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,500,000		50,500,000
b Buildings		169,078,320	10,743,777	158,334,543
c Leasehold improvements		364,066	6,742	357,324
d Equipment		56,271,323	14,021,054	42,250,269
e Other		29,352,543	39,684	29,312,859
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				280,754,995

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) JOINT VENTURES	3,186,904	F
(B) OTHER SECURITIES	315,657,889	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	318,844,793	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	11,464,846
(2) INTEREST RECEIVABLE	1,287,411
(3) OTHER ASSETS	11,278,897
(4) BENEFICIAL INTEREST IN SIBLEY MEMORIAL HOSPITAL FDN	285,994,630
(5) DUE FROM AFFILIATES	494,141
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	310,519,925

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOW FOR MALPRACTICE CLAIMS	15,818,993
ESTIMATED THIRD PARTY SETTLE	8,029,625
DEFERRED PENSION OBLIGATION	24,810,296
MISCELLANEOUS LIABILITIES	4,417,197
INTEREST PAYABLE	1,158,323
DEFERRED COMPENSATION	1,622,204
CONT RETENTION MOB GARAGE	31,861
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	55,888,499

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE HOSPITAL ACTS AS ADMINISTRATOR/TRUSTEE FOR A CHARITABLE GIFT ANNUITY (CGA) PROGRAM THE ASSETS ARE CUSTODIED WITH THE FIDUCIARY TRUST COMPANY DONORS MAKE ARRANGEMENTS WITH THE HOSPITAL AND THE CUSTODIAN TO MAKE A ONE-TIME CONTRIBUTION TO THE CGA PERIODIC ANNUITY PAYMENTS ARE THEN MADE TO THE DONOR OVER THE LIFETIME OF THE DONOR THE HOSPITAL INCLUDES ON ITS BALANCE SHEET THE MARKET VALUE OF THE ASSETS CONTRIBUTED BY ALL DONORS IN THE PROGRAM THE HOSPITAL ALSO INCLUDES A LIABILITY FOR ESTIMATED PAYMENTS CALCULATED TO BE PAID TO ITS DONORS IN FUTURE YEARS THE ASSETS ARE INVESTED IN FIXED INCOME AND EQUITY SECURITIES, MONITORED REGURARLY BY THE HOSPITAL'S INVESTMENT COMMITTEE FOR FISCAL YEAR ENDING JUNE 30, 2012, THE MARKET VALUE OF THE ASSETS DECREASED BY $160,735
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS THE ORGANIZATION HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO IMPACT ON ITS FINANCIAL STATEMENTS DURING THE YEAR ENDED JUNE 30, 2012

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500.000000000000 %	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			3,232,573	0	3,232,573	1 390 %
b Medicaid (from Worksheet 3, column a)			5,754,230	2,838,689	2,915,541	1 250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			8,986,803	2,838,689	6,148,114	2 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			783,717	1,200	782,517	0 340 %
f Health professions education (from Worksheet 5)			928,158	260,132	668,026	0 290 %
g Subsidized health services (from Worksheet 6)			15,174,492	11,301,918	3,872,574	1 670 %
h Research (from Worksheet 7)			1,192,385	100,980	1,091,405	0 470 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			14,200	0	14,200	0 010 %
j **Total** Other Benefits			18,092,952	11,664,230	6,428,722	2 780 %
k **Total.** Add lines 7d and 7j			27,079,755	14,502,919	12,576,836	5 420 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	7,565,940		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	58,849,642		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,940,016		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-16,090,374		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	SIBLEY MEMORIAL HOSPITAL 5255 LOUGHBORO RD NW WASHINGTON,DC 20016	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

SIBLEY MEMORIAL HOSPITAL

Name of Hospital Facility:

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other 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 facilities did the organization operate during the tax year? **1**

	Name and address	Type of Facility (Describe)
1	GRAND OAKS 5901 MACARTHUR BLVD NW WASHINGTON,DC 20016	ASSISTED LIVING FACILITY
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A-7B (FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THERE ARE NO COSTS REPORTED THAT ARE ATTRIBUTABLE TO A PHYSICIANS CLINIC

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $7,565,940

Identifier	ReturnReference	Explanation
		PART II SIBLEY HOSPITAL DOES NOT PARTICIPATE IN COMMUNITY BUILDING ACTIVITIES NOR DO WE HAVE THE RESOURCES TO DO SO

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE THE ORGANIZATIONS FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES

Identifier	ReturnReference	Explanation
		PART III, LINE 8 SIBLEY MEMORIAL HOSPITAL TREATS PATIENTS WITH MANY INSURANCE CARRIERS HOWEVER, THE MEDICARE TOTAL VOLUME IS 39% OF TOTAL PATIENT VOLUME, WE BELIEVE THIS IS AMONG THE HIGHEST RATIO FOR THE DISTRICT OF COLUMBIA HOSPITALS ALTHOUGH PROVIDING THE BEST POSSIBLE CARE TO OUR MEDICARE PATIENTS CREATES A FINANCIAL LOSS, WE RELIEVE THE GOVERNMENT AND SURROUNDING OTHER HOSPITALS OF THE FINANCIAL BURDEN OF TREATING THESE PATIENTS INSURED BY THE MEDICARE PROGRAM PART OF THE MISSION OF OUR HOSPITAL IS TO SERVE ITS ELDERLY PATIENTS WITHIN THE COMMUNITY THROUGH VARIOUS PROGRAMS THAT ARE DESIGNED TO EDUCATE AND IMPROVE THEIR HEALTH STATUS THE HOSPITAL FEELS THAT PROVIDING THESE PROGRAMS HAS CONTRIBUTED TO THE IMPROVEMENT OF HEALTH OVERALL WITHIN THE COMMUNITY IN ADDITION TO PROVIDING EDUCATIONAL AND OTHER SELF IMPROVEMENT SEMINARS AND CLINICS FOR OUR MEDICARE PATIENT POPULATION, THE HOSPITAL INCURS COST FOR BEING IN A CONSTANT STATE OF READINESS FOR ANY EMERGENCIES, SUCH AS NATURAL DISASTERS, EPIDEMICS, CHEMICAL SPILLS OR TECHNICAL DISASTERS THAT MAY ARISE THE HOSPITALS DISASTER TREATMENT TEAM WORKS ROUTINELY WITH THE DISTRICT OF COLUMBIA EMERGENCY HEALTHCARE COALITION, DC HOMELAND SECURITY ORGANIZATION, DC DEPARTMENT OF HEALTH AND OTHER SIMILAR ORGANIZATIONS IN PLANNING AND TRAINING FOR TREATMENT OF PATIENTS DURING ANY POTENTIAL DISASTERS THE HOSPITAL MAKES AVAILABLE A 24/7 EMERGENCY CARE FACILITY, PROVIDES STATE-OF-THE-ART EQUIPMENT TO TREAT PATIENTS EFFICIENTLY AND QUICKLY, AND INCURS COSTS OF EDUCATING HOSPITAL STAFF TO ADMINISTER BETTER QUALITY CARE TO THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART III, LINE 9B WHEN A PATIENT ASKS FOR CHARITY CARE OR FINANCIAL ASSISTANCE, THE PATIENT MUST COMPLETE AN APPLICATION AND PROVIDE FINANCIAL INFORMATION THAT WOULD DEMONSTRATE FINANCIAL NEED THE APPLICATION IS REVIEWED BY FINANCIAL COUNSELORS FOR ELIGIBILITY

Identifier	ReturnReference	Explanation
SIBLEY MEMORIAL HOSPITAL		PART V, SECTION B, LINE 19D WHEN SIBLEY HOSPITAL DETERMINES A PATIENT TO BE FAP-ELIGIBLE, BASED ON AN APPLICATION FILED BY THE PATIENT AND VERIFIED BY SIBLEY HOSPITAL, THEY ARE PROVIDED FREE CARE SINCE AN FAP-ELIGIBLE PATIENT IS NOT CHARGED FOR THEIR CARE THERE IS NO CALCULATION MADE FOR THE MAXIMUM AMOUNT THEY CAN BE CHARGED

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 SIBLEY MEMORIAL HOSPITAL AND FOUR OTHER HOSPITALS AND TWO FEDERAL QUALIFIED HEALTH CLINICS IN THE DISTRICT OF COLUMBIA ARE UNDERTAKING AN EFFORT TO CONVENE STRATEGIC LEADERS TO WORK TOGETHER COLLABORATIVELY TO BETTER UNDERSTAND, MEASURE AND IMPACT THE HEALTH OF THE COMMUNITY WE JOINTLY SERVE TO THAT END, STARTING IN 2011, THE ORGANIZATIONS BEGAN MEETING TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT BROADER INTERESTS OF THE COMMUNITY SERVED BY OUR HOSPITALS BY NOVEMBER 30, 2012, THE ORGANIZATIONS DID DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT STRATEGY FOR THE ENTIRE DISTRICT OF COLUMBIA AND WILL BEGIN WORKING COLLABORATIVELY ON DEVELOPING AN IMPLEMENTATION PLAN TO BEST SERVE THE DISTRICT OF COLUMBIA SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES, AND OTHER HEALTH INDICATORS IN ADDITION TO THE EFFORTS TO ESTABLISH A DC HEALTH COLLABORATIVE, SIBLEY MEMORIAL HOSPITAL CONSULTS WITH LOCAL AND RESPECTED SENIOR SERVING AGENCIES SUCH AS IONA SENIOR SERVICES, SEABURY RESOURCES FOR AGING, MARYS CENTER FOR MATERNAL AND CHILD CARE, THE COMMUNITY OF HOPE, COLUMBIA ROAD CLINIC, UNITY HEALTHCARE (FORMERLY HEALTHCARE FOR THE HOMELESS), BREAD FOR THE CITY, CATHOLIC CHARITIES AND SOMOS AMIGOS MEDICAL MISSION SIBLEY HAS ALSO WORKED SIDE-BY-SIDE WITH NON-PROFIT AGENCIES LIKE AMERICAN LUNG ASSOCIATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 WHEN A PATIENT IS FIRST REGISTERED, HE/SHE MUST READ THE POSTED NOTICE ABOUT COMMUNITY/FINANCIAL ASSISTANCE THE NOTICE IS POSTED NOTICEABLY IN THE ADMISSIONS DEPARTMENT, THE BUSINESS OFFICE, AND THE EMERGENCY DEPARTMENT WHEN A PATIENT INQUIRES ABOUT COMMUNITY/FINANCIAL ASSISTANCE, HE/SHE IS GIVEN AN APPLICATION TO DETERMINE IF, IN FACT, HE/SHE IS ELIGIBLE FOR SUCH ASSISTANCE UNDER THE GUIDELINES ESTABLISHED BY THE DC MUNICIPAL REGULATION TITLE 22 PATIENT FINANCIAL COUNSELORS ARE ON STAFF TO ASSIST THE PATIENT WITH ANY QUESTIONS AND ULTIMATELY RECEIVE THE COMPLETED APPLICATION FOR FURTHER REVIEW BEFORE THE BEGINNING OF ITS FISCAL YEAR, SIBLEY WILL PUBLISH A NOTICE OF AVAILABILITY OF ITS UNCOMPENSATED CARE OBLIGATION IN A NEWSPAPER OF GENERAL CIRCULATION IN THE DISTRICT OF COLUMBIA SIBLEY WILL ALSO SUBMIT A COPY OF SUCH NOTICE TO THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) THE NOTICE IS PUBLISHED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGE WHICH IS THE USUAL LANGUAGE OF HOUSEHOLDS OF TEN PERCENT OR MORE OF THE POPULATION OF THE DISTRICT OF COLUMBIA SIBLEY COMMUNICATES THE CONTENTS OF THE POSTED NOTICE TO ANY PERSON WHO SIBLEY HAS REASON TO BELIEVE CANNOT READ THE NOTICE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 SMH GEOGRAPHIC SERVICE AREA IS URBAN THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING ZIP CODES 20016, 20815, 20008, 20015, 20816, 20007, 20009, 20817, 20002, 20854, 20011, 20814, 20003, 20852, 20001, 20010, 20910, 22101, 22207, AND 20895 THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS TOTAL POPULATION WAS 786,229 OF WHICH 48 28% WERE MALES AND 51 72% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $55,251, 8 0% OF RESIDENTS ARE UNINSURED, 18 0% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 19 2% OF HOUSEHOLDS WITH INCOMES BELOW THE FEDERAL POVERTY GUIDELINES NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES 4FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 SIBLEY HOSPITAL ENSURES THAT ITS BOARD MEMBERS ARE LEADERS WITHIN THE LOCAL BUSINESS COMMUNITY AND HAVE EXPERTISE IN MANY DIFFERENT AREAS THE SKILLS, DEDICATION AND LEADERSHIP OF THE BOARD OF TRUSTEES FORM THE FOUNDATION OF THE HOSPITALS ABILITY TO PROVIDE NEEDED SERVICES TO THE COMMUNITY BEFORE BEING APPOINTED TO THE BOARD, POTENTIAL MEMBERS EXPERIENCE A RIGOROUS SCREENING PROCESS, ENSURING THAT THEY ARE NEITHER FAMILY MEMBERS OF CURRENT BOARD MEMBERS NOR CONTRACTORS OF SIBLEY TO FURTHER BENEFIT THE COMMUNITY, THE HOSPITAL PROVIDES, THROUGH ITS EXCESS FUNDS, MANY PROGRAMS FOR THE CITIZENS OF THE COMMUNITY THAT ARE OF LITTLE OR NO COST TO ATTENDEES THESE PROGRAMS ARE DESIGNED TO EDUCATE, COMFORT, IMPROVE HEALTH AND PROVIDE SUPPORT TO THOSE WHO ATTEND A NUMBER OF FREE HEALTH AND WELLNESS SEMINARS ARE PROVIDED REGULARLY TO MEMBERS OF THE COMMUNITY, SUCH AS DIABETES EDUCATION, HEART HEALTHY EATING AND ARTHRITIS PHYSICIANS AND STAFF DONATE THEIR TIME TO EDUCATE ATTENDEES ON WAYS TO MAINTAIN OR IMPROVE INDIVIDUAL HEALTH CHILDBIRTH AND NEW PARENTING CLASSES ARE CONDUCTED REGULARLY, PREPARING NEW PATIENTS (AND GRANDPARENTS) ON VARIOUS ASPECTS OF CHILD REARING AND BABY CARE THERE ARE SEVERAL ONGOING SUPPORT GROUPS THAT MEET REGULARLY EXISTING AND NEW MEMBERS ARE STRONGLY ENCOURAGED TO ATTEND INDIVIDUALS EXPERIENCING ALZHEIMERS, ARTHRITIS, LYME DISEASE, MACULAR DEGENERATION, OR PARKINSONS DISEASE ARE INVITED TO EXPERIENCE NEW WAYS OF FEELING BETTER IN ADDITION TO HAVING A NATIONALLY-KNOWN BREAST CANCER TREATMENT CENTER, AT LEAST FIVE CANCER SUPPORT GROUPS MEET ON A REGULAR BASIS MEMBERS OF THE HOSPITAL STAFF AND PHYSICIANS ALSO TRAVEL OFF CAMPUS TO CONDUCT OR BE PART OF COMMUNITY HEALTH EVENTS HELD AT LOCAL CHURCHES OR COMMUNITY SOCIAL GATHERINGS IN JANUARY, 2012, SIBLEY PARTICIPATED IN THE NBC4 HEALTH AND FITNESS EXPO HELD AT THE WASHINGTON CONVENTION CENTER FOR THE GENERAL PUBLIC SIBLEY AND OTHER HEALTH CARE PROVIDERS OFFERED MULTIPLE HEALTH SCREENINGS, INFORMATIVE HEALTH RELATED DISCUSSIONS AND WAYS TO STAY HEALTHY AND FIT FINALLY, THE HOSPITAL PROVIDES ADDITIONAL FREE BENEFITS TO MEMBERS OF ITS SIBLEY SENIOR ASSOCIATION, CURRENTLY HAVING MORE THAN 7,000 ACTIVE MEMBERS BENEFITS INCLUDE FREE HEALTH SCREENING, EDUCATIONAL PROGRAMS, A WIDOWED PERSONS SERVICE, AND SEMINARS ON HEALTH RELATED SUBJECTS IN THE SPRING OF 2011, THE HOSPITAL BROKE GROUND TO CONSTRUCT A NEW RADIATION ONCOLOGY FACILITY AS PART THE NEXT PHASE OF OUR CAMPUS REDEVELOPMENT THIS FACILITY IS SUBSTANTIALLY COMPLETED AS OF JUNE 30, 2012 IT WILL OFFER ADVANCED MODALITIES FOR RADIATION THERAPY, 3-D IMAGING AND OTHER TREATMENT SERVICES THE NATIONAL CAPITAL REGIONAL PLANNING COMMITTEE WAS FORMED, COORDINATING ACUTE CARE AND OUTPATIENT SERVICES BETWEEN THE SUBURBAN HOSPITAL AND THE JOHNS HOPKINS HEALTH SYSTEM (JHHS) THE NEWLY CONSTRUCTED SIBLEY MEDICAL BUILDING BECAME FULLY OPERATIONAL IN JULY, 2011, AND OFFERS THE LATEST BREAKTHROUGHS IN OUTPATIENT SURGERY, IMAGING TECHNOLOGY, A COMMUNITY PHARMACY AND PHYSICIAN OFFICES A NEW GIFT SHOP OFFERS COMFORT-CARE PRODUCTS FOR MATERNITY AND FEMALE ONCOLOGY PATIENTS OUR EMERGENCY ROOM HAS CONTINUALLY STRIVED TO PROVIDE QUALITY TREATMENT QUICKLY AND EFFICIENTLY, ACHIEVING A 99TH PERCENTILE PRESS GANEY RANKING IN PATIENT SATISFACTION, WHILE RECEIVING TREATMENT IN 30 MINUTES OR LESS THE HOSPITAL ALSO BEGAN ACTIVE PARTICIPATION IN THE GYNECOLOGICAL ONCOLOGY GROUP, A COOPERATIVE GROUP SPONSORED BY THE NATIONAL CANCER INSTITUTE TO SUPPORT RESEARCH STUDIES OF NEW CANCER TREATMENTS IN GYNECOLOGICAL CANCERS IN THE FALL OF 2011, SIBLEY UNDERWENT AN UNANNOUNCED ON-SITE SURVEY BY A TEAM FROM THE JOINT COMMISSION SIBLEY EARNED A 3-YEAR ACCREDITATION BY DEMONSTRATING COMPLIANCE WITH THEIR NATIONAL STANDARDS FOR HEALTH CARE QUALITY AND SAFETY IN THE WINTER OF 2012, BETHESDA MAGAZINE VOTED SIBLEY AS BEST PLACE TO HAVE A BABY IN CONJUNCTION WITH JHHS, THE HOSPITAL INCREASED COMPLIANCE WITH QUALITY SAFETY MEASURES, WHICH WILL RESULT IN MEASURABLE BENEFITS TO THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS) JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D C COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	DC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE WISTAR INSTITUTE OF ANATOMY AND BIOLOGY3601 SPRUCE STREET PHILADELPHIA,PA 19104	23-6434390	501(C)(3)	100,000				RESEARCH
(2) JOHNS HOPKINS UNIVERSITY3910 KESWICK ROAD N-4327B BALTIMORE,MD 21211	52-0595110	501(C)(3)	597,393				RESEARCH

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE PROCEDURES IN PLACE TO MONITOR THE USE OF GRANT FUNDS GIVEN TO THE ORGANIZATIONS LISTED CONSIST OF ANNUAL STATUS REPORTS THESE REPORTS WILL CONTAIN A) PROGRESS ON THE RESEARCH CONDUCTED, B) FULL ACCOUNTING OF FUNDS SPENT, C) ACHIEVEMENT OF MEASURABLE OUTCOMES AND ANY CHANGES FROM THE ORIGINAL PROPOSAL, D) DATA GATHERING AND THE METHODS OR STRATEGIES USED, AND E) FINDINGS AND CONCLUSIONS IN ADDITION, THE GRANTEES ARE REQUIRED TO MAINTAIN ACCOUNTING RECORDS WITH PRUDENT RECORD-KEEPING PROCEDURES AS REQUIRED BY ANY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS, RULES OR REGULATIONS THE GRANTOR (SIBLEY HOSPITAL) RESERVES THE RIGHT TO HAVE ACCESS TO AND EXAMINE ALL BOOKS AND RECORDS TO ASCERTAIN IF GRANT FUNDS ARE BEING DISBURSED PURSUANT TO THE TERMS OF THE AGREEMENTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	DURING 2011 THE PRESIDENT/CEO ROBERT SLOAN RECEIVED $1,106,649 60, THE VICE PRESIDENT REAL ESTATE & CONSTRUCTION, JERRY L PRICE RECEIVED $305,344 32 AND VICE PRESIDENT OF PATIENT CARE SERVICES, JOAN VINCENT RECEIVED $286,038 00 FROM A NONQUALIFIED RETIREMENT PLAN WHICH IS BASED ON BENEFITS EARNED FROM PRIOR YEARS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN WITH THE RELATED ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) RONALD PETERSON $1,626,957 00

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 53-0196602

Name: LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT L SLOAN	(I)	864,437	373,229	1,106,650	71,000	11,115	2,426,431	0
	(II)	0	0	0	0	0	0	0
RONALD R PETERSON	(I)	0	0	0	0	0	0	0
	(II)	1,101,197	451,124	151,234	1,754,885	23,092	3,481,532	0
CARL L SYLVESTER JR MD	(I)	0	0	263,400	0	0	263,400	0
	(II)	0	0	0	0	0	0	0
STEPHEN C MCDONNELL	(I)	400,488	72,686	21,310	60,550	10,347	565,381	0
	(II)	0	0	0	0	0	0	0
JOAN VINCENT	(I)	314,794	32,658	296,525	71,000	12,527	727,504	0
	(II)	0	0	0	0	0	0	0
ALISON ARNOTT	(I)	137,240	6,149	7,509	15,710	5,829	172,437	0
	(II)	0	0	0	0	0	0	0
QUEENIE PLATER	(I)	244,718	17,098	6,489	57,315	7,519	333,139	0
	(II)	0	0	0	0	0	0	0
KENDA TAVAKOLI	(I)	256,249	24,175	10,060	46,997	8,200	345,681	0
	(II)	0	0	0	0	0	0	0
PETER PETRUCCI MD	(I)	248,421	11,869	582	19,065	5,360	285,297	0
	(II)	0	0	0	0	0	0	0
CHRISTINE STUPPY	(I)	177,270	14,180	686	22,380	8,918	223,434	0
	(II)	0	0	0	0	0	0	0
JEFFERY JOYNER	(I)	187,101	17,176	477	21,884	9,527	236,165	0
	(II)	0	0	0	0	0	0	0
JEFFREY L LIN	(I)	620,683	100,118	0	36,179	11,299	768,279	0
	(II)	0	0	0	0	0	0	0
REBECCA ZUURBIER	(I)	420,438	0	81,089	26,132	9,612	537,271	0
	(II)	0	0	0	0	0	0	0
JERRY L PRICE	(I)	313,825	0	305,244	54,500	8,087	681,656	0
	(II)	0	0	0	0	0	0	0
HASAN ZIA	(I)	451,741	0	81,378	21,136	9,448	563,703	0
	(II)	0	0	0	0	0	0	0
COLETTE M MAGNANT	(I)	508,513	34,125	0	37,598	2,370	582,606	0
	(II)	0	0	0	0	0	0	0
AUDRY CARTER	(I)	152,711	16,267	45,497	20,037	5,512	240,024	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DISTRICT OF COLUMBIA	53-6001131	254764HX4	07-15-2009	62,798,209	CONSTRUCTION OF MEDICAL BLDG FOR OUTPATIENT SVCS AND OFFICES		X		X		X
B	DISTRICT OF COLUMBIA	53-6001131		12-29-2010	30,000,000	REISSUE PRIOR ISSUE 7/24/02		X		X		X
C	DISTRICT OF COLUMBIA	53-6001131		12-29-2010	5,398,555	REISSUE PRIOR ISSUE 7/24/02		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		1,175,910	204,546	
2	Amount of bonds defeased				
3	Total proceeds of issue	62,798,209	30,000,000	5,398,555	
4	Gross proceeds in reserve funds	4,954,686			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	315,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	57,542,090			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011	2005	2005	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X	X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 310 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 310 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	DURING THE TRANSITION PERIOD JOHNS HOPKINS HEALTH SYSTEM CORPORTION, AN IRC 501C(3) TAX EXEMPT PARENT ORGANIZATION OF SIBLEY MEMORIAL HOSPITAL MAY ELECT ONE TRUSTEE. AFTER THE STATED TRANSITION PERIOD, JOHNS HOPKINS HEALTH SYSTEM CORPORATION ELECTS THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF SIBLEY MEMORIAL HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE BEFORE IT WAS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE HOSPITAL HAS AN EXISTING POLICY (#02-25-09) WHICH SPECIFICALLY ADDRESSES POTENTIAL CONFLICT(S) OF INTEREST FOR DECISION MAKERS AT ALL LEVELS WITHIN ITS BORDERS. THIS COVERAGE INCLUDES MEMBERS OF THE GOVERNING BOARD, ADMINISTRATION, MEDICAL STAFF, AND ALL OTHER EMPLOYEES. DISCLOSURE FORMS ASKING FOR POTENTIAL CONFLICTS OF INTEREST ARE DISTRIBUTED AT LEAST ANNUALLY SO THAT APPPROPRIATE ACTION MAY BE TAKEN TO ENSURE THAT SUCH POTENTIAL CONFLICTS DO NOT INFLUENCE IMPORTANT DECISIONS. THE HOSPITAL'S BOARD MEMBERS ARE ASKED TO SUBMIT DISCLOSURE FORMS SEMI-ANNUALLY AND ON A CASE-BY-CASE BASIS. THE GOVERNING BOARD, SENIOR MANAGEMENT, AND THE EXECUTIVE COMMITTEE OF THE MEDCAL STAFF (AS APPROPRATE) BEAR RESPONSIBILITY FOR ADDRESSING AND REVIEWING ALL POTENTIAL CONFLICTS AND TAKING APPROPRIATE ACTION. WHEN CONFLICTS DO ARISE, THE MATTER IS BROUGHT BEFORE THE APPROPRIATE GOVERNING BODY AND DISCUSSED, AND THE CONFLICT IS ELIMINATED
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES AN INDEPENDENT COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS WHEN DETERMINING COMPENSATION FOR THE CEO AND OTHER OFFICERS OF THE ORGANIZATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 691,768 CHANGE IN BENEFICIAL INTEREST IN FOUNDATION -1,423,292 PREMIER PURCHASING PARTNERS K-1 -507,119 COLONIAL REGIONAL ALLIANCE K-1 20,738 ROCKVILLE IMAGING K-1 11,494 CHEVY CHASE IMAGING K-1 59,934 CHANGE IN MINIMUM PENSION LIABILITY -9,615,014 NET ASSETS RELEASED 1,355,624 INTERCOMPANY TRANSFERS -10,643,412 TOTAL TO FORM 990, PART XI, LINE 5 -20,049,279

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL
FOR DEACONESSES & MISSIONARIES

Employer identification number
53-0196602

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SIBLEY HEALTH NETWORK LLC 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 52-1932344	HEALTHCARE SERVICES	DC	SIBLEY HEALTHCARE AFFILIATES	INVESTMENT	-8			No			No	1 000 %
(2) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(3) SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD 20874 56-2296930	REAL ESTATE	MD	N/A									
(4) GCM SURBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A									
(5) ROCKVILLE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A									
(6) CHEVY CHASE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944126	RADIOLOGY SERVICES	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SIBLEY MEMORIAL HOSPITAL FOUNDATION	O	13,611	FMV
(2) SIBLEY MEMORIAL HOSPITAL FOUNDATION	Q	25,851	FMV
(3) SIBLEY MEMORIAL HOSPITAL FOUNDATION	C	928,922	FMV
(4) THE STACY MARK REED FOUNDATION	B	250,000,000	FMV
(5) THE JANE BANCROFT ROBINSON FOUNDATION	B	75,000,000	FMV
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 53-0196602
Name: LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
JOHNS HOPKINS HEALTH SYSTEM CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0591656	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HOWARD COUNTY LIQUIDATION CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0892284	INACTIVE TAX-EXEMPT ORGANIZATION	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HOWARD COUNTY GENERAL HOSPITAL INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
THE STACY MARK REED FOUNDATION 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 27-3818765	FINANCIAL SUPPORT	DC	501(C)(3)	LINE 11A, I	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES	Yes	
SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 45-0562642	FINANCIAL SUPPORT	DC	501(C)(3)	LINE 7	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES	Yes	
THE JANE BANCROFT ROBINSON FOUNDATION 5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 27-3818431	FINANCIAL SUPPORT	DC	501(C)(3)	LINE 11C, III-FI	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES	Yes	
POTOMAC HOME SUPPORT INC 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
SIBLEY SUBURBAN HOME HEALTH AGENCY 6001 MONTROSE ROAD NO 307 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
PEDIATRIC PHYSICIAN SERVICES INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
SURGIKID OF FLORIDA INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
KIDS HOME CARE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
WEST COAST NEONATOLOGY INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3398308	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 11C, III-FI	ALL CHILDREN'S HEALTH SYSTEM INC		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
SIBLEY HEALTHCARE AFFILIATES 5255 LOUGHBORO RD NW WASHINGTON, DC 20016 52-1928494	HEALTHCARE SERVICES	DC	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES	C		8,554	100 000 %
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C			
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C			
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C			
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C			
JOHNS HOPKINS EMPLOYER HEALTH PROGRAM 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C			
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C			
SUBURBAN CONTRACTING CORP INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2188022	MEDICARE CONTRACTING	MD	N/A	C			
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C			
SUBURBAN SPECIALTY CARE PHYSICIANS PC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C			
ACHPOB INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2427749	MEDICAL OFFICE BUILDING MANAGEMENT	FL	N/A	C			

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning JUL 1 , 2011, and ending JUN 30 , 20 12

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

▶ See instructions.

OMB No 1545-1879

2011

Name of exempt organization LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES

Employer identification number 53-0196602

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-) If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	265359108
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund

Sign Here ▶ Signature of officer | May 2, 2013 Date | ▶ SR VP, COO, & CFO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return The organization officer will have signed this form before I submit the return I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
				Phone no

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self- employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Sibley Memorial Hospital and Subsidiaries

Combined Financial Statements and Supplementary Combining Information

June 30, 2012

Sibley Memorial Hospital and Subsidiaries
Combined Financial Statements and Supplementary Combining Information
Table of Contents

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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
Sibley Memorial Hospital and Subsidiaries

In our opinion, the accompanying combined balance sheet and the related combined statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Sibley Memorial Hospital and Subsidiaries (the "Organization") at June 30, 2012, and the changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these financial statements based on our audit We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audit provides a reasonable basis for our opinion

PricewaterhouseCoopers LLP

September 28, 2012

PricewaterhouseCoopers LLP, 100 East Pratt Street, Suite 1900, Baltimore, MD 21202-1096
T: (410) 783 7600, F: (410) 783 7680, www.pwc.com/us

Sibley Memorial Hospital and Subsidiaries
Combined Balance Sheet
as of June 30, 2012
(in thousands)

ASSETS		
Current assets		
Cash and cash equivalents	$	20,364
Short-term investments		7,617
Patient accounts receivable, net of $33,162 estimated uncollectibles		29,168
Other receivables		8,250
Inventories		1,504
Prepaid expenses and other current assets		8,799
Interest receivable		1,287
Current portion of assets whose use is limited for long-term debt payments		2,482
Total current assets		79,471
Assets whose use is limited		
By long-term agreement for debt service reserve funds		4,955
By donors or grantors for		
Pledges receivable		8,304
Other		27,199
By Board of Trustees		436,037
Total assets whose use is limited		476,495
Investments		
Marketable securities		131,780
Joint ventures		3,187
Total investments		134,967
Property, plant, and equipment		
Cost basis		305,922
Less Allowance for depreciation and amortization		(24,815)
Total property, plant, and equipment, net		281,107
Other assets		11,279
Total assets	$	983,319

The accompanying notes are an integral part of the financial statements

Sibley Memorial Hospital and Subsidiaries
Combined Balance Sheet, continued
as of June 30, 2012
(in thousands)

LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	$	2,482
Accounts payable and accrued liabilities		10,798
Interest payable		1,158
Accrued payroll		8,462
Other current liabilities		8,331
Accrued vacation		8,963
Current portion of estimated contractual settlements		3,417
Current portion of estimated malpractice costs		4,810
Due to affiliates		287
Total current liabilities		48,708
Long-term liabilities		
Long-term debt, net of current portion		109,884
Estimated contractual settlements, net of current portion		4,612
Estimated malpractice costs, net of current portion		8,416
Net pension liability		18,092
Other long-term liabilities		9,139
Total liabilities		198,851
Net assets		
Unrestricted		
General		557,123
Board designated		188,364
Funds functioning as endowment		5,037
Total unrestricted		750,524
Temporarily restricted		20,490
Permanently restricted		13,454
Total net assets		784,468
Total liabilities and net assets	$	983,319

Sibley Memorial Hospital and Subsidiaries
Combined Statements of Operations and Changes in Net Assets
for the year ended June 30, 2012
(in thousands)

Operating revenues		
Net patient service revenue	$	219,280
Resident revenue		18,796
Other revenue		14,153
Investment income		12,475
Net assets released from restriction used for operations		2,292
Total operating revenues		266,996
Operating expenses		
Salaries, wages, and benefits		134,228
Purchased services		37,349
Supplies and other		43,061
Interest		4,857
Provision for bad debts		7,567
Depreciation and amortization		15,348
Total operating expenses		242,410
Income from operations		24,586
Net realized and changes in net unrealized losses on investments		(4,690)
Excess of revenues over expenses		19,896
Other changes in unrestricted net assets		
Transfers to affiliates		(643)
Change in funded status of defined benefit pension plan		(9,615)
Increase in unrestricted net assets		9,638
Changes in temporarily restricted net assets		
Gifts, grants, and bequests		6,553
Net assets released from restriction used for operations		(2,292)
Investment income		107
Increase in temporarily restricted net assets		4,368
Changes in permanently restricted net assets		
Gifts, grants, and bequests		1,090
Increase in permanently restricted net assets		1,090
Total increase in net assets		15,096
Net assets at beginning of period		769,372
Net assets at end of period	$	784,468

The accompanying notes are an integral part of the financial statements

Sibley Memorial Hospital and Subsidiaries
Combined Statement of Cash Flows
for the year ended June 30, 2012
(in thousands)

Operating activities		
Increase in net assets	$	15,096
Adjustments to reconcile increase in net assets to net cash and cash equivalents provided by operating activities		
Depreciation and amortization		15,348
Provision for bad debts		7,567
Net realized and changes in net unrealized losses on investments		4,690
Change in funded status of defined benefit pension plan other than net period pension cost		9,615
Restricted contributions		(1,515)
Gains from equity method investments		(1,278)
Net asset transfer to affiliate		643
Other operating activities		(602)
Changes in assets and liabilities		
Patient accounts receivable		(8,580)
Inventories of supplies, prepaid expenses, and other current assets		(4,026)
Pledges receivable		(2,979)
Other noncurrent assets		(2,552)
Accounts payable, accrued liabilities, and accrued vacation		(1,627)
Due to from affiliates, net		249
Estimated contractual settlements		1,392
Estimated malpractice		(14,459)
Accrued pension benefit costs		(6,556)
Other long-term liabilities		(186)
Net cash and cash equivalents provided by operating activities		10,240
Investing activities		
Purchases of property, plant, and equipment		(38,940)
Returns of equity method investments		1,153
Purchases of investment securities		(828,193)
Sales of investment securities		859,393
Net cash and cash equivalents used in investing activities		(6,587)
Financing activities		
Proceeds from restricted contributions		1,515
Repayment of long-term debt		(2,438)
Net asset transfer to affiliate		(643)
Net cash and cash equivalents used in financing activities		(1,566)
Increase in cash and cash equivalents		2,087
Cash and cash equivalents at beginning of period		18,277
Cash and cash equivalents at end of period	$	20,364

The accompanying notes are an integral part of the financial statements

1. Organization and Summary of Significant Accounting Policies

Organization. Sibley Memorial Hospital ("the Hospital") was originally formed under the name The Lucy Webb Hayes National Training School for Deaconesses and Missionaries conducting business as Sibley Memorial Hospital The Hospital is a not-for-profit general acute care hospital located in Northwest Washington, D C Its mission is to provide quality health services and facilities for the community, to promote wellness, to relieve suffering, and restore health as swiftly, safely, and humanely as it can be done, consistent with the best service it can give at the highest value for all concerned

Beginning in September 2000, the Hospital began operations of an assisted living facility ("Grand Oaks") on its Washington, D C campus This facility serves the housing, health care, social and other needs of a broad segment of the elderly population Assisted living services include providing to seniors a residence, meals, and personal assistance for a monthly fee The assisted living facility is accounted for as a separate division within the Hospital

During 2012, Management completed construction of a new medical office building ("Medical Building") on the Hospital's campus and placed the facility into service The Medical Building is accounted for as a separate division within the Hospital

The Sibley Memorial Hospital Foundation ("SMHF") was incorporated on May 7, 2007 as a non-stock, non-profit organization to receive, administer, and expend funds for charitable and educational purposes benefiting the Hospital SMHF is a wholly controlled subsidiary of the Hospital by virtue of their common mission and the Hospital's ability to appoint and remove the SMHF's Board of Trustees SMHF began operations during January 2009

The Stacy Mark Reed Foundation, Inc ("SMRF") was incorporated on November 1, 2010 as a non-stock, non-profit organization to receive, administer and expend funds for charitable, scientific, and educational purposes of the Hospital SMRF is a wholly controlled subsidiary of the Hospital by virtue of the fact that all of the members of the Board of Trustees are also members of the Board of Trustees of the Hospital The Hospital is also the sole corporate member of SMRF During 2012, the Hospital transferred $250 0 million to SMRF This amount is classified as assets whose use is limited by the Board of Trustees in the accompanying Combined Balance Sheet

The Jane Bancroft Robinson Foundation, Inc ("JBRF") was incorporated on November 1, 2010 as a non-stock, non-profit organization to engage in activities that directly further the exempt purposes of the Hospital JBRF is a wholly controlled subsidiary of the Hospital by virtue of the fact that one half of its Board of Trustees is composed of members of management and the Board of Trustees of the Hospital The Hospital is also the sole corporate member of JBRF During 2012, the Hospital transferred $10 0 million to JBRF This amount is classified as assets whose use is limited by the Board of Trustees in the accompanying Combined Balance Sheet The Hospital also established a board designed endowment in the amount of $65 0 million for the benefit of JBRF

On November 1, 2010, the Johns Hopkins Health System Corporation became the sole member of the Hospital

Use of estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Basis of presentation. The accompanying combined financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America

Principles of combination. The combined financial statements include the accounts of the Hospital and the Foundations (collectively, the "Organization") after elimination of all significant intercompany accounts and transactions

Cash and cash equivalents. Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily convertible to cash, with original maturities of three months or less Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss The Organization has not experienced such losses on these funds

Through an arrangement with a bank, excess operating cash is invested daily This investment is considered a cash equivalent in the accompanying combined balance sheet The Hospital earns interest on these funds at a rate that is based upon the overnight treasury security rate This interest income is recorded in the accompanying combined statements of operations as other operating revenue As of June 30, 2012, substantially all excess cash was invested in accordance with this arrangement

Inventories. Inventories of supplies are composed of medical supplies, drugs, linen, and parts inventory for repairs Inventories of supplies are recorded at lower of cost or market using a first in, first out method

Assets whose use is limited. Assets whose use is limited or restricted by the donor are recorded at fair value at the date of donation, which is then considered cost Investment income or losses on investments of temporarily or permanently restricted assets is recorded as an increase or decrease in temporarily or permanently restricted net assets to the extent restricted by the donor or law The cost of securities sold is based on the specific identification method

Assets whose use is limited include assets held by trustees under debt agreements, assets restricted by the board of trustees, assets restricted by donors for healthcare services and pledges receivable These assets consist primarily of cash and long-term investments The carrying amounts reported in the Combined Balance Sheet approximate fair value

Investments and investment income. Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the Combined Balance Sheet Debt and equity securities traded on a national securities and international exchange are valued as of the last reported sales price on the last business day of the fiscal year, investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices

The Organization classifies its investment portfolio as trading Investment income earned (interest and dividends) is reported in the operating income section of the Combined Statements of Operations and Changes in Net Assets under 'Investment income' Realized gains or losses related to the sale of investments, and changes in unrealized gains or losses are included in the non-operating section of the Combined Statements of Operations and Changes in Net Assets and is included in excess of revenues over expenses unless the income or loss is restricted by donor or law

Investments in companies in which the Organization does not have control, but has the ability to exercise significant influence over operating and financial policies, are accounted for using the equity method of accounting, and operating results flow through other revenue on the Combined Statements of Operations and Changes in Net Assets Dividends paid are recorded as a reduction of the carrying amount of the investment

Investments in companies in which the Organization does not have control, nor has the ability to exercise significant influence over operating and financial policies are accounted for using the cost method of accounting Investments are originally recorded at cost, with dividends received being recorded as other revenue

Property, Plant, and Equipment. Property, plant and equipment acquisitions are recorded at cost Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Estimated useful lives range from 5 to 25 years for land improvements, 20 to 25 years for buildings and improvements, and 3 to 25 years for fixed and movable equipment Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Repair and maintenance costs are expensed as incurred When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in other revenue in the combined statements of operations and changes in net assets

The cost of software is capitalized provided the cost of the project is at least $30 thousand and the expected life is at least two years Costs include payment to vendors for the purchase of software and assistance in its installation, payroll costs of employees directly involved in the software installation, and the interest costs of the software project Preliminary costs to document system requirements, vendor selection, and certain costs incurred before the software purchase are expensed Capitalization of costs ends when the project is completed and is ready to be used Where implementation of the project is in phases, only those costs incurred which further the development of the project will be capitalized Costs incurred to maintain the system are expensed

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Impairment of long-lived assets. Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable The Organization's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the Statements of Operations and Changes in Net Assets Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell No impairment charges were recorded for the year ended June 30, 2012

Accrued vacation. The Organization records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods

Estimated malpractice costs. The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported Additionally, an insurance recovery has been recorded representing the amount expected to be recovered from the self insured captive insurance company

Asset retirement obligations. The Financial Accounting Standards Board's ("FASB") guidance on accounting for asset retirement obligations provides for the recognition of an estimated liability for legal obligations associated with the retirement of tangible long-lived assets, including obligations that are conditional upon a future event The Organization measures asset retirement obligations at fair value when incurred and capitalizes a corresponding amount as part of the book value of the related long-lived assets The increase in the capitalized cost is included in determining depreciation expense over the estimated useful life of these assets Since the fair value of the asset retirement obligation is determined using a present value approach, accretion of the obligation due to the passage of time until its settlement is recognized each year as part of interest expense in the Combined Statements of Operations and Changes in Net Assets

Charitable gift annuities. The Hospital receives contributions in the form of charitable gift annuities, for which the Hospital acts as trustee and holds the assets with investments When the Hospital's obligations to all beneficiaries expire, the remaining assets will revert to the Hospital to be used according to the donor's wishes The investment from the gift annuity contributions and the related liabilities for payments to the beneficiaries is measured at fair value, with the balance recognized as contribution revenue The fair value of the asset is measured annually based on the current market value of the investments The related liability for the outstanding annuity payments is measured based on the present value of the estimated future payments for the liability at the time of the gift and is remeasured annually based on payments made during the year Any changes in the annual estimate of fair value are recognized as changes in the value of split-interest agreements in the year in which they occur, which is included in other revenue on the Consolidated Statements of Operations

Annuity payment liabilities were $2 4 million as of June 30, 2012, which are included in other long-term liabilities on the Combined Balance Sheet Contribution revenue recognized under these agreements was $0 for the year ended June 30, 2012 Decreases in the fair value of charitable gift annuities for the years ended June 30, 2012 included unrealized losses of $28 thousand, and is recognized in net realized and changes in net unrealized losses on investments on the Combined Statements of Operations and Changes in Net Assets

Temporarily and permanently restricted net assets. Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity Income generated from these assets is available as restricted by the donor or for general program support

Donor restricted gifts. Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Unconditional promises to give cash to the Organization greater than one year are discounted using a rate of return that a market participant would expect to receive at the date the pledge is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Combined Statements of Operations and Changes in Net Assets as net assets released from restrictions Donor restricted contributions

whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements

Grants. The Organization receives various grants from individuals, corporations, and government agencies for the purpose of furthering its mission of providing patient care Grants are recognized as support and the related project costs are recorded as expenses when services related to grants are incurred There were no grant receivables as of June 30, 2012

Donated services. The Organization receives donated services from various community volunteers Donated services are not reflected in the accompanying combined financial statements because they do not meet the criteria for revenue recognition under accounting principles generally accepted in the United States of America

Funds functioning as endowment. The board of trustees of SMHF has earmarked a portion of SMHF's unrestricted net assets to be set aside for various programs Income earned on these funds is deposited into the operating account Approval by the Board of Trustees is required before these funds may be used by management

Excess of revenues over expenses. The Combined Statements of Operations and Changes in Net Assets include excess of revenues over expenses Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include, among other items, change in funded status of defined benefit plans, permanent transfers of assets to and from affiliates for other than goods or services, and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets)

Income taxes. Pursuant to their initial exemption application, management has received a tax determination letter from the Internal Revenue Service (IRS) indicating that the Hospital is initially exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) as a public charity Management has also received a tax determination letter from the IRS dated March 20, 2008 indicating that SMHF is initially exempt from federal income taxes under sections 501(c)(3) and 170 of the IRC and is not a private foundation Management has also received tax determination letters from the IRS indicating that SMRF and JBRF are also initially exempt from federal income tax under section 501(c)(3) of the IRS per letters dated December 3, 2010 and August 19, 2011, respectively Federal tax law requires that these entities be operated in a manner consistent with their initial exemption application in order to maintain their exempt status

Washington D C also recognizes the Organization's exemptions for state income tax purposes Accordingly, no provision for income taxes has been made in the accompanying combined financial statements Organizations otherwise exempt from federal and state income taxation are nonetheless subject to taxation at corporate tax rates at both the federal and state levels on their unrelated business income Exemption from other state taxes, such as real and personal property tax, is separately determined

The Organization had no unrecognized tax benefits As a 501(c)(3) organization, the Organization is required to file annual information returns on IRS Form 990 The Organization is also required to file annual income tax returns on IRS Form 990-T for tax periods with respect to which unrelated business income was recognized Tax returns remain open and potentially subject to IRS examination for three (3) years from the date they are filed As such, the tax periods corresponding to the 2007 fiscal year to the present remain open

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions This guidance defines the threshold for recognizing tax return

positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements The Organization has adopted this guidance, and there was no impact on its financial statements during the year ended June 30, 2012

New Accounting Standards. Effective July 1, 2011, the Hospital adopted the provisions of ASU 2010-06, "Improving Disclosures about Fair Value Measurements", which affects entities required to make disclosures about recurring and nonrecurring fair value measurements This ASU requires that the Level 3 fair value roll forward activity be displayed gross, breaking out the purchases, issuances, sales and settlement activity The adoption of this ASU did not have a significant impact on the Hospital's disclosures

Effective July 1, 2011, the Hospital adopted the provisions of ASU 2010-23, "Measuring Charity Care for Disclosure", which states that direct and indirect cost be used as the measurement basis for charity care disclosure purposes and that the method used to determine such costs also be disclosed The adoption of this ASU had no impact on the Hospital's financial condition, results of operations or cash flows

Effective July 1, 2011, the Hospital adopted the provisions of ASU 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries", which clarifies that health care entities should not net insurance recoveries against the related claims liabilities In connection with the Hospital's adoption of ASU 2010-24, the Hospital recorded an increase in its assets and liabilities in the accompanying Combined Balance Sheet as of June 30, 2012 as follows

Caption on Combined Balance Sheet		
Prepaid expenses and other current assets	$	4,753
Other assets		6,000
Total assets	$	10,753
Current portion of estimated malpractice costs	$	4,753
Estimated malpractice costs, net of current portion		6,000
Total liabilities	$	10,753

The assets and liabilities represent the Hospital's estimated self-insured captive insurance recoveries for claims reserves and certain claims in excess of self-insured retention levels The insurance recoveries and liabilities have been allocated between short-term and long-term assets and liabilities based upon the expected timing of the claims payments The adoption had no impact on the Hospital's results of operations or cash flows

2. Net Patient Service Revenue and Resident Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers Retroactive adjustments are accrued on an

estimated basis in the period the related services are rendered, and adjusted through net patient service revenue in future periods, as final settlements are determined

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, demographic, diagnostic, and other factors

Outpatient hospital services rendered to Medicare beneficiaries are paid at prospectively determined rates based upon procedures performed Inpatient psychiatric services are paid based on prospectively determined rates The Hospital continues to be reimbursed for medical education on a cost based methodology The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a quality improvement organization under contract with the Hospital The Hospital's Medicare cost reports have been final settled by the Medicare fiscal intermediary through December 31, 2008

Inpatient services rendered to Medicaid program beneficiaries are reimbursed based on diagnosis related groupings at a predetermined specified rate for each discharge, based on a patient's diagnosis Outpatient services are reimbursed based upon a fee schedule maintained by the Medical Assistance Administration

Inpatient services provided to Blue Cross subscribers are paid at prospectively determined rates per discharge according to a patient classification system that is based on clinical, demographic, diagnostic, and other factors Outpatient services are reimbursed based upon a negotiated discount Final settlements for inpatient and outpatient services are in accordance with an agreement entered into with Blue Cross requiring the Hospital to provide services to Blue Cross members at the lowest contracted rate between the Hospital and any other significant commercial insurance carriers, health maintenance organizations and/or preferred provider organizations

The Hospital has also entered into payment agreements with certain commercial insurance carriers The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, rates per visit and per procedure, and prospectively determined daily rates

Resident service revenue is recognized by the assisted living facility when services are rendered or community fees are earned Prospective residents are charged community fees, which are refundable on a pro-rated basis within the resident's first ninety days After ninety days, fees are nonrefundable and revenue is recognized

The Hospital provides charity care to persons unable to pay according to the Hospital's established policies Amounts determined to qualify as charity care are not pursued for collection, and are not reported as a component of net patient service revenue or patient accounts receivable The Hospital maintains records to identify and monitor the level of charity care it provides Of the Hospital's total operating expenses, an estimated $3 0 million of direct and indirect costs were attributable to providing services to charity patients The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue

In assessing a patient's ability to pay, the Hospital grants full assistance to individuals with a family income at or below 200% of the poverty level established by the Federal government In 2006, the Hospital began providing additional discounts on a sliding scale for patients who submitted charity care applications, demonstrate financial need, but have a family income of greater than twice the poverty line The additional sliding scale discounts extended were approximately $640 thousand for the twelve months ended June 30, 2012 These discounts are classified as administrative adjustments, and not included in charges written-off for charity care

The Hospital grants credit without collateral to its patients, most of whom are local residents insured under third-party payer agreements The mix of accounts receivable from patients and third-party payers is as follows at June 30, 2012

Accounts receivable	
Other third-party payers	35 2%
Blue Cross	24 7%
Medicare	21 6%
Self-pay	14 6%
Medicaid	3 9%
	100 0%

The mix of gross patient service revenue is as follows at June 30, 2012

Gross Charges	
Medicare	39 0%
Blue Cross	28 8%
Other third-party payers	26 0%
Self-pay	4 5%
Medicaid	1 7%
	100 0%

3. Pledges Receivable

At June 30, 2012, pledges receivable were $8 3 million, net of an allowance for uncollectible pledges of $50 thousand and a discount of $329 thousand Such amounts have been discounted at a rate commensurate with the risk involved The payment terms of the pledges receivable less the uncollectible pledges and discount at June 30, 2012, are as follows

	1 Year	2-5 Years	>5 Years	Totals
Purchase of property, plant, and equipment	$ 921	$ 4,558	$ 2,052	$ 7,531
Health care services	50	122	-	172
Health, education, and counseling	4	596	-	600
Indigent care	1	-	-	1
	$ 976	$ 5,276	$ 2,052	$ 8,304

4. Fair Value Measurements

The Organization adopted FASB's guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements Adopting this guidance did not have a material impact on the Organization's financial position and results of operations

The FASB's guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs for which there is little or no market data that require the reporting entity to develop its own assumptions

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement Each of the financial instruments below was valued utilizing the market approach

The following table presents the financial instruments carried at fair value as of June 30, 2012 grouped by hierarchy level

	Level 1	Level 2	Total
Cash equivalents (1)	$ 28,408	$ -	$ 28,408
Certificates of deposit (1)	-	576	576
U S Treasury notes (2)	-	13,477	13,477
U S Government agency obligations (2)	-	99,124	99,124
Corporate bonds (2)	-	68,801	68,801
Asset-backed securities (2)	-	20,806	20,806
Equities and equity funds (3)	304,261	83,877	388,138
	$ 332,669	$ 286,661	$ 619,330

(1) Cash equivalents include investments with original maturities of three months or less, including overnight investments and certificates of deposit Certificates of deposit are carried at amortized cost, which approximates fair value Certificates of deposit that have original maturities greater than three months are considered short-term investments Overnight investments are rendered level 1 Computed prices and frequent evaluation versus market value render the certificates of deposit level 2

(2) For investments in U S Treasury notes and bonds, corporate bonds, and asset backed securities, fair value is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can

be corroborated by observable market data for substantially the full term of the assets Inputs are obtained from various sources including market participants, dealers, and brokers

(3) Equities and equity funds include individual equities, investments in mutual funds and commingled trusts The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1 The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date

The estimated total fair value of long-term debt was approximately $117 2 million as of June 30, 2012

Financial instruments are reflected in the Combined Balance Sheets as of June 30, 2012 as follows (in thousands)

Cash equivalents measured at fair value	$	9,260
Cash		11,104
Total cash and cash equivalents	$	20,364
Short and long term investments measured at fair value	$	139,397
Investments accounted for under equity method		3,187
Total short and long-term investments	$	142,584
Assets whose use is limited measured at fair value	$	470,673
Pledges receivable		8,304
Total assets whose use is limited	$	478,977

5. Investments and Assets Whose Use is Limited

Investments (short and long-term) and assets whose use is limited as of June 30, 2012 consisted of the following (in thousands)

	ST & LT Investments	ST & LT AWUIL	Total
Cash equivalents	$ -	$ 19,148	$ 19,148
Certificates of deposit	576	-	576
U S Treasury notes	7,871	5,606	13,477
U S Government agency obligations	22,588	76,536	99,124
Corporate bonds	15,536	53,265	68,801
Asset-backed securities	4,746	16,060	20,806
Equities and equity funds	88,080	300,058	388,138
Investments in affiliates	3,187	-	3,187
Pledges receivable	-	8,304	8,304
	$ 142,584	$ 478,977	$ 621,561

As of June 30, 2012, approximately $555 7 million of the Organization's investments are held in a pooled investment fund (the pooled fund) Each participant in the pooled fund has an undivided interest in all assets and liabilities of the pooled fund Income and expenses of the pooled fund, other than additional investments and withdrawals, are allocated among the participants on a monthly basis in relation to the market value of each of the participant's interest in the pooled fund at the beginning of the month Additional investments and withdrawals are credited or charged directly to the participant

Investment income and gains and losses related to assets whose use is limited, cash equivalents, and other investments, are comprised of the following for the year ended June 30, 2012 (in thousands)

Realized gains and losses	$ 3,466
Unrealized gains and losses	(8,156)
	(4,690)
Interest and dividends	11,197
Investment manager fees, included in the balance of Purchased Services	(2,303)
	4,204
Income from equity and cost method investments	1,278
	$ 5,482

Investments recorded under the cost and equity methods as of June 30, 2012 consisted of the following (in thousands)

Entity	Cost/Equity	%	Amount
Potomac Home Health Agency, Inc	Equity	50%	$ 1,152
Potomac Home Support, Inc	Equity	50%	1,163
Rockville Imaging, LLC	Equity	27%	222
Chevy Chase Imaging, LLC	Equity	40%	415
Premier Corporation	Cost	<1%	235
			$ 3,187

6. Property, Plant, and Equipment

Property, plant, and equipment and accumulated depreciation and amortization consisted of the following as of June 30, 2012 (in thousands)

	Cost	Accumulated depreciation and amortization
Land and land improvements	$ 52,179	$ 327
Buildings and improvements	166,298	10,299
Fixed and movable equipment	58,335	14,189
Construction in progress	29,110	-
	$ 305,922	$ 24,815

Accruals for purchases of property, plant and equipment as of June 30, 2012 amounted to $1 0 million and are included in accounts payable and other current liabilities in the Combined Balance Sheet Depreciation and amortization expense was approximately $15 3 million for the year ended June 30, 2012

7. Long-Term Debt

Long-term debt as of June 30, 2012 is summarized as follows (in thousands)

	Current Portion	Long-term Portion	Unamortized portion of adjustment to fair value	Total
On October 1, 1996, the Hospital obtained a loan in the amount of $30 0 million representing proceeds of tax-exempt revenue bonds issued by the District of Columbia, maturing November 1, 2016 The Hospital is required to make monthly principal payments of $125 thousand plus accrued interest at a rate of 5 14% per annum	$ 1,500	$ 5,125	$ (63)	$ 6,562
On July 24, 2002, the Hospital obtained a loan in the amount of $40 0 million representing proceeds of tax-exempt revenue bonds issued by the District of Columbia, maturing August 1, 2032 The loan was refinanced in December 2010 The loan requires monthly payments of $277 thousand including principal and accrued interest at an effective interest rate of 5 19% per annum	982	33,037	701	34,720
On July 15, 2009, the Hospital obtained a loan in the amount of $63 0 million representing proceeds of tax-exempt revenue bonds issued through a public offering by the District of Columbia, with stated interest rates ranging from 4 0% to 6 5%, maturing October 1, 2039 The loan requires semi-annual interest payments until October 1, 2013 at which time the Hospital will begin making annual principal payments ranging from $1 0 million to $4 6 million until maturity	-	63,000	8,084	71,084
	$ 2,482	$ 101,162	$ 8,722	$ 112,366

The Sibley Memorial Hospital Obligated Group (the "Obligated Group") consists of the Hospital (including the Medical Building and Grand Oaks) and SMRF The 1996, 2002, and 2009 Series Revenue Bonds are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of the Obligated Group's gross receipts The Obligated Group is required to achieve a defined minimum debt service coverage ratio each year, maintain a defined minimum of days cash on hand, maintain adequate insurance coverage, and comply with certain restrictions on their ability to incur additional debt As of June 30, 2012, the Obligated Group was in compliance with these requirements

Scheduled principal repayments on the revenue bonds are as follows at June 30, 2012 (in thousands)

2013	$	2,482
2014		3,544
2015		3,639
2016		3,747
2017		2,988
Thereafter		87,244
	$	103,644

Total interest expense for the year ended June 30, 2012 is summarized as follows (in thousands)

Interest expense	$	4,857
Amount capitalized		671
Total interest	$	5,528

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2012 (in thousands)

Purchase of property, plant, and equipment	$	12,483
Health care services		7,218
Indigent care		86
Health education and counseling		703
	$	20,490

Permanently restricted net assets of approximately $13 4 million at June 30, 2012 are restricted to investment in perpetuity Income generated by these funds is reported as an increase in unrestricted and temporarily restricted net assets in the year earned

The Organization has adopted the applicable provisions of FASB guidance related to endowments of not-for-profit organizations, which, among other things, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that are subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) and additional disclosures about an organization's endowment funds

The Organization's endowments include both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

The Board of Trustees has interpreted the District of Columbia Uniform Prudent Management of Institutional Funds Act (DC UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts donated to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by DC UPMIFA In accordance with DC UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

- The duration and preservation of the fund
- The purposes of the organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the organization
- The investment policies of the organization

The Organization has adopted an investment policy for endowment assets that attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity

Changes in endowment net assets for the year ended June 30, 2012, were as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at the beginning of the period	$ 5,037	$ 10	$ 12,364	$ 17,411
Investment return	-	152	-	152
Contributions	-	-	1,090	1,090
Balance at the end of the period	$ 5,037	$ 162	$ 13,454	$ 18,653

Endowment Funds with Deficits
From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit) When donor endowment deficits exist, they are classified as a reduction of unrestricted net assets There were no deficits of this nature reported in unrestricted net assets as of June 30, 2012

Return Objectives and Risk Parameters
The Organization has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Under this policy, the return objective for the endowment assets, measured over a full market cycle, shall be to maximize the return against a blended index, based on the endowment's target allocation applied to the appropriate individual benchmarks The Organization expects its endowment funds over time, to produce results that meet or exceed the performance of the index and median peer performance for asset benchmarks net of expenses Results that fall significantly below the appropriate index for any extended period will be viewed critically

Strategies Employed for Achieving Investment Objectives
To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints

Endowment Spending Allocation and Relationship of Spending Policy to Investment Objectives
The Organization has a policy of reviewing for appropriation each year the investment income for priority needs of the Hospital such as equipment, renovations and scholarships In establishing this policy, the Organization considered the long-term expected return on its endowment Accordingly, over the long term, the Organization expects the current spending policy to allow its endowment to maintain the purchasing power of the original endowment assets held in perpetuity

At June 30, 2012, the endowment net asset composition by type of fund consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Board designated funds	$ 5,037	$ -	$ -	$ 5,037
Donor restricted funds	-	162	13,454	13,616
Total funds	$ 5,037	$ 162	$ 13,454	$ 18,653

9. Pension Plans

The Hospital sponsors a noncontributory defined benefit pension plan (the Plan) that covers all eligible employees with at least one year of service of one thousand hours or more who have attained the age of twenty-one The Plan also covers any contracted or leased employees who meet the above criteria and who are not covered by any other pension plan The Plan provides for benefits to be paid to eligible employees at retirement based primarily upon years of service with the Hospital and compensation rates near retirement Contributions to the Plan reflect benefits attributed to employees' services to date, as well as services expected to be earned in the future During 2002, the board of trustees decided to take the actions necessary to "freeze" the accrual of additional benefits under the Plan, and effective April 2003, benefits under the Plan were frozen

The Hospital's funding policy is to provide adequate funds to the Plan to cover benefits when paid and in amounts to exceed the actuarially calculated minimum funding requirements

The change in the benefit obligation, plan assets and funded status of the Plan for the year ended June 30, 2012 is shown below (in thousands)

Change in benefit obligation	
Benefit obligation at beginning of period	$ 82,064
Interest cost	4,227
Actuarial loss	11,135
Benefits paid	(3,815)
Benefit obligation at end of period	$ 93,611
Change in plan assets	
Fair value of plan assets at beginning of period	$ 67,031
Actual return on plan assets	6,503
Employer contributions	5,800
Benefits paid	(3,815)
Fair value of plan assets at end of period	$ 75,519
Funded status	
Fair value of plan assets	$ 75,519
Projected benefit obligation	(93,611)
Funded status at end of period	$ (18,092)

Amounts not yet recognized in net periodic pension cost and included in unrestricted net assets consist of an actuarial net loss in the amount of approximately $9 6 million The accumulated benefit obligation as of June 30, 2012 was approximately $93 6 million.

Net Periodic Pension Cost and Changes in Unrestricted Net Assets

Components of net periodic pension cost and other changes in the funded status for the year ended June 30, 2012 are as follows (in thousands)

Interest cost	$ 4,227
Expected return on plan assets	(4,983)
Net periodic benefit cost	(756)
Net loss recognized in unrestricted net assets	9,615
Total recognized in net periodic benefit cost and unrestricted net assets	$ 8,859

The amount of actuarial loss expected to be amortized to net periodic benefit cost during 2013 is $121 thousand

The assumptions used in determining the benefit obligation as of June 30, 2012 for the Plan are as follows

Discount rate	4 66%
Rate of compensation increase	n/a

Assumptions used in determining net periodic pension cost for the Plan during the year ended June 30, 2012 are as follows

Discount rate	5 29%
Expected return on plan assets	7 50%
Rate of compensation increase	n/a

The rate of compensation increase is not applicable to the Plan because the Plan was frozen in 2003

The expected long-term rate of return for the Plan's total assets is based on the expected return of each of the asset categories below, weighted based on the median of the target allocation for each class Equity securities are expected to return 8% to 12% over the long-term, while cash and fixed income are expected to return between 4% and 6% Based on historical experience, the Sibley Memorial Hospital Pension Committee (the Committee) expects that the Plan's asset managers will provide a modest (0 5% - 1 0% per annum) premium to their respective market benchmark indices

The policy as established by the Committee is to provide sufficient funding to meet the Plan's actuarial liability projection, on or before 2017, at which point the Committee may determine that Plan is sufficiently funded and move to terminate the Plan The Plan's funding status is monitored and reviewed to determine the most appropriate asset allocation per the above target allocation to help the Plan achieve its objective without compromising its funding status

The Committee expects that the Plan will gradually increase the investment allocation to fixed income to help manage interest rate risk by "immunizing" a greater portion of the Plan as its funding status improves The investment objectives are to provide the Plan with income to meet its current needs and provide reasonable opportunities for long-term growth in the asset base to meet future needs

Plan Assets

The composition of the Plan's assets was as follows as of June 30, 2012

	Target Allocation	Actual Allocation
Equity securities	0% - 55%	42%
Fixed income	45% - 100%	53%
Cash (considered by policy to be part of fixed income)		5%
		100%

The following discussion describes the valuation methodologies used for the Plan's financial assets and liabilities measured at fair value The techniques utilized in estimating the fair values are affected by the assumptions used Care should be exercised in deriving conclusions about the Plan's financial assets and liabilities or the changes therein based on the fair value information presented below

The fair value of the Plan's assets and liabilities measured on a recurring basis as of June 30, 2012 was as follows (in thousands)

	Level 1	Level 2	Total
Cash equivalents (1)	$ 3,824	$ -	$ 3,824
Equity funds (2)	31,549	-	31,549
U S Treasury notes (3)	-	12,228	12,228
Corporate bonds (3)	-	22,137	22,137
Asset backed securities (3)	-	2,670	2,670
Aetna general account (4)	-	3,111	3,111
	$ 35,373	$ 40,146	$ 75,519

(1) The fair value of the Plan's investments in cash equivalents is based on cost, which approximates fair value

(2) The fair value of the Plan's investments in equity funds is based on quoted market prices The individual equities are valued based on the closing price on the primary market and are rendered level 1

(3) The fair value of the Plan's investments in U S Treasury notes and bonds, corporate bonds, and asset backed securities, are based on prices provided by its investment managers and its custodian bank Both the investment managers and the custodian bank use a variety of pricing sources to determine market valuations Each designate specific pricing services or indexes for each sector of the market based upon the provider's experience The Plan's fixed income securities portfolio is highly liquid, which allows for a high percentage of the portfolio to be priced through pricing services

(4) The fair value of the Aetna general account is determined based on the amount required by Aetna to provide for the purchase of annuities and other benefits guaranteed by Aetna, plus the amount available for withdrawal at year end, including certain market value adjustments determined by Aetna Investments in the Aetna general account are credited with earnings in the underlying investments and charged for Plan withdrawals and administrative expenses paid to Aetna The crediting interest rate is based on an agreed-upon formula with Aetna

As of June 30, 2012, the Plan did not have any investments classified at Level 3

Contributions and Estimated Future Benefit Payments (unaudited)

The Hospital expects to contribute $5 0 million to the Plan in 2013 The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid (in thousands)

2013	$ 4,817
2014	5,175
2015	5,353
2016	5,568
2017	5,816
2018-2022	30,747

Defined Contribution Plan

In July of 2001, the Hospital implemented a voluntary, defined contribution 401(k) plan available to all eligible employees, including SMHF Under the plan, the Hospital matches one-half of a maximum of 3% of employee contributions Employer contributions vest immediately for employees hired before July 1, 2001, employer contributions vest after three years of service for employees hired after this date The Hospital contributed approximately $1 2 million to the plan for the year ended June 30, 2012

10. Professional and General Liability Insurance

Prior to 2012, the Hospital maintained the Sibley Memorial Hospital Self-insurance Trust (the "Self-insurance Trust"), to accumulate the necessary funds for self-insured malpractice and general liability, should any occur An independent trustee managed the Self-insurance Trust On or about October 27, 2010, the Hospital entered into an agreement with its parent entity, The Johns Hopkins Health System Corporation ("JHHSC"), pursuant to which the Hospital agreed to integrate with, and become affiliated with, JHHSC and Affiliates ("JHHS") JHHS and certain of its affiliates participate in an agreement with other medical institutions to provide a program of professional and general liability insurance for each member institution As part of this program, the participating medical institutions have formed a risk retention group ("RRG") and a captive insurance company to provide self insurance for a portion of their risk During 2012, as part of its integration efforts, the Hospital terminated its Self-insurance Trust for its malpractice and general liability insurance and began participating in the RRG and the captive insurance company

JHHS has a 10% ownership interest in the RRG and the captive insurance company The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive The primary retention is $5 0 million per incident Primary coverage is insured under a retrospectively rated claims-made policy, premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims Projected losses were discounted using 73% as of June 30, 2012

Professional and general liability insurance expense incurred by the Hospital was $1 8 million for the year ended June 30, 2012

11. Contracts, Commitments, and Contingencies

Operating Leases

The Hospital leases certain types of patient care equipment The rent expense for all operating leases was approximately $563 thousand for the year ended June 30, 2012

Management Contract

The Hospital renewed the management agreement with Sunrise Assisted Living, Inc , in December of 2010, to manage the day to day operations of Grand Oaks assisted living facility, including community relations, financial management, personnel management, and system support The

management agreement expires in June 2013 The Hospital pays Sunrise Assisted Living a monthly management fee calculated as a percentage of the gross collected resident care revenues In addition, Sunrise Assisted Living may receive an annual performance incentive fee that is payable based upon the facility's operating results

Asset Retirement Obligation

The Hospital has accrued asset retirement obligations related to certain facilities located on its campus in Washington, DC Those amounts are summarized as follows for the year ended June 30, 2012

Retirement obligation at beginning of the period	$	1,282
Accretion expense		24
Asset retirement obligation at the end of the period	$	1,306

Litigation

The Hospital is involved in litigation arising in the course of business After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results of operations

12. Functional Expenses

The Organization provides general healthcare and resident care services Expenses related to providing these services for the year ended June 30, 2012 are as follows (in thousands)

Healthcare and residential services	$	228,462
General and administrative		12,990
Fundraising		958
	$	242,410

13. Subsequent Events

Management has evaluated subsequent events through September 28, 2012, the date these combined financial statements were available to be issued

pwc

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTARY COMBINING INFORMATION

To the Board of Trustees of
Sibley Memorial Hospital and Subsidiaries

We have audited the combined financial statements of Sibley Memorial Hospital and Subsidiaries (the "Organization") as of June 30, 2012 and for the year then ended and our report thereon appears on page 1 of this document That audit was conducted for the purpose of forming an opinion on the combined financial statements taken as a whole The combining information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements The combining information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole The combining information is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position and results of operations of the individual entities and is not a required part of the combined financial statements Accordingly, we do not express an opinion on the financial position and results of operations of the individual entities

PricewaterhouseCoopers LLP

September 28, 2012

PricewaterhouseCoopers LLP, 100 East Pratt Street, Suite 1900, Baltimore, MD 21202-1096
T: (410) 783 7600, F: (410) 783 7680, www.pwc.com/us

Sibley Memorial Hospital and Subsidiaries
Supplemental Combining Balance Sheet
as of June 30, 2012
(in thousands)

	Hospital	Grand Oaks	Medical Building	SMR Foundation	Eliminations	SMH Obligated Group	SMH Foundation	JBR Foundation	Eliminations	Combined Total
ASSETS										
Current assets										
Cash and cash equivalents	$ 17,357	$ 1,816	$ 582	$ -	$ -	$ 19,755	$ 609	$ -	$ -	$ 20,364
Short-term investments	7,141	-	-	-	-	7,141	476	-	-	7,617
Patient accounts receivable, net of estimated uncollectibles	29,168	-	-	-	-	29,168	-	-	-	29,168
Other receivables	6,401	1,702	147	-	-	8,250	-	-	-	8,250
Inventories	1,504	-	-	-	-	1,504	-	-	-	1,504
Prepaid expenses and other current assets	8,778	4	-	-	-	8,782	17	-	-	8,799
Interest receivable	1,287	-	-	-	-	1,287	-	-	-	1,287
Current portion of assets whose use is limited	2,482	-	-	-	-	2,482	-	-	-	2,482
Total current assets	74,118	3,522	729	-	-	78,369	1,102	-	-	79,471
Assets whose use is limited										
By long-term agreement for										
Debt service reserve funds	4,955	-	-	-	-	4,955	-	-	-	4,955
By donors or grantors for										
Pledges receivable	-	-	-	-	-	-	8,304	-	-	8,304
Other	6,536	-	-	-	-	6,536	20,663	-	-	27,199
By Board of Trustees	175,622			242,636	-	418,258	5,963	9,853		434,074
Beneficial interest in SMH and SMR Foundations	285,994	-	-	-	(242,636)	43,358	-	-	(43,358)	-
Other	1,963	-	-	-	-	1,963	-	-	-	1,963
Total assets whose use is limited	475,070	-	-	242,636	(242,636)	475,070	34,930	9,853	(43,358)	476,495
Investments										
Marketable securities	123,849	-	-	-	-	123,849	7,931	-	-	131,780
Joint ventures	3,187	-	-	-	-	3,187	-	-	-	3,187
Total investments	127,036	-	-	-	-	127,036	7,931	-	-	134,967
Property, plant, and equipment										
Cost basis	235,680	29,880	40,006	-	-	305,566	285	71	-	305,922
Accumulated depreciation	(21,855)	(2,317)	(639)	-	-	(24,811)	(4)	-	-	(24,815)
Total property, plant, and equipment	213,825	27,563	39,367	-	-	280,755	281	71	-	281,107
Other assets	6,000	-	5,279	-	-	11,279	-	-	-	11,279
Total assets	$ 896,049	$ 31,085	$ 45,375	$ 242,636	$ (242,636)	$ 972,509	$ 44,244	$ 9,924	$ (43,358)	$ 983,319

Sibley Memorial Hospital and Subsidiaries
Supplemental Combining Balance Sheet, continued
as of June 30, 2012
(in thousands)

	Hospital	Grand Oaks	Medical Building	SMR Foundation	Eliminations	SMH Obligated Group	SMH Foundation	JBR Foundation	Eliminations	Combined Total
LIABILITIES AND NET ASSETS										
Current liabilities										
Current portion of long-term debt	$ 2,482	$ -	$ -	$ -	$ -	$ 2,482	$ -	$ -	$ -	$ 2,482
Accounts payable and accrued expenses	10,404	110	284	-	-	10,798	-	-	-	10,798
Interest payable	1,158	-	-	-	-	1,158	-	-	-	1,158
Accrued payroll	8,268	160	-	-	-	8,428	34	-	-	8,462
Other current liabilities	5,547	2,568	216	-	-	8,331	-	-	-	8,331
Accrued vacation	8,892	5	-	-	-	8,897	66	-	-	8,963
Current portion of estimated contractual settlements	3,417	-	-	-	-	3,417	-	-	-	3,417
Current portion of malpractice	4,810	-	-	-	-	4,810	-	-	-	4,810
Due to affiliates	(570)	-	-	-	-	(570)	786	71	-	287
Total current liabilities	44,408	2,843	500	-	-	47,751	886	71	-	48,708
Long-term liabilities										
Long-term debt, net of current portion	109,884	-	-	-	-	109,884	-	-	-	109,884
Estimated contractual settlements, net of current portion	4,612	-	-	-	-	4,612	-	-	-	4,612
Estimated malpractice, net of current portion	8,416	-	-	-	-	8,416	-	-	-	8,416
Net pension liability	18,092	-	-	-	-	18,092	-	-	-	18,092
Other long-term liabilities	9,855	-	(716)	-	-	9,139	-	-	-	9,139
Total liabilities	195,267	2,843	(216)	-	-	197,894	886	71	-	198,851
Net assets										
Unrestricted										
General	489,253	28,242	45,591	-	-	563,086	8,424	-	(14,387)	557,123
Board designated	177,585	-	-	242,636	(242,636)	177,585	926	9,853	-	188,364
Funds functioning as endowment	-	-	-	-	-	-	5,037	-	-	5,037
Total unrestricted	666,838	28,242	45,591	242,636	(242,636)	740,671	14,387	9,853	(14,387)	750,524
Temporarily restricted	20,490	-	-	-	-	20,490	17,362	-	(17,362)	20,490
Permanently restricted	13,454	-	-	-	-	13,454	11,609	-	(11,609)	13,454
Total net assets	700,782	28,242	45,591	242,636	(242,636)	774,615	43,358	9,853	(43,358)	784,468
Total liabilities and net assets	$ 896,049	$ 31,085	$ 45,375	$ 242,636	$ (242,636)	$ 972,509	$ 44,244	$ 9,924	$ (43,358)	$ 983,319

Sibley Memorial Hospital and Subsidiaries
Supplemental Combining Statements of Operations and Changes in Net Assets
For the year ended June 30, 2012
(in thousands)

	Hospital	Grand Oaks	Medical Building	SMR Foundation	Eliminations	SMH Obligated Group	SMH Foundation	JBR Foundation	Eliminations	Combined Total
Operating revenue										
Net patient service revenue	$ 219,280	$ -	$ -	$ -	$ -	$ 219,280	$ -	$ -	$ -	$ 219,280
Resident revenue	-	18,796	-	-	-	18,796	-	-	-	18,796
Other revenue	11,477	-	1,857	-	(344)	12,990	1,163	-	-	14,153
Investment income	11,984	-	-	1,060	(1,300)	11,744	674	57	-	12,475
Change in the beneficial interest	861	-	-	-	(861)	-	-	-	-	-
Net assets released from restriction used for operations	1,934	-	-	-	-	1,934	358	-	-	2,292
Total operating revenue	245,536	18,796	1,857	1,060	(2,505)	264,744	2,195	57	-	266,996
Operating expenses										
Salaries, wages, and benefits	126,090	6,993	153	-	-	133,236	992	-	-	134,228
Purchased services	32,282	2,413	2,075	199	(145)	36,824	517	8	-	37,349
Supplies and other	40,787	2,131	47	-	(193)	42,772	289	-	-	43,061
Interest	4,857	-	1,300	-	(1,300)	4,857	-	-	-	4,857
Provision for bad debts	7,504	63	-	-		7,567	-	-	-	7,567
Depreciation and amortization	13,575	1,399	370	-		15,344	4	-	-	15,348
Total operating expenses	225,095	12,999	3,945	199	(1,638)	240,600	1,802	8	-	242,410
Income from operations	20,441	5,797	(2,088)	861	(867)	24,144	393	49	-	24,586
Net realized and changes in net unrealized gains on investments	4,109	-	-	(8,225)	-	(4,116)	(378)	(196)	-	(4,690)
Change in the beneficial interest	(8,225)	-	-	-	8,225	-	-	-	-	-
Excess of revenues over expenses	16,325	5,797	(2,088)	(7,364)	7,358	20,028	15	(147)	-	19,896
Other changes in unrestricted net assets										
Change in funded status of pension plan	(9,615)	-	-	-	-	(9,615)	-	-	-	(9,615)
Intercompany transfers	(52,184)	(6,835)	48,370	250,000	(249,994)	(10,643)	415	10,000	(415)	(643)
Change in the beneficial interest	15	-	-	-		15	-	-	(15)	-
Change in unrestricted net assets	(45,459)	(1,038)	46,282	242,636	(242,636)	(215)	430	9,853	(430)	9,638
Changes in temporarily restricted net assets										
Gifts, grants and bequests	157	-	-	-	-	157	6,396	-	-	6,553
Net assets released from restriction used for operations	(1,934)	-	-	-	-	(1,934)	(358)	-	-	(2,292)
Intercompany transfers	-	-	-	-	-	-	(654)	-	654	-
Change in the beneficial interest	6,038	-	-	-	-	6,038	-	-	(6,038)	-
Investment income	107	-	-	-	-	107	-	-	-	107
Change in temporarily restricted net assets	4,368	-	-	-	-	4,368	5,384	-	(5,384)	4,368
Changes in permanently restricted net assets										
Gifts, grants and bequests	87	-	-	-	-	87	1,003	-	-	1,090
Change in the beneficial interest	1,003	-	-	-	-	1,003	-	-	(1,003)	-
Change in permanently restricted net assets	1,090	-	-	-	-	1,090	1,003	-	(1,003)	1,090
Total change in net assets	$ (40,001)	$ (1,038)	$ 46,282	$ 242,636	$ (242,636)	$ 5,243	$ 6,817	$ 9,853	$ (6,817)	$ 15,096

Additional Data

Software ID:
Software Version:
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Name: LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES & MISSIONARIES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV DAVID A ARGO TRUSTEE	5 00	X						0	0	0
WILLIAM B BARTON ESQ VICE CHAIRMAN, TRUSTEE	5 00	X		X				0	0	0
GEOFFREY D BROWN TRUSTEE	5 00	X						0	0	0
J RENE CARTER TRUSTEE	5 00	X						0	0	0
CHARLES M COCHRAN JR TRUSTEE	5 00	X						0	0	0
PAUL R ERICKSON TRUSTEE	5 00	X						0	0	0
MICHAEL K FARR TRUSTEE	5 00	X						0	0	0
SAMUAL P HARRINGTON MD SECRETARY	5 00	X		X				0	0	0
BURKE F HAYES TRUSTEE	5 00	X						0	0	0
DALE H HOSCHEIT ESQ TRUSTEE	5 00	X						0	0	0
JOHN O MAY TRUSTEE	5 00	X						0	0	0
EDWARD J MILLER JR CHAIRMAN/TRUSTEE	5 00	X		X				0	0	0
A WALLACE MOORE JR TRUSTEE	5 00	X						0	0	0
RICHARD E MORRIS TREASURER	5 00	X		X				0	0	0
PRISCILLA I PAGANO TRUSTEE	5 00	X						0	0	0
CHARLES H ROSS TRUSTEE	5 00	X						0	0	0
THOMAS J SCHAEFER TRUSTEE	5 00	X						0	0	0
BISHOP JOHN R SCHOL TRUSTEE	5 00	X						0	0	0
ROBERT L SLOAN PRESIDENT & CEO	40 00	X		X				2,344,316	0	82,115
RONALD R PETERSON TRUSTEE/ CORP VICE CHAIRMAN	5 00	X		X				0	1,703,555	1,777,977
THOMAS H SULLIVAN TRUSTEE	5 00	X						0	0	0
CARL L SYLVESTER JR MD TRUSTEE	5 00	X						263,400	0	0
KIMBERLY H WALTON ESQ TRUSTEE	5 00	X						0	0	0
NILOO HOWE TRUSTEE	5 00	X						0	0	0
THOMAS M MASTERSON MD TRUSTEE, EX-OFFICIO	5 00	X						60,000	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON PERCY ROCKEFELLER TRUSTEE	5 00	X						0	0	0
STEPHEN C MCDONNELL SR VP, COO & CFO	40 00			X				494,484	0	70,897
JOAN VINCENT SR VP, PT CARE SVCS & CNO	40 00			X				643,977	0	83,527
ALISON ARNOTT VP SUPPORT SERVICES	40 00			X				150,898	0	21,539
QUEENIE PLATER VP & CHIEF HUMAN RESOURCES OFFICER	40 00			X				268,305	0	64,834
KENDA TAVAKOLI VP INFO RESOURCES & CIO	40 00			X				290,484	0	55,197
PETER PETRUCCI MD VP PATIENT SAFETY, QUALITY, MEDICAL AFFAIRS	40 00			X				260,872	0	24,425
CHRISTINE STUPPY VP BUS DEVEL & STRAT PLANNING	40 00			X				192,136	0	31,298
JEFFERY JOYNER VP PROFESSIONAL SERVICES	40 00			X				204,754	0	31,411
JEFFREY L LIN PHYSICIAN DIR GYN ONCOLOGY & SURGERY	40 00					X		720,801	0	47,478
REBECCA ZUURBIER PHYSICIAN DIR BREAST IMAGING	40 00					X		501,527	0	35,744
JERRY L PRICE VP REAL ESTATE & CONSTRUCTION	40 00					X		619,069	0	62,587
HASAN ZIA PHYSICIAN DIR INTENSIVE/ACUTE CARE	40 00					X		533,119	0	30,584
COLETTE M MAGNANT BREAST SURGEON	40 00					X		542,638	0	39,968
AUDRY CARTER FORMER KEY EMPLOYEE	40 00						X	214,475	0	25,549