

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CIVISTA MEDICAL CENTER, INC. Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 GARRETT AVE _____ City or town, state or country, and ZIP + 4 LA PLATA, MD 20646		D Employer identification number 52-0445374
		F Name and address of principal officer: NOEL CERVINO 5 GARRETT AVE LA PLATA, MD 20646		E Telephone number (301) 609-4130
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 97,720,871.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.CIVISTA.ORG		H(c) Group exemption number ▶ _____		M State of legal domicile: MD
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____			L Year of formation: 1980	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CIVISTA HEALTH PROVIDES EXCELLENT CARE TO EACH PATIENT IN A SAFE, CARING AND FAMILY - CENTERED ENVIRONMENT.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	1,021
	6	Total number of volunteers (estimate if necessary)	6	128
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	170,048.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	64,705.	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	138,307.	1,079,540.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,309,141.	95,312,096.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,063,851.	818,420.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,911.	510,815.
	12		94,004,210.	97,720,871.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,619,080.	41,428,443.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ NONE		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	61,106,477.	57,457,699.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,725,557.	98,886,142.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-5,721,347.	-1,165,271.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	112,106,166.	118,804,555.
	22	Net assets or fund balances. Subtract line 21 from line 20.	93,595,290.	105,154,344.
			18,510,876.	13,650,211.

Part II Signature Block

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

Sign Here	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date 05/14/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00482524
	Firm's name (or yours if self-employed), address, and ZIP + 4 COHEN, RUTHERFORD + KNIGHT, PC 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800	EIN ▶ 52-1202280	Phone no. ▶ 301-828-1002	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 63,580,416. including grants of \$ _____) (Revenue \$ 95,393,912.)

SEE STATEMENT 2

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 ▶ \$ 63,580,416. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of forms, governing documents availability, and organization name/address/phone number.

Part VIII Statement of Revenue

52-0445374

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	713,979.				
	e Government grants (contributions)	1e	365,561.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			1,079,540.			
Program Service Revenue	Business Code						
	2a NET PATIENT REVENUE			95,312,096.	95,312,096.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			95,312,096.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 5 ▶			818,420.		-1,231.	819,651.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
	5 Royalties ▶			NONE			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			NONE			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			NONE			
	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 ▶			NONE				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			NONE				
Miscellaneous Revenue			Business Code				
11a ANSWERING SERVICE		561000		168,528.		168,528.	
b CAFETERIA AND COFFEE BAR SALES				257,720.			257,720.
c APPLICATION FEES				5,300.	5,300.		
d All other revenue				79,267.	76,516.	2,751.	
e Total. Add lines 11a-11d ▶				510,815.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				97,720,871.	95,393,912.	170,048.	1,077,371.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,131,064.		1,131,064.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	33,235,745.	26,588,596.	6,647,149.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	529,155.	423,324.	105,831.	
9 Other employee benefits	3,965,535.	3,053,462.	912,073.	
10 Payroll taxes	2,566,944.	2,002,216.	564,728.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	346,638.		346,638.	
c Accounting	295,266.		295,266.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	15,935,640.	9,561,384.	6,374,256.	
12 Advertising and promotion	91,055.	68,291.	22,764.	
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,707,308.	887,800.	819,508.	
17 Travel	81,941.	20,485.	61,456.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	3,306,789.		3,306,789.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	5,606,651.	39,247.	5,567,404.	
23 Insurance	1,384,433.		1,384,433.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES AND DRUGS -----	15,565,148.	14,475,588.	1,089,560.	
b BAD DEBT -----	4,497,317.	4,497,317.		
c OTHER -----	3,502,071.	455,269.	3,046,802.	
d EQUIPMENT RENTAL AND MAINT ---	4,565,571.	1,506,638.	3,058,933.	
e TELEPHONE -----	399,325.	799.	398,526.	
f All other expenses -----	172,546.		172,546.	
25 Total functional expenses. Add lines 1 through 24f	98,886,142.	63,580,416.	35,305,726.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	11,776,617.	2	24,142,941.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,752,899.	4	9,140,952.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	1,582,147.	8	1,533,892.
	9 Prepaid expenses and deferred charges SFMT. 6	866,168.	9	1,185,201.
	10a Land, buildings, and equipment: cost basis 10a 118,152,725.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 48,489,221.	73,773,909.	10c	69,663,504.
	11 Investments - publicly traded securities SFMT. 7	85,735.	11	85,735.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,268,691.	15	13,052,330.
16 Total assets. Add lines 1 through 15 (must equal line 34)	112,106,166.	16	118,804,555.	
Liabilities	17 Accounts payable and accrued expenses	13,293,595.	17	14,978,874.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	59,670,229.	20	59,107,135.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties SFMT. 8	15,662,570.	23	21,804,652.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	4,968,896.	25	9,263,683.
	26 Total liabilities. Add lines 17 through 25.	93,595,290.	26	105,154,344.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,510,876.	27	13,650,211.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,510,876.	33	13,650,211.
	34 Total liabilities and net assets/fund balances	112,106,166.	34	118,804,555.

Part XI Financial Statements and Reporting

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
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 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. 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.
16b 33 1/3% support test - 2007. 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.
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CIVISTA HEALTH FOUNDATION 616 E CHARLES ST LA PLATA, MD 20646	\$ 713,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CAPITAL GRANTS UNIT 80 CALVERT ST ANNAPOLIS, MD 21404	\$ 365,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		73,096,017.	13,620,278.	59,475,739.
c Leasehold improvements		2,726,447.	1,216,476.	1,509,971.
d Equipment		41,508,781.	33,001,535.	8,507,246.
e Other		821,480.	650,932.	170,548.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				69,663,504.

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

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

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

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

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

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

Part XIV Supplemental Information

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

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

▶ To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1 a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5 a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6 a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

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

7 Charity Care and Certain Other Community Benefits at Cost

	(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
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

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

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

	Yes	No
1		
2		
3		
4		
5		
6		
7		
9a		
9b		

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Enter line 5 less line 6 - surplus or (shortfall)
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- 9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(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					
14					

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Questions Regarding Compensation

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

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 reportable compensation				
CHRISTINE STEFANIDES	(i)	288,028.	NONE	NONE	4,654.	1,286.	293,968.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
CATHY DELLIGATTI	(i)	151,336.	NONE	NONE	12,012.	8,291.	171,639.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
GARY HERBEK	(i)	198,883.	NONE	NONE	3,908.	5,771.	208,562.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
CLEVELAND SLADE	(i)	178,966.	NONE	NONE	3,165.	3,274.	185,405.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
KATHERINE MIDDLETON	(i)	170,854.	NONE	NONE	1,300.	4,249.	176,403.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
WILBUR SHIPMAN	(i)	155,717.	2,400.	NONE	717.	NONE	158,834.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
KEVIN BURBULES	(i)	144,818.	5,000.	NONE	2,728.	4,984.	157,530.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
BETTY SUI	(i)	138,499.	10,000.	NONE	NONE	5,368.	153,867.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY BILLUPS DIRECTOR	1.	X					NONE	NONE	NONE	
JAMES BURKE CHAIR	1.	X		X			NONE	NONE	NONE	
WAYNE COOPER EX-OFFICIO	1.	X					NONE	NONE	NONE	
DELORES DATCHER DIRECTOR	1.	X					NONE	NONE	NONE	
C DEVADASON EX-OFFICIO	1.	X					NONE	NONE	NONE	
SARA MIDDLETON VICE CHAIR	1.	X		X			NONE	NONE	NONE	
SURYAKANT PATEL DIRECTOR	1.	X					NONE	NONE	NONE	
CHRISTINE STEFANIDES PRESIDENT CEO EX-OFFICIO	40.	X		X			288,028.	NONE	5,940.	
BARBARA STEPURA DIRECTOR	1.	X					NONE	NONE	NONE	
SANJEEB MISHRA DIRECTOR	1.	X					NONE	NONE	NONE	
KHADAR BAIG DIRECTOR	1.	X					NONE	NONE	NONE	
VAN MITCHELL DIRECTOR	1.	X					NONE	NONE	NONE	
LOUIS JENKINS JR SECRETARY/TREASURER	1.	X		X			NONE	NONE	NONE	
SEETARAMAYYA NAGULA DIRECTOR	1.	X					NONE	NONE	NONE	
RICHARD WINKLER DIRECTOR	1.	X					NONE	NONE	NONE	
NOEL CERVINO CFO/INTERIM CEO EX-OFFICIO	40.			X			63,440.	NONE	NONE	
CLEVELAND SLADE CFO	40.			X			178,966.	NONE	6,439.	
CATHY DELLIGATTI VICE PRESIDENT PATIENT CARE	40.				X		151,336.	NONE	20,303.	
GARY HERBEK COO	40.				X		198,883.	NONE	9,679.	
KATHERINE MIDDLETON RN OR	40.					X	170,854.	NONE	5,549.	
WILBUR SHIPMAN CLINICAL NURSE	40.					X	158,117.	NONE	717.	

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
---	---

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MARYLAND HEALTH AND HIGHER EDUCATIONAL FAC AUTHORT	52-0936091	SEE LIST	02/09/2005	59,000,000.	BUILD ADDITION AND RENIVATE HOSPIT		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No								
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

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

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No								
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 ▶		%		%		%		%		%
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		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

DESCRIPTION OF 990 REVIEW PROCESS

PART VI, LINE 10

NOEL CERVINO, CEO AND ERIK BOAS, CFO WILL REVIEW THE 990. FOR FINAL

REVIEW AND SIGN-OFF THE 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS.

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
--	--

PROCESS FOR DETERMINING COMPENSATION

PART VI, LINE 15

THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, AN INDEPENDENT

COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION

SURVEY OR STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
--	--

CONFLICTS MONITORING AND ENFORCEMENT

PART VI, LINE 12C

THIS POLICY IS ESTABLISHED TO PROHIBIT ACTIVITIES THAT MAY CONFLICT OR APPEAR TO CONFLICT WITH CIVISTA HEALTH'S BUSINESS. EMPLOYEES IN KEY POSITIONS AT CIVISTA HEALTH HAVE AN OBLIGATION TO CIVISTA HEALTH TO AVOID CONFLICT OF INTEREST SITUATIONS.

IT IS THE POLICY OF CIVISTA HEALTH THAT KEY EMPLOYEES DISCLOSE ANY DETAIL OF ANY ACTIVITIES OR INTERESTS WHICH MAY CONFLICT OR APPEAR TO CONFLICT WITH CIVISTA HEALTH'S BUSINESS.

KEY EMPLOYEES - EXEMPT ADMINISTRATIVE AND NON-EXEMPT EMPLOYEES WHO HAVE THE AUTHORITY TO MAKE COMMITMENTS FOR CIVISTA HEALTH RESOURCES.

ALL KEY EMPLOYEES MUST SIGN A DISCLOSURE OF BUSINESS INTEREST/CONFLICT OF INTEREST STATEMENT.

CONFLICT OF INTEREST BEHAVIORS ARE VARIED; HOWEVER, IT WOULD BE PROHIBITED FOR AN EMPLOYEE TO BE DIRECTLY CONNECTED IN ANY MANNER WITH ANY BUSINESS OR ENTITY WHICH SELLS OR PROVIDES MATERIALS, SUPPLIES, EQUIPMENT, FACILITIES OR SERVICES TO OR WHICH IS IN DIRECT OR INDIRECT COMPETITION WITH OR WHICH IS A CUSTOMER OF CIVISTA HEALTH.

ALL EMPLOYEES SHALL REFRAIN FROM ANY CONDUCT DURING THE PERFORMANCE OF THEIR DUTIES THAT HAS THE APPEARANCE OF IMPROPRIETY OR THAT COULD REASONABLY BE CONSTRUED AS CONTRARY TO THE INTERESTS AND MISSION OF THIS ORGANIZATION.

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
--	--

AN EMPLOYEE MAY NOT ACCEPT CASH IN ANY AMOUNT OR OTHER PERSONAL GIFTS HAVING ANY VALUE OR ANY OTHER PERSONAL FAVORS FOR PERFORMANCE WHICH GOES BEYOND COMMON COURTESY IN THE PERFORMANCE OF HIS/HER JOB DUTIES FROM ANYONE WITH WHOM CIVISTA HEALTH HAS OR IS LIKELY TO HAVE ANY BUSINESS DEALINGS. THESE INDIVIDUALS MAY INCLUDE AN EMPLOYEE, PERSPECTIVE EMPLOYEES, CUSTOMERS, COMPETITORS OR VENDORS.

AN EMPLOYEE MAY NOT DISCLOSE DIRECTLY OR INDIRECTLY ANY INFORMATION OF ANY KIND ACQUIRED IN THE COURSE OF EMPLOYMENT OR ASSOCIATION WITH CIVISTA HEALTH OR USE ANY SUCH INFORMATION TO FURTHER ANY PERSONAL INTERESTS OR TO THE DETRIMENT OF CIVISTA HEALTH.

ANY EMPLOYEE WHO HAS KNOWLEDGE OF ACTIVITIES THAT HE OR SHE BELIEVES MAY VIOLATE ANY OF THESE PROCEDURES HAS AN OBLIGATION TO REPORT THEM IMMEDIATELY TO THEIR SUPERVISOR/DEPARTMENT MANAGER OR THE VICE PRESIDENT, HUMAN RESOURCES.

ANY INDIVIDUAL WHO KNOWINGLY VIOLATES THIS POLICY IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE IN ADDITION TO POTENTIAL CRIMINAL PROSECUTION.

Name of the organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

DOCUMENTATION AVAILABILITY

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
--	--

BLANK LINES

THE ORGANIZATION DID NOT COMPLETE PART V, LINES 8 & 9 BECAUSE IT DID NOT

SPONSOR ANY DONOR ADVISED FUNDS.

Name of the organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

SCHEDULE K PART I

AMOUNTS

CUSIP NUMBERS

\$ 540,000 574217UL7

555,000 574217UM5

575,000 574217UN3

590,000 574217UP8

610,000 574217UQ6

630,000 574217UR4

650,000 574217US2

675,000 574217UT0

700,000 574217UU7

730,000 574217UV5

760,000 574217UW3

790,000 574217UX1

820,000 574217UY9

7,900,000 574217UZ6

10,425,000 574217VA0

32,050,000 574217VB8

\$59,000,000 TOTAL BOND ISSUED

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
CIVISTA HELTH INC 52-2155576 5 GARRETT AVE LA PLATA, MD 20646	SUPPORT	MD	501 (C) (3)		N/A
CIVISTA HEALTH FOUNDATION INC 52-1414564 616 E CHARLES ST LA PLATA, MD 20646	FUNDRAISING	MD	501 (C) (3)	509 (A) (3)	CIVISTA HLTH
CIVISTA HEALTH AUXILIARY INC 52-1131193 5 GARRETT AVE LA PLATA, MD 20646	AUXILIARY	MD	501 (C) (3)		CIVISTA HLTH

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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
CIVISTA CARE PARTNERS INC _____ 52-2176314 5 GARRETT AVE LA PLATA, MD 20646	HEALTHCARE	MD	CIVISTA HLTH	C CORP	3,678,249.	8,181,674.	100.0000

Part V Transactions With Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

CIVISTA HEALTH PROVIDES EXCELLENT CARE TO EACH PATIENT IN A SAFE,
CARING AND FAMILY - CENTERED ENVIRONMENT. CIVISTA FOSTERS A HEALTHIER
COMMUNITY BY PROVIDING SERVICE, EDUCATION AND ACCESS TO CARE IN
CONCERT WITH OTHER COMMUNITY ORGANIZATIONS.

FORM 990, PART III - PROGRAM SERVICES
=====

4A PROGRAM SERVICE

CIVISTA MEDICAL CENTER COMMUNITY BENEFITS PROGRAM UTILIZES A PLANNED, MANAGED, ORGANIZED, AND MEASURED APPROACH TO MEETING THE IDENTIFIED COMMUNITY HEALTH AND HEALTH-RELATED NEEDS OF THE COMMUNITY WE SERVE. THE MISSION IS TO IMPROVE OVERALL COMMUNITY HEALTH BY ACCESS TO HEALTH CARE, ENHANCE THE HEALTH OF THE COMMUNITY, ADVANCE HEALTHCARE KNOWLEDGE AND WORKING WITH OUT HEALTH - PROVIDING AGENCY PARTNERS. TOGETHER WITH THE CHARLES COUNTY DEPARTMENT OF HEALTH (CCDOH), THE COLLEGE OF SOUTHERN MARYLAND, AND THE CHARLES COUNTY BOARD OF EDUCATION, CIVISTA MEDICAL CENTER COORDINATES PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY (PHCC), A GROUP OF MORE THAN 40 COMMUNITY BASED HEALTH PROVIDING ORGANIZATIONS. THROUGH PHCC AND FUNDED BY CIVISTA AND CCDOH, A COMPLETE COMMUNITY NEEDS ASSESSMENT WAS PERFORMED IN 2005 AND WAS UPDATED IN 2008. THIS INFORMATION WAS SHARED WITH ALL OF OUR PARTNER AGENCIES TO IDENTIFY COMMUNITY HEALTH NEEDS IN CHARLES COUNTY. THIS DATA SERVES AS THE PLANNING AND EVALUATION MECHANISM FOR CIVISTA MEDICAL CENTER'S COMMUNITY BENEFITS PROGRAM.

ACCOMPLISHMENTS:

CIVISTA MEDICAL CENTER PROVIDED OVER \$3.2 MILLION IN CHARITY CARE, UNPAID MEDICAID COSTS, COMMUNITY HEALTH IMPROVEMENT SERVICES, SUBSIDIZED HEALTH SERVICES, CASH AND IN-KIND DONATIONS AND COMMUNITY BUILDING ACTIVITIES IN FY2009.

THIS YEAR, WE PROVIDED PROGRAMS AND ACTIVITIES SUCH AS:

SCREENINGS AND EDUCATION:

HEART DISEASE: SCREENINGS SUCH AS MATTERS OF THE FEMALE HEART - HEART RISK SCREENING FOR WOMEN, STROKE SCREENINGS,

BLOOD PRESSURE SCREENINGS, AND DIABETES EDUCATION AND SCREENINGS; EDUCATION PROGRAMS SUCH AS STROKE RISK REDUCTION, AND LOWERING YOUR CHOLESTEROL WITHOUT MEDICATION.

CANCER: SCREENINGS SUCH AS PROSTATE AND COLORECTAL CANCER, TOBACCO CESSATION PROGRAM, CERVICAL AND BREAST SCREENINGS EXAMS AND EDUCATION, AND ACS' RELAY FOR LIFE SURVIVOR SUPPORT.

COMMUNITY EDUCATION PROGRAMS AND SERVICES SUCH AS ADVANCED DIRECTIVES, ARTHRITIS AND OSTEOPOROSIS, BREASTFEEDING, COMMUNITY DISASTER DRILLS - PANDEMIC FLU, SCHOOL CAREER DAYS.

SUPPORT GROUPS SUCH AS PARKINSON'S SUPPORT GROUP CLINICS AND CLINIC SERVICES SUCH AS PRE NATAL AND OB CLINIC, FLU VACCINE

FORM 990, PART III - PROGRAM SERVICES

=====

CLINIC, RENAL DIALYSIS SERVICES, AMERICAN RED CROSS BLOOD DRIVES

COMMUNITY COMMITTEES, BOARDS, AND ORGANIZATIONS

(EMPLOYEE PARTICIPATION) SUCH AS UNITED WAY, PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY, CHARLES COUNTY TOBACCO COALITION, LEADERSHIP MARYLAND, HOSPICE OF CHARLES COUNTY, HEALTHY FAMILIES, HEALTH PARTNERS FREE CLINIC BOARD, FETAL INFANT MORTALITY BOARD, MARYLAND COUNCIL ON PHYSICAL FITNESS, CENTER FOR ABUSED PERSONS, JUVENILE DRUG COURT; CHAMBER OF COMMERCE, CHARLES COUNTY COMMISSION FOR WOMEN, CHARLES COUNTY CHILD ADVOCACY PARTNERSHIP, HEALTHCARE ROUNDTABLE COMMUNITY EVENTS SUCH AS CHRISTMAS CONNECTION, RELAY FOR LIFE, ALZHEIMER'S WALK, MARCH OF DIMES, AND SAFE NIGHTS.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
-----	-----	-----
EMERGENCY MEDICINE ASSOCIATES 20010 CENTURY BLVD GERMANTOWN, MD 20874	PHYSICIANS	603,096.
CROTHALL HEATHCARE 13028 COLLECTIONS CENTER DR CHICAGO, IL 60693	HOUSEKEEPING	620,998.
ROI ELIGIBILITY SERVICES CORP 1920 GREENSPRING DR STE 200 TIMONIUM, MD 21094	PT ACCTG PURCH SERV	594,611.
DIGITRACE CARE SERVICES INC 200 CORPORATE PLACE STE 58 PEABODY, MA 01960	EEG PURCHASED SERV	569,140.
CENTER FOR CHILDREN INC PO BOX 2924 LA PLATA, MD 20646	ED PURCHASED SERVICE	374,176.
TOTAL COMPENSATION		----- 2,762,021. =====

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
K-1 PREMIER PUCHASING PARTNERS	150,378.		-1,231.	151,609.
K-1 CHESAPEAKE POTOMAC HEALTHCARE ALLIANCE	346,111.			346,111.
INTEREST INCOME	321,931.			321,931.
	-----	-----	-----	-----
TOTALS	818,420.		-1,231.	819,651.
	=====	=====	=====	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	660,948.
PREPAID INSURANCE	524,253.
TOTALS	----- 1,185,201. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
STOCK	85,735.	COST
TOTALS	----- 85,735. =====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: LINE OF CREDIT

BEGINNING BALANCE DUE	2,500,000.
ENDING BALANCE DUE	9,500,000.

LENDER: CHARLES COUNTY GOVERNMENT

INTEREST RATE: 3.050000

MATURITY DATE: 03/31/2021

BEGINNING BALANCE DUE	13,162,570.
ENDING BALANCE DUE	12,304,652.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	15,662,570.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	21,804,652.
--	-------------

=====

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2009 Estimated Tax		A	
B. Enter 100 % of Line A		B	
C. Enter 100 % of tax on 2008 FORM 990-T	11,176.	C	
D. Required Annual Payment (Smaller of lines B or C)		D	11,176.
E. Income tax withheld (if applicable)		E	
F. Balance (As rounded to the nearest multiple of)		F	11,176.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2008 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/16/2009	2,794.		2,794.
2	12/15/2009	2,794.		2,794.
3	03/15/2010	2,794.		2,794.
4	06/15/2010	2,794.		2,794.
Total		11,176.		11,176.

ESTIMATED PAYMENTS MUST BE MADE USING EITHER THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS) OF IF ALLOWABLE, FEDERAL TAX DEPOSIT COUPONS (FORM 8109). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA ONE OF THE ABOVE METHODS.

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

(Keep for your records. Do not send to the Internal Revenue Service.)

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

2009

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Balance. Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10 a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2008 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2009 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12			
13	2008 Overpayment (see instructions)	13			
14	Payment due. (Subtract line 13 from line 12.)	14			

For Paperwork Reduction Act Notice, see the instructions on page 8.

Form **990-W** (2009)

Name CIVISTA MEDICAL CENTER, INC. Employer identification number 52-0445374

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	11,176.
2 a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2 a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2 b	
c	Credit for federal tax paid on fuels (see instructions)	2 c	
d	Total. Add lines 2a through 2c	2 d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	11,176.
4	Enter the tax shown on the corporation's 2007 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	NONE
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	11,176.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 10/17/2008	12/15/2008	03/15/2009	06/15/2009
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10 2,794.	2,794.	2,794.	2,794.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11			
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12			
13 Add lines 11 and 12	13			
14 Add amounts on lines 16 and 17 of the preceding column	14	2,794.	5,588.	8,382.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15			
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	2,794.	5,588.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 2,794.	2,794.	2,794.	2,794.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (<i>Form 990-PF and Form 990-T filers:</i> Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2008 and before 7/1/2008 . . .	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 6% . . .	22			
23 Number of days on line 20 after 6/30/2008 and before 10/1/2008 . .	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 5% . . .	24			
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009 . . .	25	SEE PENALTY COMPUTATION WHITEPAPER DETAIL		
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 6% . . .	26			
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009 . .	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 5% . . .	28			
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009 . . .	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *% . . .	30			
31 Number of days on line 20 after 6/30/2009 and before 10/1/2009 . .	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *% . . .	32			
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010 . . .	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *% . . .	34			
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010 . .	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *% . . .	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37			
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			372.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
QUARTER 1, RATE PERIOD 1 (10/17/2008 - 12/31/2008)						
	2,794.	10/17/2008	12/31/2008	75	6	34.
TOTAL FOR QUARTER 1, RATE PERIOD 1						34.
QUARTER 1, RATE PERIOD 2 (12/31/2008 - 03/31/2009)						
	2,794.	12/31/2008	03/31/2009	90	5	34.
TOTAL FOR QUARTER 1, RATE PERIOD 2						34.
QUARTER 1, RATE PERIOD 3 (03/31/2009 - 11/15/2009)						
	2,794.	03/31/2009	11/15/2009	229	4	70.
TOTAL FOR QUARTER 1, RATE PERIOD 3						70.
QUARTER 2, RATE PERIOD 1 (12/15/2008 - 12/31/2008)						
	2,794.	12/15/2008	12/31/2008	16	6	7.
TOTAL FOR QUARTER 2, RATE PERIOD 1						7.
QUARTER 2, RATE PERIOD 2 (12/31/2008 - 03/31/2009)						
	2,794.	12/31/2008	03/31/2009	90	5	34.
TOTAL FOR QUARTER 2, RATE PERIOD 2						34.
QUARTER 2, RATE PERIOD 3 (03/31/2009 - 11/15/2009)						
	2,794.	03/31/2009	11/15/2009	229	4	70.
TOTAL FOR QUARTER 2, RATE PERIOD 3						70.
QUARTER 3, RATE PERIOD 2 (03/15/2009 - 03/31/2009)						
	2,794.	03/15/2009	03/31/2009	16	5	6.
TOTAL FOR QUARTER 3, RATE PERIOD 2						6.
QUARTER 3, RATE PERIOD 3 (03/31/2009 - 11/15/2009)						

PENALTY COMPUTATION DETAIL - FORM 2220

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DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
-----	-----	-----	-----	-----	---	-----
	2,794.	03/31/2009	11/15/2009	229	4	70.
TOTAL FOR QUARTER 3, RATE PERIOD 3						70.
QUARTER 4, RATE PERIOD 3 (06/15/2009 - 11/15/2009)						=====
	2,794.	06/15/2009	11/15/2009	153	4	47.
TOTAL FOR QUARTER 4, RATE PERIOD 3						47.
TOTAL UNDERPAYMENT PENALTY						372.
						=====

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 07/01, 2008, and ending 06/30, 2009. See separate instructions.

Check box if address changed

B Exempt under section
 501(c) ()
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
118,804,555.

Name of organization (Check box if name changed and see instructions.)
CIVISTA MEDICAL CENTER, INC.
Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
5 GARRETT AVE
City or town, state, and ZIP code
LA PLATA, MD 20646

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
52-0445374

E Unrelated business activity codes
(See instructions for Block E on page 9.)
561000 621990

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. LAB AND ANSWERING SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of JIM CLAGUE Telephone number 301-609-5154

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>171,279.</u>			
b	Less returns and allowances			
c	Balance	171,279.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	171,279.		171,279.
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See page 11 of the instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	171,279.		171,279.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	101,786.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	101,786.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	69,493.
31	Net operating loss deduction (limited to the amount on line 30)	31	3,788.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	65,705.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	64,705.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) _____ (2) _____ (3) _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)		
c Income tax on the amount on line 34	35c	11,176.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See page 16 of the instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	11,176.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see page 17 of the instructions)	40b	
c General business credit. Attached Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39.	41	11,176.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	42	
43 Total tax. Add lines 41 and 42	43	11,176.
44 a Payments: A 2007 overpayment credited to 2008	44a	
b 2008 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44f	
45 Total payments. Add lines 44a through 44f	45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	372.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	11,548.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	NONE
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ Refunded ▶	49	NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature _____ Date 05/14/2010
 Firm's name (or yours if self-employed), address, and ZIP code ▶ COHEN, RUTHERFORD + KNIGHT, PC
 6903 ROCKLEDGE DRIVE, SUITE 500
 BETHESDA, MD 20817-1800
 Check if self-employed Preparer's SSN or PTIN P00482524
 EIN 52-1202280
 Phone no. 301-828-1002

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)

1 Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns for Rent received or accrued (a, b), Deductions (3a), and Total income (c).

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table for Schedule E with columns for Description of debt-financed property, Gross income, Deductions (a, b), and Allocated amounts (4, 5, 6, 7, 8).

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Schedule F - Exempt Controlled Organizations with columns for Name of organization, Employer ID, Net unrelated income, Total of specified payments, Part of column 4, and Deductions.

Table for Schedule F - Nonexempt Controlled Organizations with columns for Taxable Income, Net unrelated income, Total of specified payments, Part of column 9, and Deductions.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			