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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code
WASHINGTON, DC 20016

D Employer identification number
53-0196602

E Telephone number
(202) 537-4000

G Gross receipts $ 777,309,602

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,275
6	Total number of volunteers (estimate if necessary)	**6**	339
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	281,778
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-20,138

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	132,290	965,264
9	Program service revenue (Part VIII, line 2g)	241,627,654	251,029,985
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,516,958	18,342,076
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,897,871	8,633,212
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,174,773	278,970,537
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,277,993	126,500
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)	135,621,710	139,236,439
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)	113,802,643	129,193,870
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	250,702,346	268,556,809
19	Revenue less expenses Subtract line 18 from line 12	12,472,427	10,413,728

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	996,154,414	1,257,181,497
21	Total liabilities (Part X, line 26)	146,230,274	325,771,692
22	Net assets or fund balances Subtract line 21 from line 20	849,924,140	931,409,805

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 — 2015-05-13 Date

▶ MARTIN BASSO RVP FINANCE & CFO
Type or print name and title

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	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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 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 $ 248,646,061 including grants of $ 126,500) (Revenue $ 262,688,165)

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, 2013 TO JUNE 30, 2014 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 2014, THE HOSPITAL PROVIDED CHARITY CARE TO MORE THAN 1,000 PATIENTS, INCURRING COSTS OVER $3 0 MILLION TOTAL BENEFITS AND UNCOMPENSATED COST OF CARE PROVIDED TO THE COMMUNITY EXCEEDED $6 9 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 11,000 PATIENTS IN 2014, AND PROVIDED OVER 56,000 DAYS OF INPATIENT CARE ADDITIONALLY, 3,400 NEW BABIES WERE DELIVERED AS WELL ON THE OUTPATIENT SIDE, OVER 29,000 PATIENTS WERE TREATED IN OUR 24/7 EMERGENCY ROOM, AND OVER 7,000 SURGICAL CASES WERE PERFORMED AND OVER 66,000 VISITS WERE MADE FOR 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** ▶ 248,646,061

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	Yes	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	150		
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	2,275		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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**	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	23		
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 this 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 ☐ Other (explain in Schedule O)

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

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

▶ MARTIN BASSO RVP FINANCE & CFO 5255 LOUGHBORO RD NW
WASHINGTON, DC 20016 (301) 896-2333

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,794,112	3,001,543	2,040,254

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 ▶ 195

			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
SURGICAL ANESTHESIA ASSOCIATES 7833 WALKER DRIVE STE 520 GREENBELT MD 20770	ANESTHESIA	295,379
LANGEVIN LARSEN HAMM & COHEN 5530 WISCONSIN AVE 930 CHEVY CHASE MD 20815	HEALTH CARE	289,288
CRICK LLC 32750 E 140TH WAY BRIGHTON CO 80603	CONSTRUCTION	207,619
WASHINGTON NEUROSURGICAL 5215 LOUGHBORO RD NW STE 510 WASHINGTON DC 20016	NEUROSURGERY	182,851
WADDI M ATTIA MD 504 GRAND CYPRESS CT SILVER SPRING MD 20905	PSYCHOLOGIST	152,993

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 ▶ 10

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	545,264			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	420,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		965,264			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	621990	222,705,639	222,705,639		
	b	ASSISTED LIVING	623000	19,278,544	19,278,544		
	c	PHYSICIAN BILLING	621990	6,222,376	6,222,376		
	d	MEDICAL OFFICE	621990	2,541,648	2,541,648		
	e	LAB REVENUE	621500	281,778		281,778	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		251,029,985			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,537,996			6,537,996
	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	509,907,378				
	b	Less cost or other basis and sales expenses	497,932,788	170,510			
	c	Gain or (loss)	11,974,590	-170,510			
	d	Net gain or (loss) . . . . . ▶			11,804,080	11,804,080	
Other Revenue	8a	Gross income from fundraising events (not including $ 545,264 of contributions reported on line 1c) See Part IV, line 18 . .	a	0			
	b	Less direct expenses . . .	b	0			
	c	Net income or (loss) from fundraising events . . ▶			0		
	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	371,645			
	b	Less cost of goods sold . .	b	235,767			
	c	Net income or (loss) from sales of inventory . . ▶			135,878	135,878	
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	4,538,659			4,538,659
	b	PARKING LOT	900099	1,872,702			1,872,702
	c	CAFETERIA/VENDING	900099	1,176,165			1,176,165
	d	All other revenue		909,808			909,808
	e	**Total.** Add lines 11a–11d . . . . . ▶		8,497,334			
	12	**Total revenue.** See Instructions . . . . . ▶		278,970,537	262,688,165	281,778	15,035,330

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	126,500	126,500		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	115,548,979	103,393,396	12,155,583	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,731,872	5,422,351	309,521	
9 Other employee benefits	9,929,358	9,393,172	536,186	
10 Payroll taxes	8,026,230	7,592,814	433,416	
11 Fees for services (non-employees)				
a Management	43,182	40,850	2,332	
b Legal	901,105	847,200	53,905	
c Accounting	21,000		21,000	
d Lobbying	144,812		144,812	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,364,316		1,364,316	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,259,014	27,085,532	1,173,482	
12 Advertising and promotion	1,136,210	881,467	254,743	
13 Office expenses	1,117,398	1,057,058	60,340	
14 Information technology	2,653,776	2,510,472	143,304	
15 Royalties . .				
16 Occupancy	5,214,730	4,933,134	281,596	
17 Travel	173,951	164,558	9,393	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	491,341	464,809	26,532	
20 Interest	3,411,688	3,201,052	210,636	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,141,707	19,033,686	1,108,021	
23 Insurance	6,133,333	6,133,333		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIRECT PATIENT SUPPLIES	37,643,436	37,643,436	0	
b OTHER SUPPLIES	10,069,323	9,682,058	387,265	
c PURCHASED SERVICES	7,448,873	6,253,120	1,195,753	
d PROVIDER TAX	2,310,546	2,310,546	0	
e All other expenses	514,129	475,517	38,612	
25 **Total functional expenses.** Add lines 1 through 24e	268,556,809	248,646,061	19,910,748	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		24,861,438	2	38,338,997
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		29,926,083	4	32,305,260
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,531,896	8	3,512,482
	9	Prepaid expenses and deferred charges		7,143,048	9	6,260,669
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 383,428,569			
	b	Less accumulated depreciation	10b 61,890,753	278,608,625	10c	321,537,816
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		153,847,810	12	171,088,185
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		498,235,514	15	684,138,088
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		996,154,414	16	1,257,181,497
Liabilities	17	Accounts payable and accrued expenses		28,387,984	17	27,645,816
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		70,549,654	20	69,031,564
	21	Escrow or custodial account liability Complete Part IV of Schedule D		365,945	21	357,474
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		46,926,691	25	228,736,838
	26	**Total liabilities.** Add lines 17 through 25		146,230,274	26	325,771,692
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		810,539,856	27	887,998,398
	28	Temporarily restricted net assets		24,430,638	28	28,457,761
	29	Permanently restricted net assets		14,953,646	29	14,953,646
		Organizations that do not follow SFAS 117 (ASC 958), 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		849,924,140	33	931,409,805
	34	Total liabilities and net assets/fund balances		996,154,414	34	1,257,181,497

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	278,970,537
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,556,809
3	Revenue less expenses Subtract line 2 from line 1	3	10,413,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	849,924,140
5	Net unrealized gains (losses) on investments	5	31,860,572
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	39,211,365
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	931,409,805

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 53-0196602

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV DAVID A ARGO TRUSTEE	5 00 10 00	X						0	0	0
WILLIAM B BARTON ESQ TRUSTEE/VICE CHAIRMAN	5 00 10 00	X		X				0	0	0
GEOFFREY D BROWN TRUSTEE	5 00 1 00	X						0	0	0
J RENE CARTER TRUSTEE	5 00 10 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 11 00	X						0	0	0
SAMUAL P HARRINGTON MD TRUSTEE/SECRETARY	5 00 10 00	X		X				0	0	0
BURKE F HAYES TRUSTEE	5 00	X						0	0	0
DALE H HOSCHEIT ESQ TRUSTEE	5 00 10 00	X						0	0	0
JOHN O MAY TRUSTEE	5 00	X						0	0	0
EDWARD J MILLER JR TRUSTEE/CHAIRMAN	5 00 21 00	X		X				0	0	0
RICHARD E MORRIS TRUSTEE/TREASURER	5 00 10 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
RONALD R PETERSON TRUSTEE/CORP VICE CHAIRMAN	5 00 55 00	X		X				0	1,980,826	1,418,697
THOMAS H SULLIVAN TRUSTEE	5 00	X						0	0	0
CARL L SYLVESTER JR MD TRUSTEE	5 00	X						0	0	0
KIMBERLY H WALTON ESQ TRUSTEE	5 00	X						0	0	0
NILOOFAR RAZI HOWE TRUSTEE	5 00 1 00	X						0	0	0
SHARON PERCY ROCKEFELLER TRUSTEE	5 00	X						0	0	0
RICHARD O DAVIS PRESIDENT/CEO/TRUSTEE	58 00 2 00	X		X				0	913,092	256,158
JOSHUA AMMERMAN MD TRUSTEE	5 00	X						0	0	0
RAMIN OSKOUI MD TRUSTEE	5 00	X						0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN C MCDONNELL SR VP & CFO	60 00			X				842,585	0	39,055
JOAN VINCENT SR VP, PT CARE SVCS & CNO	60 00			X				339,550	0	50,125
ALISON ARNOTT VP SUPPORT SERVICES	60 00			X				187,142	0	18,753
QUEENIE PLATER VP & CHIEF HR OFFICER	60 00			X				486,092	0	33,512
PETER PETRUCCI MD VP PT SAFETY, QUALITY & ME	60 00			X				0	0	0
CHRISTINE STUPPY VP BUS DEVEL & STRAT PL	60 00			X				224,216	0	17,554
JERRY L PRICE VP REAL ESTATE & CONSTRUCT	60 00			X				421,268	0	47,563
CAROLINE LEGARDE VICE PRESIDENT, PROF SERVICES	60 00			X				109,241	0	5,569
JEFFREY L LIN PHYSICIAN DIR GYN ONCOLOGY	40 00					X		771,518	0	36,167
REBECCA ZUURBIER PHYSICIAN DIR BREAST IMAG	40 00					X		525,027	0	26,285
HASAN ZIA PHYSICIAN DIR INTENSIVE/AC	40 00					X		527,931	0	29,953
COLETTE M MAGNANT BREAST SURGEON	40 00					X		682,874	0	24,485
THOMAS FLEURY CHIEF LAB SERVICES	40 00					X		444,395	0	21,267
ROBERT L SLOAN FORMER PRESIDENT & CEO/TRU	0 00 10 00						X	12,636	107,625	0
KENDA TAVAKOLI FORMER VP, INFO RESOURCES & CIO	60 00						X	219,637	0	15,111

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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2013

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

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

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

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

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

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

Name of 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		54,812
j	Total Add lines 1c through 1i			144,812
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 carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	DIRECT CONTACT SIBLEY MEMORIAL HOSPITAL RETAINS LEGAL COUNSEL TO PERFORM LOBBYING ACTIVITIES ON ITS BEHALF THE LOBBYING ACTIVITIES RELATE TO PRESERVING AND PROTECTING THE HOSPITAL'S INTERESTS WITH REGARDS TO MATTERS AFFECTING HEALTH CARE AND HEALTH FACILITIES OTHER ACTIVITIES SIBLEY MEMORIAL HOSPITAL PAID $28,490 DURING THE FISCAL YEAR ENDED JUNE 30, 2014 TO THE DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION FOR LOBBYING PURPOSES AS PART OF THE ANNUAL DUES SIBLEY MEMORIAL HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION $26,322 DURING THE FISCAL YEAR ENDED JUNE 30, 2014 TO SUPPORT THEIR LOBBYING ACTIVITIES THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,500,000		50,500,000
b Buildings		206,326,102	29,175,492	177,150,610
c Leasehold improvements		349,044	14,832	334,212
d Equipment		64,913,622	32,600,681	32,312,941
e Other		61,339,801	99,748	61,240,053
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				321,537,816

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) JOINT VENTURES	3,135,533	F
(B) OTHER SECURITIES	167,952,652	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	171,088,185	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	6,548,023
(2) INTEREST RECEIVABLE	897,578
(3) OTHER ASSETS	8,508,017
(4) BENEFICIAL INTEREST IN SIBLEY MEMORIAL HOSPITAL FDN	346,040,227
(5) DUE FROM AFFILIATES	4,630,192
(6) LIMITED USE ASSETS	317,514,051
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	684,138,088

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ALLOW FOR MALPRACTICE CLAIMS	10,324,852
ESTIMATED THIRD PARTY SETTLE	6,663,896
DEFERRED PENSION OBLIGATION	6,103,000
MISCELLANEOUS LIABILITIES	15,484,999
INTEREST PAYABLE	972,640
DEFERRED COMPENSATION	770,470
DUE TO AFFILIATES	188,416,981
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	228,736,838

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

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, 2014, THE MARKET VALUE OF THE ASSETS INCREASED BY $267,206
PART X, LINE 2	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 THERE WAS NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2014 AND 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
53-0196602

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 RIDE TO CONQUER CANCER (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	545,264			545,264
	2 Less Contributions	545,264			545,264
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
53-0196602

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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 financial assistance expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,019,687	0	3,019,687	1 120 %
b Medicaid (from Worksheet 3, column a)			5,949,145	3,076,964	2,872,181	1 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			8,968,832	3,076,964	5,891,868	2 190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			791,034	40,593	750,441	0 280 %
f Health professions education (from Worksheet 5)			1,469,365	250,735	1,218,630	0 450 %
g Subsidized health services (from Worksheet 6)			4,880,306	0	4,880,306	1 820 %
h Research (from Worksheet 7)			1,365,735	199,475	1,166,260	0 430 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			431,177	0	431,177	0 160 %
j **Total.** Other Benefits			8,937,617	490,803	8,446,814	3 140 %
k **Total.** Add lines 7d and 7j			17,906,449	3,567,767	14,338,682	5 330 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			0	0		
2	Economic development			0	0		
3	Community support			187,762	0	187,762	0 070 %
4	Environmental improvements			0	0		
5	Leadership development and training for community members			157,497	0	157,497	0 060 %
6	Coalition building			0	0		
7	Community health improvement advocacy			0	0		
8	Workforce development			0	0		
9	Other			0	0		
10	**Total**			345,259		345,259	0 130 %

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 Explain in Part VI the methodology used by the organization to estimate this amount	2	8,743,655		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	53,144,015		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,566,678		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,422,663		
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SIBLEY MEMORIAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report 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 the community health 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 CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW SIBLEY ORG/COMMUNITY/			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	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 ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		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 Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	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)			

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

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	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

Form and Line Reference	Explanation
PART I, LINE 7G	THERE ARE NO COSTS REPORTED THAT ARE ATTRIBUTABLE TO A PHYSICIANS CLINIC

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	SIBLEY MEMORIAL HOSPITAL'S (SMH) COMMUNITY BUILDING ACTIVITIES PROMOTE WORKFORCE DEVELOPMENT BY OFFERING CAREER MENTORING PROGRAMS OF IT AND PROFESSIONAL SERVICES THE HOSPITAL ALSO 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 HOSPITAL'S 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

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS

Form and Line Reference	Explanation
PART III, LINE 3	SMH DOES NOT REPORT AN ESTIMATE FOR THE PORTION OF BAD DEBT EXPENSE THAT MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY SMH TAKES THE POSITION THAT AMPLE OPPORTUNITY AND ASSISTANCE IS PROVIDED TO THE PATIENT TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY IF SUFFICIENT INFORMATION IS NOT PROVIDED, THEN SMH MUST ASSUME THE PATIENT DOES NOT QUALIFY

Form and Line Reference	Explanation
PART III, LINE 4	SMH AUDITED FINANCIAL STATEMENTS PAGES 13

Form and Line Reference	Explanation
PART III, LINE 8	SIBLEY MEMORIAL HOSPITAL TREATS PATIENTS WITH MANY INSURANCE CARRIERS HOWEVER, SMH'S MEDICARE INPATIENT VOLUME IS AMONG THE HIGHEST RATIO AMONG 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

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 2	IN ORDER TO MAXIMIZE THE EFFECTIVENESS OF COMMUNITY WORK, SMH ELECTED TO COLLABORATE WITH FOUR OTHER DISTRICT OF COLUMBIA HOSPITALS AND TWO FEDERAL QUALIFIED HEALTH CLINICS THE COLLABORATIVE, NAMED THE D C HEALTHY COMMUNITIES COLLABORATIVE (DHCC) CONTRACTED WITH RAND HEALTH TO PERFORM THE COMMUNITY HEALTH NEEDS ASSESSMENT SECONDARY DATA WAS 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

Form and Line Reference	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 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 WILL COMMUNICATE THE CONTENTS OF THE POSTED NOTICE TO ANY PERSON WHO SIBLEY HAS REASON TO BELIEVE CANNOT READ THE NOTICE

Form and Line Reference	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 646,449 OF WHICH 52 63% WERE MALES AND 47 37% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $67,750, 8 7% OF RESIDENTS ARE UNINSURED, 35 0% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 15 11% 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

Form and Line Reference	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 THERE ARE SEVERAL ONGOING SUPPORT GROUPS THAT MEET REGULARLY EXISTING AND NEW MEMBERS ARE STRONGLY ENCOURAGED TO ATTEND SUPPORT GROUPS FOR BOTH THE PERSON WITH THE ILLNESS AND THE CARE PARTNER ARE PROVIDED FOR PARKINSONS, OSTOMY, CARDIAC IMPLANT, AND STROKE SUPPORT GROUPS FOR THE PERSON FACING A CHRONIC DISEASE ARE PROVIDED FOR ARTHRITIS, CARDIAC IMPLANT, LYME DISEASE, MACULAR DEGENERATION, AND MYOTONIC DYSTROPHY THE SUPPORT GROUP, CLUB MEMORY PROVIDES SUPPORT GROUPS AND SOCIAL ENGAGEMENT FOR PERSONS WITH MEMORY IMPAIRING ILLNESSES AND THEIR CARE PARTNER, WHICH SERVES PERSONS BOTH IN AND OUTSIDE SIBLEYS PRIMARY SERVICE AREA 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 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

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	DC

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SIBLEY MEMORIAL HOSPITAL	
SIBLEY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 4 THE OTHER HOSPITAL FACILITIES WITH WHICH SMH CONDUCTED ITS CHNA ARE A)CHILDREN'S NATIONAL MEDICAL CENTERB)HOWARD UNIVERSITY HOSPITALC) PROVIDENCE HOSPITAL D)COMMUNITY OF HOPE, DCE)UNITY HEALTH CARE, INC F)BREAD FOR THE CITY
SIBLEY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 20D 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 PR OVIDED FREE CARE WHEN PATIENT INCOME IS 200% OF FPL OR LOWER SINCE AN FAP-ELIGIBLE PATIEN T IS NOT CHARGED FOR THEIR CARE THERE IS NO CALCULATION MADE FOR THE MAXIMUM AMOUNT THEY C AN BE CHARGED FOR PATIENTS WITH INCOME AT 300% TO 400% OF FPL, THE AMOUNTS GENERALLY BILL ED TO INDIVIDUALS WITH INSURANCE, THE AGB WILL BE CALCULATED USING THE LOOK BACK METHOD WH ICH IS DEFINED AS ALL CLAIMS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT HAVE BE EN PAID IN FULL TO THE HOSPITAL BY MEDICARE AND ALL PRIVATE HEALTH INSURERS TOGETHER AS TH E PRIMARY PAYERS OF THESE CLAIMS, IN EACH CASE TAKING INTO ACCOUNT AMOUNTS PAID TO THE HOS PITAL IN THE FORM OF COINSURANCE OR DEDUCTIBLES

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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**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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 BIOLOGY 3601 SPRUCE STREET PHILADELPHIA,PA 19104	23-6434390	501(C)(3)	100,000				RESEARCH
(2) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N-4327B BALTIMORE,MD 21211	52-0595110	501(C)(3)	5,000				GENERAL SUPPORT
(3) IONA SENIOR SERVICES 4125 ALBERMARLE STREET NW WASHINGTON,DC 20016	52-1039553	501(C)(3)	5,000				GENERAL SUPPORT
(4) DC CHAMBER OF COMMERCE 506 9TH STREET NW WASHINGTON,DC 20004	23-7158230	501(C)(6)	15,000				GENERAL SUPPORT

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

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

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

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

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

Return Reference	Explanation
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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	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 $1,349,219 00 AND RICHARD DAVIS $175,764 08 THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN WITH THE RELATED ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND RECEIVED PAYMENT, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEAR'S FORMS 990 RICHARD DAVIS $177,680 58 THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN WITH SIBLEY MEMORIAL HOSPITAL AND RECEIVED PAYMENT, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEAR'S FORMS 990 STEPHEN MCDONNELL $298,727 40 AND QUEENIE PLATER $192,958 23

Additional Data

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				
RONALD R PETERSON TRUSTEE/CORP VICE CHAIRMAN	(I)	0	0	0	0	0	0	0
	(II)	1,296,286	504,543	179,997	1,394,743	23,954	3,399,523	0
RICHARD O DAVIS PRESIDENT/CEO/TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	452,662	189,169	271,261	235,648	20,510	1,169,250	0
STEPHEN C MCDONNELL SR VP & CFO	(I)	441,936	399,959	690	21,597	17,458	881,640	0
	(II)	0	0	0	0	0	0	0
JOAN VINCENT SR VP, PT CARE SVCS & CNO	(I)	278,757	48,423	12,370	33,500	16,625	389,675	0
	(II)	0	0	0	0	0	0	0
ALISON ARNOTT VP SUPPORT SERVICES	(I)	157,017	30,000	125	12,971	5,782	205,895	0
	(II)	0	0	0	0	0	0	0
QUEENIE PLATER VP & CHIEF HR OFFICER	(I)	250,064	42,559	193,469	24,940	8,572	519,604	0
	(II)	0	0	0	0	0	0	0
CHRISTINE STUPPY VP BUS DEVEL & STRAT PL	(I)	188,234	35,721	261	8,383	9,171	241,770	0
	(II)	0	0	0	0	0	0	0
JERRY L PRICE VP REAL ESTATE & CONSTRUCT	(I)	349,179	70,109	1,980	39,142	8,421	468,831	0
	(II)	0	0	0	0	0	0	0
JEFFREY L LIN PHYSICIAN DIR GYN ONCOLOGY	(I)	631,873	137,557	2,088	25,993	10,174	807,685	0
	(II)	0	0	0	0	0	0	0
REBECCA ZUURBIER PHYSICIAN DIR BREAST IMAG	(I)	451,298	69,193	4,536	13,735	12,550	551,312	0
	(II)	0	0	0	0	0	0	0
HASAN ZIA PHYSICIAN DIR INTENSIVE/AC	(I)	485,872	40,899	1,160	13,311	16,642	557,884	0
	(II)	0	0	0	0	0	0	0
COLETTE M MAGNANT BREAST SURGEON	(I)	561,864	119,720	1,290	22,883	1,602	707,359	0
	(II)	0	0	0	0	0	0	0
THOMAS FLEURY CHIEF LAB SERVICES	(I)	442,415	0	1,980	19,998	1,269	465,662	0
	(II)	0	0	0	0	0	0	0
ROBERT L SLOAN FORMER PRESIDENT & CEO/TRU	(I)	12,636	0	0	0	0	12,636	0
	(II)	107,625	0	0	0	0	107,625	0
KENDA TAVAKOLI FORMER VP, INFO RESOURCES & CIO	(I)	200,613	15,000	4,024	5,800	9,311	234,748	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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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2013

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,010,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	62,798,209			
4	Gross proceeds in reserve funds	4,955,495			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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			

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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 of bond-financed property?	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							
c	Are there any research agreements that may result in private business use of bond-financed property?		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 ▶								
6	Total of lines 4 and 5		0 310 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III LINES 7-9	THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
53-0196602

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	
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 APPROPRIATE 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
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICE PROGRAM SERVICE EXPENSES 27,085,532 MANAGEMENT AND GENERAL EXPENSES 1,173,482 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 28,259,014
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN FOUNDATION 49,568,127 COLONIAL REGIONAL ALLIANCE K-1 -16,293 ROCKVILLE IMAGING K-1 31,170 CHEVY CHASE IMAGING K-1 118,675 CHANGE IN MINIMUM PENSION LIABILITY -3,278,137 NET ASSETS RELEASED 829,821 INTERCOMPANY TRANSFERS -8,041,998

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(2) SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD 20874 56-2296930	REAL ESTATE	MD	N/A									
(3) GCM SURBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A									
(4) ROCKVILLE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A									
(5) 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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
(8) 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
(9) 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	
(10) 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	
(11) 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	
(12) 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
(13) 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
(14) 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
(15) 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
(16) 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
(17) 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
(18) 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
(19) 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 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
(1) ALL CHILDREN'S HEALTH SYSTEM INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C					No
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C					No
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
JOHNS HOPKINS EMPLOYER HEALTH PROGRAM 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
SLEEP SERVICES OF AMERICA INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 23-2833187	SLEEP SERVICES	PA	N/A	C					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE JANE BANCROFT ROBINSON FOUNDATION	B	8,581,163	FMV
THE JANE BANCROFT ROBINSON FOUNDATION	C	100,000	FMV
THE JANE BANCROFT ROBINSON FOUNDATION	O	32,541	FMV
THE STACY MARK REED FOUNDATION	C	17,605,755	FMV
SIBLEY MEMORIAL HOSPITAL FOUNDATION	M	4,865,389	FMV
SIBLEY MEMORIAL HOSPITAL FOUNDATION	R	25,469	FMV
SIBLEY MEMORIAL HOSPITAL FOUNDATION	S	1,667,297	FMV

Sibley Memorial Hospital and Subsidiaries

Combined Financial Statements and Combining Supplementary Information
June 30, 2014 and 2013

Sibley Memorial Hospital and Subsidiaries
Index
June 30, 2014 and 2013

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Independent Auditor's Report

To the Board of Trustees of
Sibley Memorial Hospital and Subsidiaries

We have audited the accompanying combined financial statements of Sibley Memorial Hospital and Subsidiaries (the "Organization"), which comprise the combined balance sheets as of June 30, 2014 and 2013, and the related combined statements of operations and changes in net assets, and cash flows for the years then ended

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the combined financial statements based on our audits We conducted our audits 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 combined financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, we consider internal control relevant to the Organization's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Organization at June 30, 2014 and 2013, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

PricewaterhouseCoopers LLP

September 25, 2014

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 Sheets
June 30, 2014 and 2013

(in thousands)	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 39,748	$ 20,472
Short-term investments	1,239	7,199
Patient accounts receivable, net of $4,425 and $6,293 estimated uncollectibles	32,305	29,926
Other receivables	6,548	3,010
Inventories	3,512	3,532
Prepaid expenses and other current assets	6,287	7,169
Interest receivable	898	1,016
Due from affiliates	4,200	-
Current portion of assets whose use is limited for long-term debt payments	1,050	1,010
Total current assets	95,787	73,334
Assets whose use is limited		
By long-term agreement for future campus development	125,256	-
By long-term agreement for debt service reserve funds	4,955	4,955
By donors or grantors for		
Pledges receivable	10,894	10,212
Other	36,940	31,012
By Board of Trustees	495,251	437,935
Total assets whose use is limited	673,296	484,114
Investments		
Marketable securities	177,625	158,964
Joint ventures	3,136	3,255
Total investments	180,761	162,219
Property, plant, and equipment		
Cost basis	383,627	321,532
Less Accumulated depreciation	(61,905)	(42,581)
Total property, plant, and equipment, net	321,722	278,951
Estimated malpractice recoveries, net of current portion	2,518	5,687
Due from affiliates, net of current portion	430	-
Other assets	5,990	6,172
Total assets	$ 1,280,504	$ 1,010,477

The accompanying notes are an integral part of these combined financial statements

Sibley Memorial Hospital and Subsidiaries
Combined Balance Sheets
June 30, 2014 and 2013

(in thousands)	2014	2013
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	$ 1,050	$ 1,010
Accounts payable and accrued liabilities	11,058	10,108
Interest payable	973	983
Accrued payroll	8,948	9,216
Other current liabilities	6,906	5,374
Accrued vacation	8,442	9,255
Current portion of estimated contractual settlements	1,774	2,594
Current portion of estimated malpractice costs	4,936	5,798
Due to affiliates	2,651	1,813
Total current liabilities	46,738	46,151
Long-term liabilities		
Long-term debt, net of current portion	67,982	69,539
Due to affiliates, net of current portion	188,095	-
Estimated contractual settlements, net of current portion	4,890	5,372
Estimated malpractice costs, net of current portion	5,388	8,247
Net pension liability	6,103	8,654
Other long-term liabilities	9,082	11,376
Total liabilities	328,278	149,339
Net assets		
Unrestricted	908,814	821,753
Temporarily restricted	28,458	24,431
Permanently restricted	14,954	14,954
Total net assets	952,226	861,138
Total liabilities and net assets	$ 1,280,504	$ 1,010,477

The accompanying notes are an integral part of these combined financial statements

Sibley Memorial Hospital and Subsidiaries
Combined Statements of Operations and Changes in Net Assets
Years Ended June 30, 2014 and 2013

(in thousands)	2014	2013
Operating revenues		
Net patient service revenue before bad debts expense	$ 231,731	$ 221,360
Provision for bad debts expense	8,744	8,409
Net patient service revenue	222,987	212,951
Resident revenue	19,278	19,716
Other revenue	19,295	14,771
Investment income	12,039	12,789
Net assets released from restriction used for operations	1,013	1,488
Total operating revenues	274,612	261,715
Operating expenses		
Salaries, wages, and benefits	140,317	136,680
Purchased services	58,977	51,047
Supplies and other	49,303	43,648
Interest	3,412	4,065
Depreciation and amortization	20,157	17,759
Total operating expenses	272,166	253,199
Income from operations	2,446	8,516
Net realized and changes in net unrealized gains on investments	87,893	59,513
Excess of revenues over expenses	90,339	68,029
Other changes in unrestricted net assets		
Transfers to affiliates	-	(690)
Change in funded status of defined benefit pension plan	(3,278)	3,890
Increase in unrestricted net assets	87,061	71,229
Changes in temporarily restricted net assets		
Gifts, grants, and bequests	4,423	4,912
Net assets released from restriction used for operations	(1,013)	(1,488)
Investment income	617	517
Increase in temporarily restricted net assets	4,027	3,941
Changes in permanently restricted net assets		
Gifts, grants, and bequests	-	1,500
Increase in permanently restricted net assets	-	1,500
Total increase in net assets	91,088	76,670
Net assets		
Beginning of year	861,138	784,468
End of year	$ 952,226	$ 861,138

The accompanying notes are an integral part of these combined financial statements

Sibley Memorial Hospital and Subsidiaries
Combined Statements of Cash Flows
Years Ended June 30, 2014 and 2013

(in thousands)	2014	2013
Operating activities		
Change in net assets	$ 91,088	$ 76,670
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities		
Depreciation and amortization	20,157	17,759
Provision for bad debts	8,744	8,409
Net realized and changes in net unrealized (gains) on investments	(87,893)	(59,513)
Change in funded status of defined benefit pension plan	3,278	(3,890)
Proceeds from restricted contributions	(1,464)	(1,049)
Return on equity method investments	(952)	(1,459)
Transfers to affiliate	-	690
Other operating activities	(338)	(1,128)
Changes in assets and liabilities		
Patient accounts receivable	(11,123)	(9,167)
Inventories of supplies, prepaid expenses, and other current assets	(3,500)	3,601
Pledges receivable	(682)	(1,908)
Other noncurrent assets	182	(893)
Accounts payable, accrued liabilities, and accrued vacation	(223)	(201)
Due to from affiliates, net	(3,792)	1,526
Estimated contractual settlements	(1,302)	(63)
Estimated malpractice	430	2,644
Accrued pension benefit costs	(5,829)	(5,548)
Other long-term liabilities	(2,294)	229
Net cash and cash equivalents provided by operating activities	4,487	26,709
Investing activities		
Purchases of property, plant, and equipment	(61,484)	(16,215)
Returns of equity method investments	1,071	1,391
Purchases of investment securities	(728,504)	(560,475)
Sales of investment securities	615,156	588,983
Net cash and cash equivalents (used in) provided by investing activities	(173,761)	13,684
Financing activities		
Proceeds from restricted contributions	1,464	1,049
Repayment of long-term debt	(1,009)	(40,644)
Advances on notes receivable	188,095	
Transfer to affiliate	-	(690)
Net cash and cash equivalents provided by (used in) financing activities	188,550	(40,285)
Increase in cash and cash equivalents	19,276	108
Cash and cash equivalents		
Beginning of year	20,472	20,364
End of year	$ 39,748	$ 20,472

The accompanying notes are an integral part of these combined 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 nonstock, nonprofit 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 nonstock, nonprofit 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 2014 and 2013, SMRF transferred $17 6 million and $8 0 million to the Hospital, respectively This amount is classified as assets whose use is limited by the Board of Trustees in the accompanying Combined Balance Sheets

The Jane Bancroft Robinson Foundation, Inc ("JBRF") was incorporated on November 1, 2010 as a nonstock, nonprofit 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 2014 and 2013, the Hospital transferred $8 2 million and $319 thousand to JBRF, respectively 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 ("JHHSC") 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 Sheets 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 and Changes in Net Assets as investment income As of June 30, 2014 and 2013, 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 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 Sheets 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 Sheets 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 years, 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

Nonoperating 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, 3 to 40 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 nonoperating section

of the Combined 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 years ended June 30, 2014 and 2013

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 receivable 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 Combined Statements of Operations

Annuity payment liabilities are included in other current and long-term liabilities on the Combined Balance Sheets Current annuity payment liabilities were $357 thousand and $365 thousand for the years ended June 30, 2014 and 2013 Long-term annuity payment liabilities were $1 8 million and $1 9 million as of June 30, 2014 and 2013, respectively Contribution revenue recognized under these agreements was $0 for the years ended June 30, 2014 and 2013 Changes in the fair value of charitable gift annuities for the years ended June 30, 2014 and 2013 included unrealized gains of $314 thousand and $277 thousand, respectively, and are recognized in net realized and changes in net unrealized gains 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, 2014 and 2013

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 2010 fiscal years 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 There was no impact on the Organization's financial statements during the years ended June 30, 2014 and 2013

New Accounting Standards. In October 2012, FASB issued ASU 2012-05, *"Statement of Cash Flows (Topic 230) – Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets,"* including an amendment to ASC 230, *"Statement of Cash Flows."* The amendment requires, with certain exception, a not-for-profit entity to classify in the statement of cash flows cash received from donated financial assets as an operating activity if those donated financial instruments were directed without any imposed limitations for sale and were converted nearly immediately into cash The Organization applied the provisions of ASU 2012-05 in fiscal years beginning after June 15, 2013

Reclassification. Certain 2013 amounts have been reclassified to conform to the 2014 combined financial statement presentation

2. Net Patient Service Revenue and Resident Revenue

The Hospital has agreements with third-party payors 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, resulting in open Medicare cost reports for 2009-2013

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 and health maintenance organizations 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 rates per procedure

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 and $2 3 million of direct and indirect costs were attributable to providing services to charity patients for the years ended June 30, 2014 and 2013, respectively 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 June 2013, the Hospital modified its financial assistance policy to provide financial assistance to individuals at or below 400% of the poverty level established by the Federal government Prior to June 2013, the Hospital provided additional discounts on a sliding scale for patients who submitted charity care applications, demonstrated financial need, but had a family income of greater than

twice the poverty line The additional sliding scale discounts extended were approximately $0 thousand and $292 thousand for the years ended June 30, 2014 and 2013, respectively These discounts are classified as administrative adjustments, and not included in charges written-off for charity care

Patient accounts receivable are reported net of estimated allowances for uncollectible accounts and contractual adjustments in the accompanying combined financial statements The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the Hospitals uninsured patients will be unable or unwilling to pay for the services provided Thus, a significant provision for bad debts is recorded related to uninsured patients in the period services are provided Management continuously assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience and payment trends by payor classification

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2014 from these major payor sources is as follows (in thousands)

	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	$ 222,300	$ 9,431	$ 231,731

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2013 from these major payor sources is as follows (in thousands)

	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	$ 211,731	$ 9,629	$ 221,360

The Hospital grants credit without collateral to its patients, most of whom are local residents insured under third-party payer agreements The mix of gross accounts receivable from patients and third-party payers is as follows at June 30, 2014 and 2013

	2014	2013
Accounts receivable		
Other third-party payers	32 0 %	29 6 %
Medicare	31 7	30 9
Blue Cross	23 1	21 6
Self-pay	9 3	14 5
Medicaid	3 9	3 4
	100 0 %	100 0 %

The mix of gross patient service revenue is as follows at June 30, 2014 and 2013

	2014	2013
Gross charges		
Medicare	38 2 %	39 3 %
Blue Cross	29 2	28 8
Other third-party payers	26 5	25 7
Self-pay	4 1	4 3
Medicaid	2 0	1 9
	100 0 %	100 0 %

3. Pledges Receivable

At June 30, 2014 and 2013, pledges receivable were $10 9 million and $10 2 million, net of an allowance for uncollectible pledges of $50 thousand and $50 thousand and a discount of $811 thousand and $1 1 million, respectively Such amounts have been discounted at rates ranging from 11% to 3 52% The payment terms of the pledges receivable less the uncollectible pledges and discount at June 30, 2014 and 2013, are as follows (in thousands)

	2014			
	1 Year	2–5 Years	>5 Years	Totals
Purchase of property, plant, and equipment	$ 1,446	$ 5,188	$ 1,399	$ 8,033
Health care services	398	874	1,303	2,575
Health, education, and counseling	206	10	63	279
Indigent care	2	5	-	7
	$ 2,052	$ 6,077	$ 2,765	$ 10,894

	2013			
	1 Year	2–5 Years	>5 Years	Totals
Purchase of property, plant, and equipment	$ 948	$ 5,726	$ 1,310	$ 7,984
Health care services	149	335	1,278	1,762
Health, education, and counseling	204	213	-	417
Indigent care	49	-	-	49
	$ 1,350	$ 6,274	$ 2,588	$ 10,212

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, 2014 and 2013 grouped by hierarchy level (in thousands)

	2014		
	Level 1	Level 2	Total
Cash and cash equivalents (1)	$ 53,458	$ -	$ 53,458
Certificates of deposit (1)	-	582	582
U S Treasuries (2)	-	222,058	222,058
Corporate bonds (2)	-	77,051	77,051
Asset-backed securities (2)	-	34,523	34,523
Equities, equity funds and other (3)	388,529	105,863	494,392
	$ 441,987	$ 440,077	$ 882,064

	2013		
	Level 1	Level 2	Total
Cash and cash equivalents (1)	$ 47,604	$ -	$ 47,604
Certificates of deposit (1)	-	579	579
U S Treasuries (2)	-	109,366	109,366
Corporate bonds (2)	-	57,269	57,269
Asset-backed securities (2)	-	25,621	25,621
Equities, equity funds and other (3)	363,740	57,368	421,108
	$ 411,344	$ 250,203	$ 661,547

(1) Cash and cash equivalents includes investments with original maturities of three months or less, including money market funds, overnight investments and certificates of deposits Certificates of deposit that have original maturities greater than three months are considered short-term investments Certificates of deposit are carried at amortized cost, which approximates fair value and render the investments level 2 Money market funds and overnight investments are rendered level 1 due to their frequent pricing and liquidity

(2) For investments in U S Treasuries (notes, bonds and bills), 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 Accordingly, these investments are rendered level 2

(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 Organization did not have any financial instruments classified at level 3 as of June 30, 2014 and 2013 and there were no transfers between levels 1 and 2 during 2014 and 2013 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, rendered level 2 based on quoted market prices for the same or similar issues, was approximately $69 4 million and $69 6 million as of June 30, 2014 and 2013, respectively

Financial instruments are reflected in the Combined Balance Sheets as of June 30, 2014 and 2013 as follows

(in thousands)	2014	2013
Cash and cash equivalents measured at fair value	$ 53,458	$ 47,604
Cash equivalents included in assets whose use is limited	(13,710)	(27,132)
Total cash and cash equivalents	$ 39,748	$ 20,472
Short and long term investments measured at fair value	$ 178,864	$ 166,163
Investments accounted for under equity and cost method	3,136	3,255
Total short and long-term investments	$ 182,000	$ 169,418
Assets whose use is limited measured at fair value	$ 649,742	$ 447,780
Cash equivalents included in assets whose use is limited	13,710	27,132
Pledges receivable	10,894	10,212
Total assets whose use is limited	$ 674,346	$ 485,124

5. Investments and Assets Whose Use is Limited

Investments (short and long-term) and assets whose use is limited as of June 30, 2014 and 2013 consisted of the following

(in thousands)	ST & LT Investments	ST & LT AWUIL	Total
Cash equivalents	$ -	$ 13,710	$ 13,710
Certificates of deposit	582	-	582
U S Treasuries	24,867	197,191	222,058
Corporate bonds	19,377	57,674	77,051
Asset-backed securities	8,732	25,792	34,524
Equities, equity funds and other	125,306	369,085	494,391
Investments in affiliates	3,136	-	3,136
Pledges receivable	-	10,894	10,894
	$ 182,000	$ 674,346	$ 856,346

	2013		
(in thousands)	ST & LT Investments	ST & LT AWUIL	Total
Cash equivalents	$ -	$ 27,132	$ 27,132
Certificates of deposit	579	-	579
U S Treasuries	32,529	76,837	109,366
Corporate bonds	14,460	42,809	57,269
Asset-backed securities	6,574	19,048	25,622
Equities, equity funds and other	112,021	309,086	421,107
Investments in affiliates	3,255	-	3,255
Pledges receivable	-	10,212	10,212
	$ 169,418	$ 485,124	$ 654,542

As of June 30, 2014 and 2013, approximately $655 4 million and $581 2 million of the Organization's investments are held in a pooled investment fund (the pooled fund), respectively 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 years ended June 30, 2014 and 2013

(in thousands)	2014	2013
Realized gains and losses	$ 27,486	$ 18,989
Unrealized gains and losses	60,407	40,524
	87,893	59,513
Interest and dividends	11,087	11,330
Investment manager fees, included in the balance of purchased services	(2,637)	(2,554)
	96,343	68,289
Income from equity and cost method investments	952	1,459
	$ 97,295	$ 69,748

Investments recorded under the cost and equity methods as of June 30, 2014 and 2013 consisted of the following

(in thousands)

Entity	Cost/Equity	Percentage	2014	2013
Potomac Home Health Agency, Inc	Equity	50 %	$ 1,083	$ 1,323
Potomac Home Support, Inc	Equity	50 %	1,471	1,262
Rockville Imaging, LLC	Equity	27 %	158	195
Chevy Chase Imaging, LLC	Equity	40 %	277	327
Colonial Regional Alliance	Cost	< 1 %	147	148
			$ 3,136	$ 3,255

6. Property, Plant, and Equipment

Property, plant, and equipment and accumulated depreciation and amortization consisted of the following as of June 30, 2014 and 2013

	2014		2013	
(in thousands)	Cost	Accumulated Depreciation and Amortization	Cost	Accumulated Depreciation and Amortization
Land and land improvements	$ 52,178	$ 708	$ 52,178	$ 519
Buildings and improvements	197,438	28,461	194,719	18,778
Fixed and movable equipment	66,244	32,736	58,913	23,284
Construction in progress	67,767	-	15,722	-
	$ 383,627	$ 61,905	$ 321,532	$ 42,581

Accruals for purchases of property, plant and equipment as of June 30, 2014 and 2013 amounted to $2 0 million and $348 thousand, respectively, and are included in accounts payable and other current liabilities in the Combined Balance Sheets Depreciation and amortization expense was approximately $20 2 million and $17 8 million for the years ended June 30, 2014 and 2013, respectively

7. Long-Term Debt

Long-term debt as of June 30, 2014 and 2013 are summarized as follows

	2014				2013			
(in thousands)	Current Portion	Long-term Portion	Unamortized Portion of Adjustment to Fair Value	Total	Current Portion	Long-term Portion	Unamortized Portion of Adjustment to Fair Value	Total
District of Columbia Bonds								
2009 Series - Revenue Bonds	$ 1,050	$ 60,940	$ 7,042	$ 69,032	$ 1,010	$ 61,990	$ 7,549	$ 70,549

The above debt amounts include an adjustment made at the time of acquisition to increase the value of the debt to fair market value and is being amortized to interest expense over the life of the respective debt As of June 30, 2014 and 2013, the unamortized fair market value adjustment was $7 0 million and $7 5 million, respectively

Prior to August 2013, the Sibley Memorial Hospital Obligated Group (the "Obligated Group") consisted of the Hospital (including the Medical Building and Grand Oaks) and SMRF In August 2013, the Hospital (including the Medical Building and Grand Oaks) joined the JHHS Obligated Group pursuant to a JHHSC debt issuance The 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, 2014 and 2013, the Obligated Group was in compliance with these requirements

2009 Series - Revenue Bonds
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 the Hospital to make annual principal payments on October 1 ranging from $1 0 million to $4 6 million until maturity

Scheduled principal repayments on the revenue bonds are as follows at June 30, 2014

(in thousands)	
2015	$ 1,050
2016	1,100
2017	1,155
2018	1,210
2019	1,275
Thereafter	56,200
	$ 61,990

Total interest expense for the years ended June 30, 2014 and 2013 are summarized as follows

(in thousands)	2014	2013
Interest expense	$ 3,412	$ 4,065
Amount capitalized	7,583	255
Total interest	$ 10,995	$ 4,320

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2014 and 2013

(in thousands)	2014	2013
Purchase of property, plant, and equipment	$ 15,248	$ 13,840
Health care services	10,964	8,824
Indigent care	1,793	1,384
Health education and counseling	453	383
	$ 28,458	$ 24,431

Permanently restricted net assets of approximately $14 9 million at both June 30, 2014 and 2013 are restricted to investment in perpetuity, respectively 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 years ended June 30, 2014 and 2013, were as follows

	2014			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of the year	$ 5,037	$ 670	$ 14,954	$ 20,661
Investment return	-	709	-	709
Contributions	-	-	-	-
Balances at end of the year	$ 5,037	$ 1,379	$ 14,954	$ 21,370

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of the year	$ 5,037	$ 162	$ 13,454	$ 18,653
Investment return	-	508	-	508
Contributions	-	-	1,500	1,500
Balances at end of the year	$ 5,037	$ 670	$ 14,954	$ 20,661

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, 2014 and 2013

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, 2014 and 2013, the endowment net asset composition by type of fund consisted of the following

	2014			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Board designated funds	$ 5,037	$ -	$ -	$ 5,037
Donor restricted funds	-	1,379	14,954	16,333
Total funds	$ 5,037	$ 1,379	$ 14,954	$ 21,370

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Board designated funds	$ 5,037	$ -	$ -	$ 5,037
Donor restricted funds	-	670	14,954	15,624
Total funds	$ 5,037	$ 670	$ 14,954	$ 20,661

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 21 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 years ended June 30, 2014 and 2013 is shown below

	2014	2013
Change in benefit obligation		
Benefit obligation at beginning of year	$ 90,075	$ 93,611
Interest cost	4,473	4,250
Actuarial gain (loss)	8,672	(3,616)
Benefits paid	(4,480)	(4,170)
Benefit obligation at end of year	$ 98,740	$ 90,075
Change in plan assets		
Fair value of plan assets at beginning of year	$ 81,421	$ 75,519
Actual return on plan assets	10,696	5,072
Employer contributions	5,000	5,000
Benefits paid	(4,480)	(4,170)
Fair value of plan assets at end of year	$ 92,637	$ 81,421
Funded status		
Fair value of plan assets	$ 92,637	$ 81,421
Projected benefit obligation	(98,740)	(90,075)
Unfunded status at end of period	$ (6,103)	$ (8,654)

Amounts recognized in the Combined Balance Sheets consist of (in thousands)

	2014	2013
Net pension liability	$ (6,103)	$ (8,654)

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of (in thousands)

	2014	2013
Actuarial net loss	$ 9,994	$ 6,716
Accumulated benefit obligation	$ 98,740	$ 90,075

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 years ended June 30, 2014 and 2013 are as follows (in thousands)

	2014	2013
Components of net periodic pension cost		
Interest cost	$ 4,473	$ 4,250
Expected return on plan assets	(5,302)	(4,918)
Amortization of net loss	-	121
Net periodic pension benefit cost	(829)	(547)
Other changes in plan assets and benefit obligations recognized in unrestricted net assets		
Net loss (gain)	3,278	(3,769)
Amortization of net loss	-	(121)
Total recognized in unrestricted net assets	3,278	(3,890)
Total recognized in net periodic benefit cost and unrestricted net assets	$ 2,449	$ (4,437)

The amount of actuarial loss expected to be amortized to net periodic benefit cost during 2015 is $12 thousand

The assumptions used in determining the benefit obligation as of June 30, 2014 and 2013 for the Plan are as follows

	2014	2013
Discount rate	4 65 %	5 12 %
Rate of compensation increase - ultimate	n/a	n/a

Assumptions used in determining net periodic pension cost for the Plan during the years ended June 30, 2014 and 2013 are as follows

	2014	2013
Discount rate	5 12 %	4 66 %
Expected return on plan assets	7 00 %	7 00 %
Rate of compensation increase - ultimate	n/a	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, 2014 and 2013

	2014		2013	
	Target Allocation	Actual Allocation	Target Allocation	Actual Allocation
Equity securities	0%–55%	30 %	0%–55%	46 %
Fixed income	45%–100%	65	45%–100%	50
Cash (considered by policy to be part of fixed income)		5		4
		100 %		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, 2014 and 2013 was as follows (in thousands)

	2014		
	Level 1	Level 2	Total
Cash equivalents (1)	$ 4,583	$ -	$ 4,583
Equity funds (2)	28,268	-	28,268
U S Treasuries (3)	-	18,140	18,140
Corporate bonds (3)	-	35,765	35,765
Asset backed securities (3)	-	2,657	2,657
Aetna general account (4)	-	3,224	3,224
	$ 32,851	$ 59,786	$ 92,637

	2013		
	Level 1	Level 2	Total
Cash equivalents (1)	$ 3,366	$ -	$ 3,366
Equity funds (2)	37,747	-	37,747
U S Treasuries (3)	-	8,609	8,609
Corporate bonds (3)	-	26,651	26,651
Asset backed securities (3)	-	1,942	1,942
Aetna general account (4)	-	3,106	3,106
	$ 41,113	$ 40,308	$ 81,421

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

(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 Treasuries (notes, bonds and bills), 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, 2014 and 2013, the Plan did not have any investments classified at level 3

Contributions and Estimated Future Benefit Payments
The Hospital expects to contribute $5 0 million to the Plan in 2015 The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

2015	$	5,787
2016		6,010
2017		6,170
2018		6,263
2019		6,424
2020–2024		33,745

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 3 million and $1 1 million to the Plan for the years ended June 30, 2014 and 2013, respectively

10. Professional and General Liability Insurance

Johns Hopkins University ("JHU") and JHHS and its Affiliates, including SMH, participate in an agreement with four 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

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 64% and 57% as of June 30, 2014 and 2013, respectively

Professional and general liability insurance expense incurred by the Hospital was $8 3 million and $6 6 million for the years ended June 30, 2014 and 2013, respectively

The hospital applies 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 The hospital recorded an increase in its assets and liabilities in the accompanying Combined Balance Sheets as of June 30, 2014 and 2013 as follows (in thousands)

	2014	2013
Caption on combined balance sheet		
Prepaid expenses and other current assets	$ 2,259	$ 3,241
Estimated malpractice recoveries, net of current portion	2,518	5,687
Total assets	$ 4,777	$ 8,928
Current portion of estimated malpractice costs	$ 2,259	$ 3,241
Estimated malpractice costs, net of current portion	2,518	5,687
Total liabilities	$ 4,777	$ 8,928

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

11. Related Party Transactions

In August 2013, JHHSC issued $238 0 million of Revenue Bonds ("2013 Series C Bonds"), of which $189 million was issued on behalf of the Hospital in exchange for an inter-company note payable to JHHSC The term of the note is thirty years The note requires semiannual interest payments starting on May 1, 2014 at an average fixed rate of 5 1% over the life of the loan Annual principal payments will begin on May 1, 2016 The funds will be used to finance construction of a new building on the Hospital's campus Pursuant to this issuance, the Hospital was admitted into the Johns Hopkins Health System Obligated Group

Scheduled principal repayments on the inter-company note are as follows at June 30, 2014

	(in thousands)
2015	$ -
2016	2,911
2017	2,100
2018	1,543
2019	1,607
Thereafter	179,934
	$ 188,095

During the years ended June 30, 2014 and 2013, the Hospital engaged in transactions with JHHS, and its affiliates, JHMI Utilities, the Johns Hopkins Hospital ("JHH"), and Johns Hopkins Community Physicians ("JHCP")

Significant expense transactions (in thousands)

	2014	2013
JHMI Utilities clinical application services	$ 5,300	$ 3,349
JHHS shared services	971	3,387
JHCP physician services	926	814

Balances due from/(to) affiliates as of June 30 (in thousands)

	2014	2013
Due from (to) JHHS	$ 2,775	$ (305)
Due (to) JHMI Utilities	(396)	(1,074)
Due (to) JHH	(282)	(217)
Due (to) JHCP	(75)	(100)
Due (to) others	(43)	(117)
Total due to Affiliates	$ 1,979	$ (1,813)

During 2014, the Organization received a chargeback credit from JHHS in the amount of $4 2 million which is reflected in the 2014 JHHS expense transactions and balance due from JHHS totals

12. Contracts, Commitments, and Contingencies

There are several lawsuits pending in which the Hospital has been named as a defendant In the opinion of the Hospital's management, after consultation with legal counsel, the potential liability, in the event of adverse settlement, will not have a material impact on the Organization's financial position

Operating Leases
The Hospital leases certain types of patient care equipment The rent expense for all operating leases was approximately $645 thousand and $592 thousand for the years ended June 30, 2014 and 2013, respectively

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 expired in June 2013 The Hospital paid Sunrise Assisted Living a monthly management fee calculated as a percentage of the gross collected resident care revenues In addition, Sunrise Assisted Living received an annual performance incentive fee that was payable based upon the facility's operating results The Hospital assumed management of Grand Oaks effective July 1, 2013

Construction Contract
The Hospital has a contract with Turner Construction Company for construction of its new hospital building The contract is expected to achieve substantial completion of the work by December 1, 2015 and has a total contracted amount of $121 8 million excluding any change orders As of June 30, 2014, the Hospital has paid Turner Construction Company $39 7 million which is financed through its 2013 Series C Bonds issuance

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 years ended June 30, 2014 and 2013 (in thousands)

	2014	2013
Retirement obligation at beginning of the year	$ 805	$ 1,306
Adjustments	-	(522)
Accretion expense	19	21
Asset retirement obligation at the end of the year	$ 824	$ 805

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

13. Functional Expenses

The Organization provides general healthcare and resident care services Expenses related to providing these services for the years ended June 30, 2014 and 2013 are as follows

	2014	2013
Healthcare and residential services	$ 244,281	$ 233,073
General and administrative	27,043	19,094
Fundraising	842	1,032
	$ 272,166	$ 253,199

14. Subsequent Events

Management has evaluated subsequent events through September 25, 2014, which is the date the financial statements were issued, and has identified the following subsequent event

In August 2014, the Organization received a donor-restricted contribution in the amount of $10 million The contribution was recorded net of applicable discounts and allowances in accordance with financial accounting standards

Combining Supplementary Information

pwc

Independent Auditor's Report on
Combining Supplementary 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, 2014 and 2013 for the years 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 25, 2014

PricewaterhouseCoopers LLP, 100 East Pratt Street, Suite 1900, Baltimore, MD 21202-1096
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Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Balance Sheet
June 30, 2014

(in thousands)	Hospital	Grand Oaks	Medical Building	SMH Obligated Group	SMR Foundation	SMH Foundation	JBR Foundation	Eliminations	Combined Total
Assets									
Current assets									
Cash and cash equivalents	$ 37,346	$ -	$ 237	$ 37,583	$ -	$ 2,165	$ -	$ -	$ 39,748
Short-term investments	757	-	-	757	-	482	-	-	1,239
Patient accounts receivable, net of estimated uncollectibles	32,305	-	-	32,305	-	-	-	-	32,305
Other receivables	4,561	1,596	391	6,548	-	-	-	-	6,548
Inventories	3,512	-	-	3,512	-	-	-	-	3,512
Prepaid expenses and other current assets	6,260	-	-	6,260	-	27	-	-	6,287
Interest receivable	898	-	-	898	-	-	-	-	898
Due from affiliates	4,200	8,495	1,187	13,882	-	-	-	(9,682)	4,200
Current portion of assets whose use is limited	1,050	-	-	1,050	-	-	-	-	1,050
Total current assets	90,889	10,091	1,815	102,795	-	2,674	-	(9,682)	95,787
Assets whose use is limited									
By long-term agreement for									
For future campus development	125,256	-	-	125,256	-	-	-	-	125,256
Debt service reserve funds	4,955	-	-	4,955	-	-	-	-	4,955
By donors or grantors for									
Pledges receivable	-	-	-	-	-	10,894	-	-	10,894
Other	5,261	-	-	5,261	-	31,679	-	-	36,940
By Board of Trustees	181,385	-	-	181,385	284,055	8,062	21,091	-	494,593
Beneficial interest in SMH and SMR Foundations	346,040	-	-	346,040	-	-	-	(346,040)	-
Other	658	-	-	658	-	-	-	-	658
Total assets whose use is limited	663,555	-	-	663,555	284,055	50,635	21,091	(346,040)	673,296
Investments									
Marketable securities	166,902	-	-	166,902	-	10,723	-	-	177,625
Joint ventures	3,136	-	-	3,136	-	-	-	-	3,136
Total investments	170,038	-	-	170,038	-	10,723	-	-	180,761
Property, plant, and equipment									
Cost basis	312,424	30,508	40,496	383,428	-	107	92	-	383,627
Accumulated depreciation	(53,774)	(5,141)	(2,976)	(61,891)	-	(5)	(9)	-	(61,905)
Total property, plant, and equipment	258,650	25,367	37,520	321,537	-	102	83	-	321,722
Estimated malpractice recoveries, net of current portion	2,518	-	-	2,518	-	-	-	-	2,518
Due from affiliates, net of current portion	430	-	-	430	-	-	-	-	430
Other assets	-	-	5,990	5,990	-	-	-	-	5,990
Total assets	$ 1,186,080	$ 35,458	$ 45,325	$ 1,266,863	$ 284,055	$ 64,134	$ 21,174	$ (355,722)	$ 1,280,504

Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Balance Sheet
June 30, 2014

(in thousands)	Hospital	Grand Oaks	Medical Building	SMH Obligated Group	SMR Foundation	SMH Foundation	JBR Foundation	Eliminations	Combined Total
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ 1,050	$ -	$ -	$ 1,050	$ -	$ -	$ -	$ -	$ 1,050
Accounts payable and accrued expenses	10,474	125	455	11,054	-	-	4	-	11,058
Interest payable	973	-	-	973	-	-	-	-	973
Accrued payroll	8,731	107	-	8,838	-	110	-	-	8,948
Other current liabilities	4,967	1,732	189	6,888	-	18	-	-	6,906
Accrued vacation	8,084	312	-	8,396	-	46	-	-	8,442
Current portion of estimated contractual settlements	1,774	-	-	1,774	-	-	-	-	1,774
Current portion of malpractice	4,936	-	-	4,936	-	-	-	-	4,936
Due to affiliates	10,004	-	-	10,004	-	1,975	354	(9,682)	2,651
Total current liabilities	50,993	2,276	644	53,913	-	2,149	358	(9,682)	46,738
Long-term liabilities									
Long-term debt, net of current portion	67,982	-	-	67,982	-	-	-	-	67,982
Due to affiliates, net of current portion	188,095	-	-	188,095	-	-	-	-	188,095
Estimated contractual settlements, net of current portion	4,890	-	-	4,890	-	-	-	-	4,890
Estimated malpractice, net of current portion	5,388	-	-	5,388	-	-	-	-	5,388
Net pension liability	6,103	-	-	6,103	-	-	-	-	6,103
Other long-term liabilities	9,082	-	-	9,082	-	-	-	-	9,082
Total liabilities	332,533	2,276	644	335,453	-	2,149	358	(9,682)	328,278
Net assets									
Unrestricted									
General	344,037	33,182	44,681	421,900	-	14,708	(275)	(306,825)	129,508
Board designated	466,098	-	-	466,098	284,055	3,025	21,091	-	774,269
Funds functioning as endowment	-	-	-	-	-	5,037	-	-	5,037
Total unrestricted	810,135	33,182	44,681	887,998	284,055	22,770	20,816	(306,825)	908,814
Temporarily restricted	28,458	-	-	28,458	-	26,106	-	(26,106)	28,458
Permanently restricted	14,954	-	-	14,954	-	13,109	-	(13,109)	14,954
Total net assets	853,547	33,182	44,681	931,410	284,055	61,985	20,816	(346,040)	952,226
Total liabilities and net assets	$ 1,186,080	$ 35,458	$ 45,325	$ 1,266,863	$ 284,055	$ 64,134	$ 21,174	$ (355,722)	$ 1,280,504

Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Balance Sheet
June 30, 2013

(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	$ 16 530	$ 1 371	$ 241	$ -	$ -	$ 18 142	$ 2 330	$ -	$ -	$ 20 472
Short-term investments	6 720	-	-	-	-	6 720	479	-	-	7 199
Patient accounts receivable net of estimated uncollectibles	29 926	-	-	-	-	29 926	-	-	-	29 926
Other receivables	1 506	1 172	332	-	-	3 010	-	-	-	3 010
Inventories	3 532	-	-	-	-	3 532	-	-	-	3 532
Prepaid expenses and other current assets	7 143	-	-	-	-	7 143	26	-	-	7 169
Interest receivable	1 016	-	-	-	-	1 016	-	-	-	1 016
Due from affiliates	-	83	-	-	-	83	-	-	(83)	-
Current portion of assets whose use is limited	1 010	-	-	-	-	1 010	-	-	-	1 010
Total current assets	67 383	2 626	573	-	-	70 582	2 835	-	(83)	73 334
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	-	-	-	-	-	-	10 212	-	-	10 212
Other	6 566	-	-	-	-	6 566	24 446	-	-	31 012
By Board of Trustees	156 606	-	-	261 728	-	418 334	7 054	11 319	-	436 707
Beneficial interest in SMH and SMR Foundations	314 077	-	-	-	(261 728)	52 349	-	-	(52 349)	-
Other	1 228	-	-	-	-	1 228	-	-	-	1 228
Total assets whose use is limited	483 432	-	-	261 728	(261 728)	483 432	41 712	11 319	(52 349)	484 114
Investments										
Marketable securities	149 582	-	-	-	-	149 582	9 382	-	-	158 964
Joint ventures	3 255	-	-	-	-	3 255	-	-	-	3 255
Total investments	152 837	-	-	-	-	152 837	9 382	-	-	162 219
Property plant and equipment										
Cost basis	250 353	30 384	40 436	-	-	321 173	265	94	-	321 532
Accumulated depreciation	(37 038)	(3 726)	(1 799)	-	-	(42 563)	(15)	(3)	-	(42 581)
Total property plant and equipment	213 315	26 658	38 637	-	-	278 610	250	91	-	278 951
Estimated malpractice recoveries net of current portion	5 687	-	-	-	-	5 687	-	-	-	5 687
Other assets	-	-	6 172	-	-	6 172	-	-	-	6 172
Total assets	$ 922 654	$ 29 284	$ 45 382	$ 261 728	$ (261 728)	$ 997 320	$ 54 179	$ 11 410	$ (52 432)	$ 1 010 477

Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Balance Sheet
June 30, 2013

(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	$ 1,010	$ -	$ -	$ -	$ -	$ 1,010	$ -	$ -	$ -	$ 1,010
Accounts payable and accrued expenses	9,954	45	109	-	-	10,108	-	-	-	10,108
Interest payable	983	-	-	-	-	983	-	-	-	983
Accrued payroll	9,132	11	-	-	-	9,143	73	-	-	9,216
Other current liabilities	2,875	2,279	189	-	-	5,343	31	-	-	5,374
Accrued vacation	9,197	-	-	-	-	9,197	58	-	-	9,255
Current portion of estimated contractual settlements	2,594	-	-	-	-	2,594	-	-	-	2,594
Current portion of malpractice	5,798	-	-	-	-	5,798	-	-	-	5,798
Due to affiliates	29	-	2	-	-	31	1,668	197	(83)	1,813
Total current liabilities	41,572	2,335	300	-	-	44,207	1,830	197	(83)	46,151
Long-term liabilities										
Long-term debt, net of current portion	69,539	-	-	-	-	69,539	-	-	-	69,539
Estimated contractual settlements, net of current portion	5,372	-	-	-	-	5,372	-	-	-	5,372
Estimated malpractice, net of current portion	8,247	-	-	-	-	8,247	-	-	-	8,247
Net pension liability	8,654	-	-	-	-	8,654	-	-	-	8,654
Other long-term liabilities	11,376	-	-	-	-	11,376	-	-	-	11,376
Total liabilities	144,760	2,335	300	-	-	147,395	1,830	197	(83)	149,339
Net assets										
Unrestricted										
General	318,947	26,949	45,082	-	-	390,978	11,274	(106)	(17,237)	384,909
Board designated	419,562	-	-	261,728	(261,728)	419,562	926	11,319	-	431,807
Funds functioning as endowment	-	-	-	-	-	-	5,037	-	-	5,037
Total unrestricted	738,509	26,949	45,082	261,728	(261,728)	810,540	17,237	11,213	(17,237)	821,753
Temporarily restricted	24,431	-	-	-	-	24,431	22,003	-	(22,003)	24,431
Permanently restricted	14,954	-	-	-	-	14,954	13,109	-	(13,109)	14,954
Total net assets	777,894	26,949	45,082	261,728	(261,728)	849,925	52,349	11,213	(52,349)	861,138
Total liabilities and net assets	$ 922,654	$ 29,284	$ 45,382	$ 261,728	$ (261,728)	$ 997,320	$ 54,179	$ 11,410	$ (52,432)	$ 1,010,477

Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Statements of Operations and Changes in Net Assets
Year Ended June 30, 2014

(in thousands)	Hospital	Grand Oaks	Medical Building	Eliminations	SMH Obligated Group	SMR Foundation	SMH Foundation	JBR Foundation	Eliminations	Combined Total
Operating revenue										
Net patient service revenue before bad debts expense	$ 231,731	$ -	$ -	$ -	$ 231,731	$ -	$ -	$ -	$ -	$ 231,731
Provision for bad debts	8,744	-	-	-	8,744	-	-	-	-	8,744
Net patient service revenue	222,987	-	-	-	222,987	-	-	-	-	222,987
Resident revenue	-	19,278	-	-	19,278	-	-	-	-	19,278
Other revenue	15,106	19	3,455	(150)	18,430	-	865	-	-	19,295
Investment income	7,859	-	-	(1,187)	6,672	4,409	699	259	-	12,039
Change in the beneficial interest	3,355	-	-	-	3,355	-	-	-	(3,355)	-
Net assets released from restriction used for operations	904	-	-	-	904	-	109	-	-	1,013
Total operating revenue	250,211	19,297	3,455	(1,337)	271,626	4,409	1,673	259	(3,355)	274,612
Operating expenses										
Salaries, wages, and benefits	131,139	7,663	382	-	139,184	-	1,108	25	-	140,317
Purchased services	53,103	2,292	1,599	(150)	56,844	1,054	386	693	-	58,977
Supplies and other	47,444	1,690	78	-	49,212	-	85	6	-	49,303
Interest	3,412	-	1,187	(1,187)	3,412	-	-	-	-	3,412
Depreciation and amortization	18,113	1,419	610	-	20,142	-	9	6	-	20,157
Total operating expenses	253,211	13,064	3,856	(1,337)	268,794	1,054	1,588	730	-	272,166
Income from operations	(3,000)	6,233	(401)	-	2,832	3,355	85	(471)	(3,355)	2,446
Net realized and changes in net unrealized gains on investments	43,835	-	-	-	43,835	36,578	5,587	1,893	-	87,893
Change in the beneficial interest	36,578	-	-	-	36,578	-	-	-	(36,578)	-
Excess of revenues over expenses	77,413	6,233	(401)	-	83,245	39,933	5,672	1,422	(39,933)	90,339
Other changes in unrestricted net assets										
Change in funded status of pension plan	(3,278)	-	-	-	(3,278)	-	-	-	-	(3,278)
Intercompany transfers	(8,042)	-	-	-	(8,042)	(17,606)	(139)	8,181	17,606	-
Change in the beneficial interest	5,533	-	-	-	5,533	-	-	-	(5,533)	-
Change in unrestricted net assets	71,626	6,233	(401)	-	77,458	22,327	5,533	9,603	(27,860)	87,061
Changes in temporarily restricted net assets										
Gifts, grants and bequests	102	-	-	-	102	-	4,321	-	-	4,423
Net assets released from restriction used for operations	(904)	-	-	-	(904)	-	(109)	-	-	(1,013)
Intercompany transfers	-	-	-	-	-	-	(818)	-	818	-
Change in the beneficial interest	4,921	-	-	-	4,921	-	-	-	(4,921)	-
Investment income	(92)	-	-	-	(92)	-	709	-	-	617
Change in temporarily restricted net assets	4,027	-	-	-	4,027	-	4,103	-	(4,103)	4,027
Changes in permanently restricted net assets										
Gifts, grants and bequests	-	-	-	-	-	-	-	-	-	-
Change in the beneficial interest	-	-	-	-	-	-	-	-	-	-
Change in permanently restricted net assets	-	-	-	-	-	-	-	-	-	-
Total change in net assets	$ 75,653	$ 6,233	$ (401)	$ -	$ 81,485	$ 22,327	$ 9,636	$ 9,603	$ (31,963)	$ 91,088

Sibley Memorial Hospital and Subsidiaries
Combining Supplementary Statements of Operations and Changes in Net Assets
Year Ended June 30, 2013

(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 before bad debts expense	$ 221,360	$ -	$ -	$ -	$ -	$ 221,360	$ -	$ -	$ -	$ 221,360
Provision for bad debts	8,409	-	-	-	-	8,409	-	-	-	8,409
Net patient service revenue	212,951	-	-	-	-	212,951	-	-	-	212,951
Resident revenue	-	19,716	-	-	-	19,716	-	-	-	19,716
Other revenue	11,962	-	2,558	-	(344)	14,176	595	-	-	14,771
Investment income	8,605	-	1	4,447	(1,225)	11,828	775	186	-	12,789
Change in the beneficial interest	3,574	-	-	-	(3,574)	-	-	-	-	-
Net assets released from restriction used for operations	1,382	-	-	-	-	1,382	106	-	-	1,488
Total operating revenue	238,474	19,716	2,559	4,447	(5,143)	260,053	1,476	186	-	261,715
Operating expenses										
Salaries, wages, and benefits	127,691	7,495	380	-	-	135,566	1,104	10	-	136,680
Purchased services	45,156	3,006	1,543	873	(154)	50,424	497	126	-	51,047
Supplies and other	41,447	2,253	62	-	(193)	43,569	75	4	-	43,648
Interest	4,065	-	1,226	-	(1,226)	4,065	-	-	-	4,065
Depreciation and amortization	15,748	1,401	595	-	-	17,744	12	3	-	17,759
Total operating expenses	234,107	14,155	3,806	873	(1,573)	251,368	1,688	143	-	253,199
Income from operations	4,367	5,561	(1,247)	3,574	(3,570)	8,685	(212)	43	-	8,516
Net realized and changes in net unrealized gains on investments	31,920	-	-	23,518	-	55,438	3,077	998	-	59,513
Change in the beneficial interest	23,518	-	-	-	(23,518)	-	-	-	-	-
Excess of revenues over expenses	59,805	5,561	(1,247)	27,092	(27,088)	64,123	2,865	1,041	-	68,029
Other changes in unrestricted net assets										
Change in funded status of pension plan	3,890	-	-	-	-	3,890	-	-	-	3,890
Intercompany transfers	5,126	(6,854)	738	(8,000)	7,996	(994)	(15)	319	-	(690)
Change in the beneficial interest	2,850	-	-	-	-	2,850	-	-	(2,850)	-
Change in unrestricted net assets	71,671	(1,293)	(509)	19,092	(19,092)	69,869	2,850	1,360	(2,850)	71,229
Changes in temporarily restricted net assets										
Gifts, grants and bequests	124	-	-	-	-	124	4,788	-	-	4,912
Net assets released from restriction used for operations	(1,382)	-	-	-	-	(1,382)	(106)	-	-	(1,488)
Intercompany transfers	-	-	-	-	-	-	(549)	-	549	-
Change in the beneficial interest	5,190	-	-	-	-	5,190	-	-	(5,190)	-
Investment income	9	-	-	-	-	9	508	-	-	517
Change in temporarily restricted net assets	3,941	-	-	-	-	3,941	4,641	-	(4,641)	3,941
Changes in permanently restricted net assets										
Gifts, grants and bequests	-	-	-	-	-	-	1,500	-	-	1,500
Change in the beneficial interest	1,500	-	-	-	-	1,500	-	-	(1,500)	-
Change in permanently restricted net assets	1,500	-	-	-	-	1,500	1,500	-	(1,500)	1,500
Total change in net assets	$ 77,112	$ (1,293)	$ (509)	$ 19,092	$ (19,092)	$ 75,310	$ 8,991	$ 1,360	$ (8,991)	$ 76,670