Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2008

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

Open to Public Inspection

_	A FC	or the 2008 calendar year, or tax year beginning $$	ing JUN 30, 2	0.00
		eck if Please C Name of organization		
		USE INS	D Employer ic	lentification number
		Address label or SHEPPARD PRATT HEALTH SYSTEM, INC.		्या १९४० हुआ १९४० १९४
	السا	change 1,700 Doing Business As	——	2 0501604
		Initial See Alivert and I I I I I I I I I I I I I I I I I I I		2-0591684
		ation Instruct P.O. BOX 6815		
	r	Amended tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	10-938-3000
1	1	BALTIMORE, MD 21285	H(a) Is this a gro	
		F Name and address of principal officer:PATRICIA PINKERTON	for affiliates	
-		SAME AS C ABOVE	H(b) Are all affilia	
_!	Tax	x-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		ach a list. (see instructions)
		bsite: WWW.SHEPPARDPRATT.ORG	H(c) Group exer	mption number
	Part	e of organization: X Corporation Trust Association Other	Year of formation: 193	8 M State of legal domicile: MT
_	Т.			
Activities & Communication	2	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	INPATIENT E	BEHAVIORAL
į	Ē 2	HEADIN CARE. PROVIDE RELATED BEHAVIORAL, SP.	ECTAL EDITORT	TON AND
Š	5 3	Number of voting members of the second discontinued its operations or disposed of		issets.
ď	4	and a result of the doverning body (batt of line 18)		27
9	5	the doverning inclined by the doverning body (Part VI line 16)		4 26
itis	6	- im various of chiployees (rait v, line za)		5 2845
4	7	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)		6 484
٩	1	b Net unrelated business taxable income from Form 990-T, line 34		7a 606,160.
	T	The state of the s		7ь -293,733.
<u> </u>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,146,81	Current Year
enu	9	Program service revenue (Part VIII, line 2g)	151,961,41	
Revenue	10		3,603,54	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,296,22	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,007,99	4. 7,597,359. 9. 168,903,991.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	=======================================	2. 100,303,331.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)	95,779,78	3. 101,782,568.
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		
Ä	l'	5 Total Ididiasing expenses (Part IX, column (D), line 25) 5 689.452.		*
	17		62,416,032	2. 65,236,052.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	158,195,815	5. 167,018,620.
es es		Revenue less expenses. Subtract line 18 from line 12	6,812,184	1,885,371.
Ssets or Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
~~~	21	Total liabilities (Part X, line 16)	263,323,081	
ESE ELEC	22	Net assets or fund balances. Subtract line 21 from line 20	151,272,256	
Pa	rt II	Signature Block	112,050,825	94,612,877.
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemes and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts and to the best of my know	deden and but at a total
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.	neoge and bener, it is true, correct,
Sign	)	Cather what	15.7	16
Here	•	Signature of officer	Date	
		PATRICIA PINKERTON, CFO		
		Type or print name and title		
Paid			Check if Prep	parer's identifying number
Prepa	rer's	BOKGHAUSEK 105/06/10	self- employed > (see	instructions)
Use (	nly	yoursif SC&H TAX & ADVISORY SERVICES, LLC	EIN >	
		address and		
May	he I	ZIP+4 SPARKS, MD 21152	Phone no.	410-403-1500
ividy	110 11	RS discuss this return with the preparer shown above? (see instructions)		X Ves No

Part II	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Type or	y complete Part II if you have already been granted an automatic 3-month exters filing for an Automatic 3-Month Extension, complete only Part I (on part Additional (Not Automatic) 3-Month Extension of Time. Only file Steppard Part I (in part	age ().		
print	Shape and D. Companization	the origin	al (no copi	es needed).
File by the	L		Employer	identification nun
extended	Number, street, and room or suite no. If a P.O. box, see instructions, P.O. Box 5815		52	0591684
due date for filing the			For IRS U	e only
return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	Baltimore, MD 21285-6815			Ę.
Form 99	e of return to be filed (File a separate application for each return):	9		
Form 99		_ 4844 4	_	
Form 99	10 - 1 (Sec. 401/a) or 400/a) 4	m 1041-A		Form 6069
STOPI Do a	91 complete Part II is	m 4720		Form 8870
- The st	The state of the s	m 5227		
T-1-	are in the care of Avery Dover	extension of	a previou	sly filed Form 886
		938-334	0	
u it inis is for	was a man and the state of the			
5a ∆L- : .	r a Group Return, enter the organization's four distriction of the Orlined States, (	check this b	xox	
or the whole	e group, check this box	check this ber (GEN)	юх	· · · · . ▶ □
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410-938-5049

# Application for Extension of Time To File an Exempt Organization Return

Department	of the Treasury	Exempt Organization Return			1	
miemai Hev	enue Service	Eilo A = - · ·			OMB	No. 1545-170
■ If you :	are filing for a	an Automatic 3-Month Extension, complete only Part I and check this an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this II unless you have already been granted as a set.			1	
Do not co	are tiling for a	an Automatic 3-Month Extension, complete only Part I and check this an Additional (Not Automatic) 3-Month Extension, complete only Part I unless you have already been granted an automatic 3-month extension of Transcriptors.	box		<del></del>	
Part	implete Part	Il unless you have already been granted an autonion, complete only Par	t II (on r	י מחבר	7 of this	, 🕨 🛭
A corpora	ition required	tic 3-Month Extension of Time. Only submit original (no copies to file Form 990-T and requesting an automatic 6-month extension—cf	needed	).	mod For	11 0008,
Part I only	/ · · · ·	and requesting an automatic 6-month extension				
All other o	οποrations .	(included as a second of the content	eck this	box	and com	plete
time to file	income tax	returns Partnerships, REMICs, and trusts		• •		· · 🕨 🗀
Electronic	Filing (e-file	fincluding 1120-C filers), partnerships, REMICs, and trusts must use For returns.  3. Generally, you can electronically file Form 8868 if you want a 3-month want the additional (not automatic) 3-month and to file Form 990-T). However, the sedditional (not automatic) 3-month and to file Form 990-T).	m 7004	to re	quest an	extension
returns or	lly if (1) you	want the additional (not automatic) 3 manufactor file Form 990-T). How	automat Vever v	tic ex	tension o	f time to fil
8868, For n	1 composite o	ed below (6 months for a corporation required to file Form 990-T). Howart the additional (not automatic) 3-month extension or (2) you file Form consolidated Form 990-T. Instead, you must submit the fully completed the electronic filing of this form, visit www.irs.gov/efile and click on e-file.	ms 990-	-Bl	annot tijė S060 – s	Form 886
	Tore details o	or consolidated Form 990-T. Instead, you must submit the fully completed in the electronic filing of this form, visit www.irs.gov/efile and click on e-filempt Organization	and sign	ied pa	age 2 (Pa	rt II) of Form
		temps Organization	9 for Cha	arities	& Nonpi	ofits.
Pilit	Duebbatt	Pratt Health System Inc.	Emple	OYer i	dentificat	ion number
File by the due date for	I Mumper, Str	eet, and room or suite no. If a D.C. h.	52		nsa.	1684
filing your return. See					0.03	10.54
instructions.	City, town o	r post office, state, and ZIP code. For a foreign address, see instructions.				
	Baltimore	MD 21285-6815				
Check type	of return to	be filed (file a separate application for each return):				
☑ Form 990	1	(ind a separate application for each return):				
☐ Form 990	-BL	Form 990-T (corporation)				_
☐ Form 990	-EZ	Form 990-T (sec. 401(a) or 408(a) trust)			orm 472	0
☐ Form 990.	-PF	- Oill 990-1 (Irust other than above)			om 522	
		Form 1041-A			orm 6069	
-			1	L.) F	orm 8870	}
• The books a	are in the car	e of Mery Dover				
Telephone N	0. 1 410	) 978.7227				
<ul> <li>If the organi;</li> </ul>	zation does r	FAX No. > ( 410 ) 938.	3340			
						. —
for the whole g	roup, check	this box	, , , , , , , , , , , , , , , , , , ,	• •		<b>▶</b> □
1 I request	an autom	atic 3-month (6 months for a corporation required to file Form , 20_10_, to file the exempt organization return for the organization re		U	and atta	cn
untii F	ebruary 15	atic 3-month (6 months for a corporation required to file Form , 20_10, to file the exempt organization return for the organization nation for:	000 T			
for the ord	lanization's s	eturn for	1 990-1)	)	tension	of time
▶ □ cale	ander vear of	SECTION,	minen sp	ove.	The exte	nsion is
▶ 🗸 tax	Voor heeinei	ng, 20 _08 , and ending Jun				
	year neginni	ng, 20 _08 and ending	e 30			
2 If this tax v	ear in for les	- Ab.			, 20	09
	cai is for les	s than 12 months, check reason:   Initial return   Final column	-			
3a If this appli	cation in fo-	s than 12 months, check reason:   Initial return   Final return	Change	in ac	counting	period
			<del></del>	т —		
b If this applie	TONIO - 1- 1	credits. See instructions.		1		
Davmente m	ation is for P	Form 990-PF or 990-T, enter any refundable credits and estimated tax any prior year overpayment allowed as a gradit	3a	\$		
C Pale	iaue. Include	any prior year overpayment allowed as a credit.		1	_	
denosit with	e. Subtract li	ne 3b from line 3a. Include your payment with this form, or, if required, or, if required, by using EFTPS (Electronic Federal T. 2001).	36	\$	·	
System) Se	r FIU Coupo	ne 3b from line 3a. Include your payment with this form, or, if required, in or, if required, by using EFTPS (Electronic Federal Tax Payment				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		t = \T-TYPORD   CDE(A)   190 Davissons				
ranon, ii you ar	e going to m	ake an electronic fund withdrawal with this Form 8868, see Form 8453-5	3c	\$		N:A
Payment instru	ictions.	100 tols Form 8868, see Form 8453-E	O and F	orm .	8879-FO	
Privacy Act and	Paperwork P	Reduction Act Notice, see Instructions. Cet No. 279:50	_			
		Cet. No. 27916D	Envi	, 00	68 /2	<del></del>

If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete or all subject of the s	nly Part II	and ch	eck this box
Farti	Additional (Not Automatic) 3-Month Extension, complete only Part I (on page Name of Exempt Organization	e 1).	riously	filed Form 8868,
Type or print	Name of Exempt Organization	he origina	l (no c	opies pooded)
•	N		Emplo	yer Identification numbe
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions,	1	•	!
due date for filling the	oly see instructions,		For IRS	use only
return, See instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			out only
	address, see instructions.			
Form 0	90 Form 990-ps			
Form 9				
Form 9	00 - Porm 980-1 (sec 401/s) - 400/ )	1041-A	l	☐ Form 6069
STOPI Do	90-EZ Form 990-T (trust other than above)	4720	1	
- Th. /		5227		
Tole books	s are in the care of  No.   FAX No.   (1)	ension on	a previ	ously filed Form 8888
If the orga	inization does not have an office or place of business in the United States, chip a Group Return, enter the organization's four digit Group Evernation	· *		<b>,</b>
for the whole	or a Group Return, enter the organization's four digit Group Exemption Number agroup, check this box	r (GEN)		• • • • • • • □
list with the	e group, check this box	is box		If this is
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5 For cale				
O TOT CALE	endar year or other transformer until	20	1	
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## Part IV | Checklist of Required Schedules

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Y	es No
	1 44) Somplete Generale A	Γ		
	2 Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities as both 16.			X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I.	<u> </u> _	2 2	X
				1
	<ul> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.</li> <li>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. In the complete Schedule C, Part III.</li> </ul>	···· [_	3	X
	5 Section 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? If "Yes," complete Schedule C, Part II.	′···  '	4 2	<u>-   - </u>
				- 1
	Oid the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	····	5	
	7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u> _6	<u>'</u>	X
	The state of the s			
	B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7		X
			١.,	.
	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 asset it.	8	X	
4				
1		9		X
'	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	10	+-	<del> </del>
12	" Tes, Complete Schedule D, Parts VI. VII. VIII IX or Yes applicable		x	1
	Did the organization receive an audited financial statement for the year for which it is completing this return that was	11	┼≏	+
13		12		1
14	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the NO.	13	+	$\frac{X}{X}$
		14a	+	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 LLS 2 if "Yes " complete S to the D.S.?"	1170	+-	<u> </u>
15		14b	.	x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or ent	itv	_	1
16	located outside the United States? If "Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A) line 3, more than \$5,000 or grants or assistance to any organization or ent	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals  Did the organization.			<del> </del>
17	Did the organization report more than \$15,000 on Part IV column (A) II	16		x
18			<del>                                     </del>	X
19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part I	18	X	
20	Did the organization operate one or more becomes 2 /6 N/s, line 94 / 17 Yes, " complete Schedule G, Part III	19		X
21	Did the organization report more than \$5,000 on Part IX, column (A) the state of th	20	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII. Section A questions 0.4.	21		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III  Did the organization have a tax-exempt bond issue with an outstood or a second or	22		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		T	
	If "No", go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary paried and complete Schedule K.			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding operary at	24a	X	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		X
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease		ı	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization organization organization.	24c	$\rightarrow$	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d	$\dashv$	X
		1 -		17
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a	$\dashv$	<u>X</u>
		05.		v
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	$\dashv$	<u>X</u>
		26		v
_,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20	$\dashv$	<u>X</u> _
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form 9		

## Part IV Checklist of Required Schedules (continued)

28	any person who is a current or former officer director to		Yes	N
	The state of the s			Т
			1	
		<u> </u>		
	Have a family member who had a direct or indirect business relationship with the organization?  If "Yes." complete Schedule L. Port "/	_ 28a	X	Ι
	The second of th			Г
(	Torrow as all officer, director, trustee, key employee partner or manks of	28b		2
				Г
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other rice."	28c	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	
1	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		2
	If "Yes," complete Schedule N. Part I			_
2	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II	31		2
	Schedule N, Part II		$\neg \neg$	
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-32 fr "Yea"	32		Σ
	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedulo B. Boot I		T	
1	Was the organization related to any tax-exempt or taxable entity?	33		X
	if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			
•	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	X	
	··· 100, complete scriedule H, Part V. line 2			
	If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		X
	If "Yes," complete Schedule R, Part V, line 2			
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		T	_
	tax purposes: II Tes, complete Schedule R, Part VI	37		X

Form **990** (2008)

## Statements Regarding Other IRS Filings and Tax Compliance

	1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			Y	es N
	o.o. mornation neturns, Enter-U- if not applicable		•	ء حا		
	The state of the s	1a		36		
				0		
	a a bure municial	eportable	e gaming	<u> </u>		
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i		1	c 2	X
	The description year country with or within the year covered by the				-	
	the continue for the first the continue for the second for the sec	2a	284	15		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see 3a Did the organization have unrelated business great in any 164 and 165.	ns?		. 2	5 Z	
		instructio	ons)			
	and during the calefular year, and the organization have on interest in				) X	
	The same of the sa	authority	over, a	1		
				. 4a		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E Financial Accounts.					$\top$
		Bank and				-1
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party positive the agreement in the star year?			L	$\perp$	
				5a	$\perp$	X
	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity F Tax Shelter Transaction?	tion?		5b	$\perp$	X
(	Did the organization solicit any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement to			5c		
	b If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?			6a		X
		ns or gift	s	1	1	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b		
	a bid the diganization provide goods or services in evolution in		_	ļ	<u> </u>	
	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal arms.</li> </ul>	nan \$75	?	7a	<u> </u>	X
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		• • • • • • • • • • • • • • • • • • • •	7b	<u> </u>	<u> </u>
		required				
	d If "Yes," indicate the number of Forms 8282 filed during the year			7c		X
,	Did the organization, during the year, receive any funds, directly as indirectly as	conal		d i		1
				<del></del> -		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	+?	***************************************	7e		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  For contributions of cars, boats, airplanes, and other vehicles, did the arrest to the contributions of cars, boats, airplanes, and other vehicles, did the arrest to the contributions of cars, boats, airplanes, and other vehicles, did the arrest to the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, boats, airplanes, and other vehicles, did the contributions of cars, and cars, are cars, are cars, and cars, are cars, and cars, are cars, and cars, are cars, are cars, and cars, are cars, and cars, are cars, are cars, and cars, are cars, and cars, are cars, and cars, are cars, are cars, are cars, are cars, are cars, and cars, are car	•• ••••••		7 <del>f</del>	· ·	X
8				7g	X	
Ü				7h	Х	
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization organization at any time during the year?	nization t	2270			ĺ
Q			1440	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<del>-                                    </del>		
h	The organization make any taxania distributions under seeding 40000		ŀ	00	$\dashv$	
10				9a   9b		
a	Section 501(c)(7) organizations. Enter: N/A	••••••		30		
ь	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 999, Part VIII, line 12	al	- 1			
11	Fart VIII. line 12, for public use of club facilities	b			18	
a	Gross income from months. Enter: N/A				- 1	
b	Gross income from other sources (Da and	a				
_	amounts due or paid to other sources against	1				- 1
12a	Section 4947(a)(1) pop-exempt charitable 4	,		- 1		
b	TO THE CHARLES OF THE CHARLES OF THE COUNTY	1?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	<u> </u>	-	+	7
				orm Q	<del></del>	

Form **990** (2008)

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

	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	_		Yes
12	Enter the number of voting members of the governing body  Enter the number of voting members that are included.	27	- 1	
	The first of voting frienders that are independent	27 26		
2	y and ottor, trustee, or key employee have a family relationship or a business relationship	26		
	, , ===== , v, ko, cubic/ec;	$\vdash$		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key ompleyees to		2	
	, and the state of		- 1	
4			3	
5			4	X
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons at the	5	5	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	6	6	X
			T	
b	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, and the subject to approval by members are subject to approval by members.	7	a	X
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings but the meeting but the meetings but the meeting but the mee	71	ь	X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	- 1		
b	The governing body?  Each committee with authority to act on behalf of the governing body?	88	a	X
∂а	Each committee with authority to act on behalf of the governing body?  Does the organization have local chapters, branches, or affiliates?	86	_	X
ь	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and proceed to the organization have written have been policies and proceed to the organization have written have been policies and proceed to the organization have written have been policies and the organization have written have been policies and the organization have been policie	9a		
			+	
	The state of the consistent with those of the creations	9b	.	
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	··	+-	$\neg$
	The process, if any, the propagation tiege to review the Fermi and	10	٠,	хl
			+-	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
a [	Does the organization have a written conflict of interest policy? If "No." go to line 13		1-2	es
	Ooes the organization have a written conflict of interest policy? If "No," go to line 13  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		1-2	-
t	o conflicts?		Σ	ζ
t	o conflicts?  Ones the organization regularly and consistently monitor and enforce compliance with the could give rise	. 12b	Σ	ζ
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t in D D D D D D D D D D D D D D D D D D	o conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done in Schedule O how the following persons include a review and approval by independent ersons, comparability data, and contemporaneous substantiation of the deliberation and decision: the organization's CEO, Executive Director, or top management official? The organization in Schedule O. (see instructions) in the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a exable entity during the year?  "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in the venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in the organization in the status with respect to such arrangements?  The C. Disclosure is the states with which a copy of this Form 990 is required to be filed in a policable), 990, and 990. The contribute is the states with which a copy of this Form 990 is required to be filed in a policable), 990, and 990. The contribute is the states with which a copy of this Form 990 is required to be filed in a policable), 990, and 990. The contribute is the states with which a copy of this Form 990 is required to be filed in a policable), 990, and 990. The contribute is the states with which a copy of this Form 990 is required to be filed in a policable), 990, and 990. The contribute is conflicted in the public in the public in the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X	
t E ir D D D D D D D D D D D D D D D D D D	o conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written document retention and destruction policy?  Does the organization have a written policy or top the deliberation and approval by independent eresons, comparability data, and contemporaneous substantiation of the deliberation and decision:  Does the organization in the organization?  Does the organization in the organization?  Does the organization in the organization of the following persons include a review and approval by independent eresons to the organization in the organization?  Does the organization in the organization of the organization of the deliberation and decision:  Does the organization in the organization to ensure the organization to evaluate its participation in the organization in the organization in the organization to evaluate its participation in the organization in th	12b 12c 13 14 15a 15b 16a 16b	X X X X	
t E ir D D D D D D D D D D D D D D D D D D	o conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent dersons, comparability data, and contemporaneous substantiation of the deliberation and decision:  Decropanization's CEO, Executive Director, or top management official?  There officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Describe the process in Schedule O. (see instructions)  Describe the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a exable entity during the year?  The state organization adopted a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization empt status with respect to such arrangements?  The C. Disclosure  If the states with which a copy of this Form 990 is required to be filed ▶MD  Cotion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available bilic inspection. Indicate how you make these available. Check all that apply.  Down website X Another's website X Upon request to prove the state of the policy of the policy of the prographization makes its coversion does not contain the policy?  Does the organization policy?  The states with which a copy of this Form 990 is required to be filed policy?  Does the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available of the prographization makes its coversion does the policy?	12b 12c 13 14 15a 15b 16a 16b	X X X X	

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

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; Check this box if the organization did not compensate any officer, director, trustee, or key employee

Check this box if the organization did n (A)	(B)				(	(C)			(D)	(E)	T
Name and Title	Average	,			Pos	sitio			Reportable	(E) Reportable	(F)
	hours	ļ	(C	hec	k all	tha	t ap	ply)	compensation	compensation	Estimated amount of
	per week	- 1	clor		П	Г	T		from	from related	other
	WOOK		or din	٥	l		2		the organization	organizations	compensation
	ı	- 1	rstee	truste			beinsa		(W-2/1099-MISC)	(W-2/1099-MISC)	from the
		- 1	last i	lional	ł	e e	E E		(		organization and related
		- 1	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated	ormer or			organizations
MARGARET ALLEN		4	$\dashv$	_	L	Ľ	= "	=			,
TRUSTEE	1.0	۸.	τ,			l					
EMILE A. BENDIT, M.D.	1.00	4	싀			<u> </u>	_		0.	0.	0.
TRUSTEE	1.00	o   :									
JOHN E. CARNELL	1 1.00	4	4	$\dashv$					0.	0.	0.
VICE CHAIRPERSON	1.00	٦,	x		x				_		
HOWARD K. COHEN	1 -00	4	^┼	-4	싀		$\vdash \dashv$	4	0.	0.	0.
TRUSTEE	1.00	٦l,	ĸ		- 1				_		
DR. W. BYRON FORBUSH	1	+	+	$\dashv$	$\dashv$	$\dashv$		$\dashv$	0.	0.	0.
CHAIRPERSON	1.00	۱ ا	2		$\mathbf{x}$	ı					
LAURA GAMBLE	1 2.00	+-	+	+	<del>^</del>	{	-+	$\dashv$	0.	0.	0.
TRUSTEE	1.00	ı z	ا ء				- 1			_	
ALAN GAMSE	+ = = = =	1	╁	+	$\dashv$	$\dashv$	$\dashv$	$\dashv$	0.	0.	0.
TRUSTEE	1.00	l _x	-					-			
TIMOTHY R. HEARN	1	+	+	+	+	$\dashv$	-+	+	0.	0.	0.
VICE CHAIRPERSON	1.00	x		1,	X	- 1	- 1		0.		
H. THOMAS HOWELL		+=	+	+	+	+	$\dashv$	┰	U•	0.	0.
TRUSTEE	1.00	x				-			0.		
KENNETH JONES			+	十	+	+	+	+	<u> </u>	0.	0.
TRUSTEE	1.00	x				-			0.		_
NORMA PEDEN KILLEBREW		$\vdash$	1	†	$\top$	+	+	+		0.	0.
TRUSTEE	1.00	x							0.		
DAVID W. KINKOPF			1	†	1	十	+	+		0.	0.
TRUSTEE	1.00	Х							0.	0.	•
CHARLES E KNUDSEN				1	$\top$	$\top$	+	+		U•	0.
TRUSTEE	1.00	X	1			1			0.	0.	0
ROBERT KRESSLEIN				$\top$	T	1	$\top$	+			0.
TRUSTEE	1.00	X			ł			1	0.	0.	0
BRIAN LEGETTE						1	+	1			0.
TRUSTEE	1.00	X							0.	0.	0
ANNETTE R. MARCH-GRIER TRUSTEE		$\neg$		Γ	T	$\top$	$\top$	†			0.
	1.00	X							0.	0.	0
THE HON. J.F. MOTZ TRUSTEE	T	$\neg$				T	T				0.
IKUDIEE	1.00	Y I			Į.	1	1	1	0.	0.	

Form **990** (2008)

Form 990 (2008) SHEPPARI Part VII Section A. Officers, Directors, T	PRATT	HI	EAI	ΤΉ	I (	SYS	STE	M, INC.	52-0591	L <b>684</b> Page
(A)	(B)		ноуе	es,	and	HIQ	ghes	t Compensated Emplo	yees (continued)	
Name and title	Average				(C)			(D)	(E)	(F)
	hours	1,	char		sitio		ply)	Reportable	Reportable	Estimated
	per	_	$\neg$	T	1 11 12	at ap	piy)	compensation	compensation	amount of
	week	Lec's						from the	from related	other
		Individual trustee or director	g		1	Highest compensated	1	organization	organizations (W-2/1099-MISC)	compensation
		ruste	institutional trustee			Dens		(W-2/1099-MISC)	(** 2/1039-1/1130)	from the organization
	1	Ē	tiona	1.	層	8	E .	1		and related
		ndivi	l se	Officer	Key employee	ig i				organizations
JENNIFER W. REYNOLDS	<del> </del>	+	厂	Ľ	Ľ	بَـــــــــــــــــــــــــــــــــــــ				•
TRUSTEE	1	1_				1				
MARY ELLEN SATERLIE PH.D	1.00	X	丄		L			0.	0.1	0
VICE CHAIRPERSON	}				l					
ROBERT SCHAFTEL	1.00	X	L_	X				0.	0.	0.
TRUSTEE	4				=2					
GAIL SHAWE	1.00	X						0.	0.	0.
TRUSTEE							П			
ALFRED SINGER	1.00	X						0.	0.	0.
TRUSTEE				П						<u>U.</u>
SOLOMON H. SNYDER, M.D.	1.00	X						0.	0.	0.
TRUSTEE TRUSTEE			T	П						<u> </u>
JOHN W. STEELE, III		X		╝	- 1		- 1	0.	0.	0.
TRUSTEE				T	$\neg$		$\neg$			0.
	1.00	X	$\Box$		- 1			0.	0.	0
KATHLEEN KENNEDY TOWNSEN TRUSTEE		Т	Т	П	$\neg$	$\neg$				0.
ROGER A WAESCHE JR	1.00	X					- 1	0.	0.	0
TRUSTEE		Т	$\top$	T	$\exists$		7			0.
	1.00	X			-1			0.	0.	0
SUSAN GAY WILLIAMS TRUSTEE		Т	$\neg$	$\top$	T	$\top$	7			<u> </u>
		X			- 1	-		0.	0.	0.7
1b Total					]	<u> </u>	7	2 925 060		0.
2 rotal number of individuals (including those in	1a) who rec	eivec	d mo	re th	nan	\$10	0.000	) in reportable		427,065.
compensation from the organization	<u></u>									2.0
										37
3 Did the organization list any former officer, di	rector or trust	ee, l	ey e	lame	ove	e. o	· hiał	lest compensated ampl		Tes No
Tor since	n individual								<u> </u>	
4 For any individual listed on line 1a, is the sum and related organizations greater than \$150.0	of reportable	com	pen	satio	on a	nd c	ther	Compensation from +h =	Organization	3 X
σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	UU <i>tii tes "i</i>	-cmn	いんりゅ	C.04	200	··la	1 Km			
										X
	J for such pe	rson			,			organization for services	s rendered to	
Section B. Independent Contractors		_							5	X

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

Name and business address  UNIVERSITY OF MARYLAND MEDICAL SYSTEM	(B) Description of services	(C) Compensation
CENTER FOR EATING DISORDERS DA 6535 N	RESIDENCY TRAINING PROGRAM	2,481,897.
GREATER BALTIMORE MEDICAL CENTER	PROFESSIONAL FEES LAB FEES & OTHER	1,770,324.
KINSLEY CONSTRUCTION INC	CLINICAL SERVICES	1,438,102.
	BUILDING CONTRACTOR	797,145.
Total number of independent contractors (including those in 1) who received more	BUILDING CONTRACTOR	568,349.
from the organization ▶ 96  SEE SCHEDULE J-2 FOR PART VII, SECTION A 832008 12-18-08		
832008 12-18-08	CONTINUATION	Form <b>990</b> (2008)

1

-	m 990 (2008)  SHEPPARD PRATT HEALTH Part VIII   Statement of Revenue		INC.	52-05	91684 Pag
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 51
gifts, grants llar amounts	1 a Federated campaigns 1a 1,430.		<del> </del>		sections 51; 513, or 514
gu	b Membership dues 1b		1		
ifts	c Fundraising events tc 114,105.				
S, G	d Related organizations 1d 4,000.				
S is	e Government grants (contributions)  f All other contributions, gifts, grants, and				
텵	similar amounts not included above 11 1460069				
Contributions, and other simi	similar amounts not included above 1f 1460069.  9 Noncash contributions included in lines 1a-1f: \$ 163,070.		1		
3 g	h Total. Add lines 1a-1f	F70 C04			
	Pusiness Carla	,579,604.			
8	2 a PATIENT SERVICE REVENU 621000	94855871.	94855871.		
ie i	b EDUCATIONAL SVC REVENU 611600	40568363.	40568363.		
ē	c RTC/RESPITE REVENUE 623000	16746917.	16746917.		
Revenue	d RETREAT REVENUE 621990 7		7,208,322.		+
1			, 200, 322.		<del> </del>
-	f All other program service revenue				<del> </del>
+	g Total. Add lines 2a-2f  Investment income (including dividends, interest, and	9379473.			<del> </del>
	Other similar amounts	470 55-			1
		472,187.			1472187
	5 Royalties				1
	(i) Real (ii) Personal				
	6 a Gross Rents 1399498.		ł		
	b Less: rental expenses 253,886.				
	c Rental income or (loss) 1145612.	- 1			ł
Ι.	d Net rental income or (loss)	145,612.		8.	1145604
1 '	a Gross amount from sales of (i) Securities (ii) Other				1145604.
1	assets other than inventory b Less: cost or other basis				
	and sales expenses	j			
	c Gain or (loss) ———————————————————————————————————			ĺ	
	A N-4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1104600			
8	a Gross income from fundraising events (not	124632.			-1124632.
ĺ	including \$ 114,105. of	į	1		
	contributions reported on line 1c). See	İ			
	Part IV, line 18		1		i
	b Less: direct expenses b 74.915	j		J	
٥	c Net income or (loss) from fundraising events	36,015.	-36,015.		لـــــــــــــــــــــــــــــــــــــ
9	a Gloss income from gaming activities. See				
	Part IV, line 19 a				
	b Less: direct expenses b  c Net income or (loss) from gaming activities				1
10	a Gross sales of inventory, less returns				
	and allowances				
ı	b Less: cost of goods sold				1
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
11 a	a INTERCORPORATE REVENUE   900099 3,0	23,203.3	023.203		]
b	OBURD DEVENO 100 100 900099 2,83	8,407.2	350,302		500 10F
c بر	11212HOL ONKELA 900002 6	06,152.		6,152.	508,105.
a	All other revenue			0,134.	
	Total Add lines 11a-11d	7,762.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	03991.16			,

## Part IX Statement of Functional Expenses

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

טס	All other organizations must on not include amounts reported on lines 6b,	1 (A)	! (R)	/6\	
<del>70,</del>	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising
•	Grants and other assistance to governments and			5	expenses
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in			12	
_	the IIS See Part IV line on	' <b> </b>			
3	the U.S. See Part IV, line 22 Grants and other assistance to governments				1
_	organizations, and individuals outside the U.	2			
	See Part IV, lines 15 and 16	S.			
4	Benefits paid to or for members				1
5	Compensation of current officers, directors,				
	trustees, and key employees	2 071 021	_		
6	Compensation not included above, to disqualified	3,971,835	D•	<u>3,97</u> 1,835.	,
	persons (as defined under section 4958(f)(1)) and				
	Dersons described in section 4059(a)(2)(b)	1			1
7	Other salaries and wages	78,030,849	74 040 40		}
8	Pension plan contributions (include section 401(k)	. 70,030,849	74,248,494	1. 3,360,617.	421,73
;	and section 403(b) employer contributions)	5,256,386	4 554 604		
9 (	Other employee benefits	8,504,076			26,90
10 I	Payroll taxes	6,019,422			47,59
11 F	Fees for services (non-employees):	0,013,422	5,441,367	547,242.	30,81
a N	Management		1		
b L	_egal	175,447	<del> </del>		
c A	Accounting	421,323	<del>-</del>	175,447.	
a L	_obbying		<del>-</del>	421,323.	
e P	rotessional fundraising services. See Part IV, line 17		<del> </del>		
f Ir	nvestment management fees		<del> </del>	<del> </del>	
g O	ther	13.813 583	13,095,966	710 101	
	divertising and promotion	563,240.	426,108	<del></del>	7,496
s O	ffice expenses	2,897,188			1,607
i in	rormation technology	1,362,451.	36,460		80,243
) R	oyaities		30, 400	1,325,991.	R
• 0	ccupancy	10,768,529.	9,781,592	945,177.	
Ir	avel	281,527.	212,194.	66,286.	41,760
Pa	syments of travel or entertainment expenses		222,133	00,280.	3,047
for	r any federal, state, or local public officials				
Co	onferences, conventions, and meetings	64,853.	49,104.	11,793.	2 056
	erest			11,793.	3,956
Pa	yments to affiliates			<del></del>	
De	preciation, depletion, and amortization	12,455,231.	11,165,645.	1,288,669.	015
	surance	2,306,919.	2,306,919.	=,200,000.	917.
200	er expenses. Itemize expenses not covered ove. (Expenses grouped together and labeled				
mis	Cellaneous may not exceed 5% of total			1	
TN	enses shown on line 25 below.) ITERCORPORATE				
		6,843,686.	6,460,121.	383,565.	
MF	PAIRS AND MAINTENANCE	3,160,423.	2,456,781.	703,440.	202.
FO	OOD SOFFILES	3,081,388.	3,061,086.	20,302.	402.
	D DEBT	2,551,821.	2,548,424.	2,262.	1,135.
	other expenses	2,153,301.	2,153,301.		~/233.
		2,335,142.	2,175,836.	137,269.	22,037.
Joint		67,018,620.1	50,971,750.	15,357,418.	689,452.
	98-2. Complete this line only if the organization				/ 252.
repor	rted in column (B) joint costs from a combined	1	1		
educa	ational campaign and fundraising solicitation	1			
	3-08			ļ	

Form **990** (2008)

Part X | Balance Sheet (A) (B) Beginning of year End of year Cash - non-interest-bearing 24,181,192. 17,054,432. Savings and temporary cash investments 2 Pledges and grants receivable, net 2 Accounts receivable, net 3 19,788,562. 4 20,808,289. Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 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 Notes and loans receivable, net **Assets** 69,460. Inventories for sale or use 7 75,982. Prepaid expenses and deferred charges ..... 5,353,599**.** 4,819,601. 10a Land, buildings, and equipment: cost basis ... 10a 256,825,490 b Less: accumulated depreciation. Complete Part VI of Schedule D _______10b 89,315,164. 168,102,364. 167,510,326. Investments - publicly traded securities ..... 10c Investments - other securities. See Part IV, line 11 11 12 39,472,012. 12 37,562,404. Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 Other assets. See Part IV, line 11 14 15 6,355,892. 6,046,816. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 263,323,081. 253,877,850. Accounts payable and accrued expenses 16 17 26,248,631. 17 29,520,658. Grants payable 18 18 Deferred revenue _____ 19 Tax-exempt bond liabilities 19 20 86,769,588. 84,994,544. Escrow account liability. Complete Part IV of Schedule D 20 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 16,900,000. Unsecured notes and loans payable 23 16,900,000. Other liabilities. Complete Part X of Schedule D 24 25 21,354,037. 25 27,849,771. Total liabilities. Add lines 17 through 25 151,272,256. 159,264,973. 26 Organizations that follow SFAS 117, check here 

X and complete Vet Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets <u>105,166,411</u> 87,138,289. Temporarily restricted net assets 27 28 4,212,295. 4,571,934. 28 Permanently restricted net assets 2,672,119. 2,902,654. 29 Organizations that do not follow SFAS 117, check here 🕨 📙 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 32 112,050,825. 94,612,877. Total liabilities and net assets/fund balances 263,323,081. Part XI | Financial Statements and Reporting 253,877,850. No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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, X review, or compilation of its financial statements and selection of an independent accountant? 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? b If "Yes," did the organization undergo the required audit or audits? X 832011 12-18-08

Form 990 (2008)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number

	son for Public C	harity Status (All oro	anizations	SYSTE	-1-4- 4-1-	IC.			52-0591684
The organization is	not a private founda	Charity Status (All orgation because it is: (Pleas	o obselve	must con	ipiete this	part.) (see	instructio	ns)	
1 A churc	ch, convention of chu	rches or association of	e check or	nly one org	anization.	.)			
2 A school	ol described in section	rches, or association of con 170(b)(1)(A)(ii). (Attach	nurches d	escribed in	n section	170(b)(1)(A	۹)(i).		
3 X A hospi	tal or a cooperative b	OSDital sonios assesios	Scheaule	: E.)					
4 A medic	cal research organiza	nospital service organizati	on describ	ed in sect	ion 170(b	)(1)(A)(iii).	(Attach S	chedule H	l. <b>)</b>
city, and	d state:	tion operated in conjunct	ion with a	nospital de	escribed in	section 1	170(b)(1)( <i>/</i>	<b>4)(iii).</b> Ente	er the hospital's nam
section	170(b)(1)(A)(iv). (Co	the benefit of a college o	r universit	y owned o	r operated	by a gove	ernmental	unit desc	ribed in
		ernment or governmental	unit donori						
7 An orgai	nization that normally	receives a substantial pa	art of its or	ped in sec	tion 170(	b)(1)(A)(v).			
section	170(b)(1)(A)(vi). (Con	nolete Part II )	211 01 115 50	ibbott itott	1 a govern	imental un	it or from	the genera	al public described in
8 A comm	unity trust described	in section 170(b)(1)(A)(v	i) (Comple	4- M-421					
9 An organ	nization that normally	receives: (1) more than 3	1). (COMPR	ete Part II.)					
activities	related to its exemp	receives: (1) more than 3	3 1/3% OT	πs suppor	t from cor	ntributions	, member	ship fees,	and gross receipts f
income a	ind unrelated busines	t functions - subject to ce	nain exce	ptions, and	1 (2) no m	ore than 33	3 1/3% of	its suppo	rt from gross investr
See sect	ion <b>509(a)(2).</b> (Comp	ss taxable income (less so	ection 311	tax) from t	businesse	s acquired	by the or	ganizatior	n after June 30, 197
10 🔲 An organ	ization organized and	d operated exclusively to	tant for		_				
11 🔲 An organ	ization organized and	operated exclusively to	the benef	iblic safety	. See sec	tion 509(a)	)( <b>4).</b> (see i	nstruction	s)
more put	licly supported organ	d operated exclusively for	tion 500/	it or, to pe	morm the	functions o	of, or to ca	arry out th	e purposes of one o
describes	the type of supporti	nizations described in sec ng organization and com	ploto linos	()(I) or sec	tion 509(a	ı)(2). See <b>s</b> e	ection 50	<b>9(a)(3).</b> Ch	neck the box that
а 🔲 Ту	pel b	Type II							···•
e By check	ing this box, I certify	that the organization is no	ot controll	pe III · Fur	otionally i	integrated		d L	☐ Type III - Other
foundatio	n managers and othe	er than one or more public		tod organi:	or indirec	tly by one	or more d	isqualified	persons other than
f If the orga	nization received a w	vritten determination from	the IDS +	bet it is a T	zations de	scribed in	section 5	09(a)(1) or	section 509(a)(2).
supportin	g organization, check								
g Since Aug	ust 17, 2006, has the	organization accepted a	nu sift as						
(i) A per	son who directly or in	ndirectly controls, either	alone or to	contributio	n from an	y of the fol	llowing pe	rsons?	
inc g	everying body of file	SUDDORTED organization?	1						
(iii) A 359	6 controlled entity of	a person described in (i)	or (ii) abou			•••••	• • • • • • • • • • • • • • • • • • • •		11g(ii)
h Provide the	e following informatio	n about the organization	e the orace	rization au		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
			s the organ	iization su	ppons.				[11g(iii)]
	(ii) EIN	400 =							[11g(iii)]
(i) Name of supported	(11) = 114	(iii) Type of	Viv\le the	organization	(v) Did vo		1 7 10 1		[11g(iii)]
(i) Name of supported organization		(iii) Type of organization	(iv) Is the (in col. (i) Ii	organization sted in vour		u notify the		s the	(vii) Amount of
· · · · · · · · · · · · · · · · · · ·		organization (described on lines 1-9	in col. (i) li	organization sted in your document?	organiza	ou notify the tion in col. or support?	organizáti (i) organiz	on in col.   zed in the	
		organization	in col. (i) li	sted in your	organiza	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col.	organizáti (i) organiz	on in col.   zed in the	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
• • • • • • • • • • • • • • • • • • • •		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of
(i) Name of supported organization		organization (described on lines 1-9 above or IRC section	in col. (i) li governing	sted in your document?	organiza (i) of you	tion in col. r support?	organizáti (i) organiz U.S	on in col. zed in the 3.?	(vii) Amount of

Part II Support Schedule for (Complete only if you checke Section A. Public Support	d the box on the	e 5, 7, or 8 of Part I	.)		,	` ,
Calendar year (or fiscal year beginning in)	(=) 0004	1	γ			
1 Gifts, grants, contributions, and	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Tota
membership fees received. (Do not						(7) 101
include any "unusual grants.")			1	1	1	1
2 Tax revenues levied for the organ-				}	1	
ization's benefit and either paid to						<del> </del>
or expended on its behalf				1	İ	ł
3 The value of services or facilities			<u>L</u>			
furnished by a governmental unit to						<del> </del>
the organization without charge				[		1
4 Total. Add lines 1.3				ŀ	ł	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					<del> </del>	<b></b>
Portion of total continuations					<del> </del>	
by each person (other than a		1				
governmental unit or publicly		1				
supported organization) included on line 1 that exceeds 2% of the				į	l	
amount shown on line 11,			i			
column (f)			ļ			
***************************************						
6 Public Support. Subtract line 5 from line 4. ection B. Total Support					·	
alendar year (or fiscal year beginning in)						
7 Amounts from line 4	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gross income from interest,					(-) = 000	(1) 10tai
		1	,			
dividends, payments received on						
securities loans, rents, royalties			1		1	
and income from similar sources				1	1	
The middling from unrelated business						
activities, whether or not the		İ		-	i	
business is regularly carried on						
Other income. Do not include gain	ł					
or loss from the sale of capital	I		1		1	
assets (Explain in Part IV.)				1	1	
Total support. Add lines 7 through 10						
Gross receipts from related activities, etc.  First five years, if the Form 990 is for the	. (see instructio	ns)			2	
					501(c)(3)	
organization, check this box and stop he ction C. Computation of Public S			••••••••••••			▶□
Public support percentage for 2008 (line)	support Per	centage				
Public support percentage for 2008 (line of Public support percentage from 2007 Set	o, column (t) alv	ided by line 11, col	ımn (f))	1	4	71
Public support percentage from 2007 Sci 33 1/3% support test - 2008. If the organ	iedule A; Part I\	/-A, line 26f		1	5	
						and
33 1/3% support test - 2007. If the organ and stop here. The organization qualifies	as a publicit	cneck a box on line	13 or 16a, and line	e 15 is 33 1/3% or	more, check this	box
10% -facts-and-circumstances test - 20 and if the organization meets the "facts-ar	deiroussets	ization did not che	ck a box on line 13	, 16a, or 16b, and	line 14 is 10% or	more,
and if the organization meets the "facts-ar meets the "facts-and-circumstances" test	The arrest	s" test, check this i	oox and stop here	. Explain in Part IV	how the organiza	tion
10% -facts-and-circumstances test - 20 more, and if the organization meets the "fa	o/. if the organ	ization did not ched	k a box on line 13	, 16a, 16b, or 17a,	and line 15 is 109	 6 or
more, and if the organization meets the "fa	cts-and-circums	stances" test, chec	k this box and <b>sto</b>	here. Explain in i	Part IV how the	
organization meets the "facts-and-circums Private foundation. If the organization did						▶ [
Ordanization did	DOT ABABL - L-			<del>-</del>	************	

Part III   Support Schedule for Section A. Public Support	organization:	vescribed in	Section 509	(a)(2) (Complete	only if v	you checked the	box on line 0 a
Calendar year (or fiscal year beginning in)						THE STREET LINE	OUX OII MIE 9 (
1 Gifts, grants, contributions, and	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007		(e) 2008	(f) Tot
membership fees received. (Do not			_				(1) 101
include any "unusual grants.")	ĺ	ł					60
	ļ			1			
2 Gross receipts from admissions, merchandise sold or services per-							<del> </del>
formed, or facilities furnished in		1		1	- 1		
any activity that is related to the							
organization's tax-exempt purpose				1			
3 Gross receipts from activities that							
are not an unrelated trade or bus-		=		1	i		
iness under section 513				-			1
4 Tax revenues levied for the organ-				<del>                                     </del>	-+-		<del></del>
ization's benefit and either paid to						i	
or expended on its behalf							
5 The value of services or facilities				<del>                                     </del>	+		
furnished by a governmental unit to	ł			l		ſ	
the organization without charge							
6 Total. Add lines 1 - 5							
7a Amounts included on lines 1, 2, and					+-		
3 received from disqualified persons	[					1	
b Amounts included on lines 2 and 3 received				-·	-		<del></del>
from other than disqualified persons that exceed the greater of 1% of the total of lines 9,		i				1	
10c, 11, and 12 for the year or \$5,000	1				1		
c Add lines 7a and 7b				<del></del>	+		
Public support (Subtract line 7c from line 6.)					┼		
ection B. Total Support							
lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(-1) 0007			
Amounts from line 6		(4) = 3 = 3	(0/2000	(d) 2007	┼	(e) 2008	(f) Total
a Gross income from interest			<del></del>		┼		
dividends, payments received on securities loans, rents, royalties	}		i		1	ł	
and income from similar sources	[		1			1	
b Unrelated business taxable income					<del>                                     </del>		
(less section 511 taxes) from businesses		1					
acquired after June 30, 1975		j				j	
Add lines 10a and 10b				<del></del>			
Net income from unrelated business I	10				ļ		
activities not included in line 10b, whether or not the business is						1	
regularly carried on		1					
Other income. Do not include gain							
or loss from the sale of capital assets (Explain in Part IV.)	ł				1		
Total support (Add lines 9, 10c, 11, and 12.)							
First five years. If the Form 990 is for the	Organization la fin						
First five years. If the Form 990 is for the check this box and stop here	organization's tir	st, second, third, t	ourth, or fifth tax	year as a sectior	n 501(i	c)(3) organizati	on,
						·····	▶□
tion C. Computation of Public S	Unnort Daras	:HIXOE					
tion C. Computation of Public S	Support Perce				45		
Public support percentage for 2008 (line 8	Column (f) divide	od by line 10 l	mn (f))		15		
Public support percentage for 2008 (line 8 Public support percentage from 2007 Sch	3, column (f) divide	ed by line 13, colu	mn (f))		16		
Public support percentage for 2008 (line 8 Public support percentage from 2007 Schart tion D. Computation of Investm	B, column (f) dividence A, Part IV-A	ed by line 13, colu , line 27g			_		
Public support percentage for 2008 (line 8 Public support percentage from 2007 Schartion D. Computation of Investm Investment income percentage for 2008 (line 8	B, column (f) dividence A, Part IV-A ent Income P	ed by line 13, colu , line 27g ercentage	0 - 1 - 0		_		
Public support percentage for 2008 (line 8 Public support percentage from 2007 Scharling D. Computation of Investminvestment income percentage for 2008 (line 8 Public support	B, column (f) dividendule A, Part IV-A ent Income P ine 10c, column (f Schedule A, Part	ed by line 13, colu , line 27g ercentage ) divided by line 1	3, column (f))		16		
Public support percentage for 2008 (line & Public support percentage from 2007 School D. Computation of Investment income percentage for 2008 (linvestment income percentage from 2007 33 1/3% support tests - 2008. If the organization in the property is a support tests - 2008.	B, column (f) dividence A, Part IV-A ent Income P ine 10c, column (f Schedule A, Part Dization did not column (f pot column))	ed by line 13, colu , line 27gercentage ) divided by line 1 IV-A, line 27h	3, column (f))		16 17 18	, and line 17 is	
Public support percentage for 2008 (line & Public support percentage from 2007 Schtion D. Computation of Investm Investment income percentage for 2008 (linvestment income percentage from 2007 33 1/3% support tests - 2008. If the organore than 33 1/3%, check this box and st	B, column (f) dividence A, Part IV-A ent Income P ine 10c, column (f Schedule A, Part nization did not cloop here. The organication of the property is a column (f op here. The organication of the property in the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication of the organication o	ed by line 13, colu b, line 27g ercentage ) divided by line 1 IV-A, line 27h neck the box on line	3, column (f))	is more than 33	16 17 18 3 1/3%		not
Public support percentage for 2008 (line & Public support percentage from 2007 Schtion D. Computation of Investm investment income percentage for 2008 (linvestment income percentage from 2007 33 1/3% support tests - 2008. If the organore than 33 1/3%, check this box and st 33 1/3% support tests - 2007. If the organ	B, column (f) dividence of the column (f) dividence of the column (f) Schedule A, Part nization did not clop here. The organization did not clop here.	ed by line 13, colu , line 27g ercentage ) divided by line 1 IV-A, line 27h neck the box on line anization qualifies	3, column (f)) ne 14, and line 15 as a publicly supp	is more than 33	17 18 3 1/3%		not
check this box and stop here  ction C. Computation of Public S  Public support percentage for 2008 (line 8  Public support percentage from 2007 Sch  tion D. Computation of Investm  Investment income percentage from 2007  33 1/3% support tests - 2008. If the orga  more than 33 1/3%, check this box and st  33 1/3% support tests - 2007. If the orga  ine 18 is not more than 33 1/3%, check the  Private foundation. If the organization did	B, column (f) dividended A, Part IV-A ent Income P ine 10c, column (f Schedule A, Part nization did not clop here. The organization did not clip box and stop here.	ed by line 13, colu , line 27g ercentage ) divided by line 1 IV-A, line 27h neck the box on line anization qualifies neck a box on line	3, column (f)) ne 14, and line 15 as a publicly supp	is more than 33	17 18 3 1/3% tion e than	33 1/3%, and	

#### 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

Employer identification number

SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 33 1/3% 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). LHA 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)

823451 12-18-08

Name of organization

Employer identification number

## SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

Pa	rt I Contributors (see instructions)		52-0591684
	o. (b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
	1 THE WHITING-TURNER CONTRACTING GO HAMPTON PLAZA, 300 E JOPPA ROAD BALTIMORE, MD 21286	\$\$375,000	Person X
(a No	101	(c) Aggregate contributions	(d)
(a)	2 RAY DALIO 40 GLENWOOD DR GREENWICH, CT 06830	\$\$	Person X
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LOUISE D. AND MORTON J. MACKS FAMILY  4750 OWINGS MILLS BLVD  OWINGS MILLS, MD 21117	_ \$100,000.	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	MILDRED KERN  725 MT WILSON LANE  BALTIMORE, MD 21209	\$\$147,031.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
5 (a)	THE LENOARD AND HELEN R. STULMAN 6225 SMITH AVE BALTIMORE, MD 21209	\$375,000.	Person X Payroll (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution  Person Payroli Noncash
3452 12-18-	08		(Complete Part II if there is a noncash contribution.)

Name of organization

Page 1 of 1 of Part II
Employer identification number

## SHEPPARD PRATT HEALTH SYSTEM, INC.

52-0591684

(a)			<del></del>
No.	(b)	(c)	
from Part i	Description of noncash property given	FMV (or estimate)	(d) Date receive
Parti	2 025	(see instructions)	Date receive
	2,035 SHS AT&T, 1,245 SHS CONSOLIDATED		<del> </del>
4	EDIBON, 414./3 SHS COLGATE PALMOLITY		j
	1,025 SHS CONSTELL. EN		
ļ		\$147,031.	_11/03/0
(a)			
No.	<b>4</b> .	(a)	
from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(SSS IIISG detions)	
- 1			
j			
		\$	
(a)			
No.	(b)	(c)	
from	Description of noncash property given	FMV (or estimate)	(d)
Part I		(see instructions)	Date received
1			
1.		\$	
(a)		-	
No.	(b)	(c)	
rom	Description of noncash property given	FMV (or estimate)	(d)
art I	property given	(see instructions)	Date received
_		}	
j _			
-		\$	
<del>   -</del>			
a) lo.		,,	
om	(b)	(c) FMV (or estimate)	(d)
art I	Description of noncash property given	(see instructions)	Date received
		(555 mod delibits)	
-			
_   _			
		\$	
3)			
o.	(b)	(c)	
m	Description of noncash property given	FMV (or estimate)	(d)
t!		(see instructions)	Date received
l —			
-   -			
I			

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

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ To be completed by organizations described below.

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

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

Section 527 organizations: Complete Part I-A only.

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

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

Name of organization SHEPP	ARD PRATT HEALTH	CVCTEM TAX		mployer identification numb
- To be complete	u by all organizations exe	mpt under secti	on 501(c) and section	52-0591684
	T. Concadio O loi details.			1327 organizations.
<ul><li>1 Provide a description of the org</li><li>2 Political expenditures</li></ul>	anization's direct and indirect pol	itical campaign activit	ies in Part IV.	
- 1 outloat expenditures				<b>►</b> \$
3 Volunteer hours			***************************************	
	by all organizations exe			
See the instructions for	or Schedule C for details.	mpt under section	on 501(c)(3).	
<ol> <li>Enter the amount of any excise t</li> </ol>	ax incurred by the organization	nder section 4055		
		o tot is no your		Yes N
b If "Yes," describe in Part IV.				Yes No
art I-C To be completed	by all organizations exer	npt under section	n 501(c), except sect	tion 501/c)/3)
	J OU LEQUIE C. for details			
Enter the amount directly expendent	led by the filing organization for s	ection 527 exempt fu	nction activities	\$
arribant of the filling of g	allization's tunds contributed to a	ther organizations &		·
exempt function activities				\$
. oral of allect and indirect exemp	IT TI IDOTION OVERSE WILLIAM A CLU			
Form 1120-POL line 175	A TOTAL OF EXPENDITIONS AND INA	P 7 20d 7 20d and antau L	- · · •	
ronn 1120-POL, line 175		s 1 and 2 and enter h	ere and on	\$
Did the filing organization file Forr	n 1120-POI for this year?	s 1 and 2 and enter h	ere and on	
Did the filing organization file Forr State the names, addresses and e Enter the amount paid and indicat	n 1120-POL for this year? employer identification number (E	s 1 and 2 and enter h	ere and on  political organizations to wh	Yes No No lich payments were made.
Did the filing organization file Forr State the names, addresses and e Enter the amount paid and indicat promptly and directly delivered to	n 1120-POL for this year? employer identification number (Ete if the amount was paid from the	s 1 and 2 and enter h	ere and on  political organizations to wh	Yes No No No lich payments were made.
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Did the filing organization file Forr State the names, addresses and a Enter the amount paid and indicat promptly and directly delivered to If additional space is needed, prov	m 1120-POL for this year? employer identification number (Ete if the amount was paid from the a separate political organization, vide information in Part IV.	s 1 and 2 and enter h  IN) of all section 527 e filing organization's such as a separate s	political organizations to when the funds or were political control egregated fund or a political (d) Amount paid from filing organization's	Yes No ich payments were made. ributions received and l action committee (PAC).  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA 832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 20  Part II-A To be completed	08 SHE	PPARD	PRATT HEAL	TH SYSTEM, I	NC. 52	-0591684 Page
	ANY CINC	HZALIUI	is exempt lindar	section 501(c)(3) to Schedule C for details.	hat filed Form 5	768
If the filing organ	nization belo	ongs to an	affiliated group.	Schedule C for details.		· · · · · · · · · · · · · · · · · · ·
B Check ▶ ☐ if the filing organ	nization ched	cked box	A and "limited control"	Drovisions analy		
				provisions apply.	1 ()===	<del></del>
(The term "exp	enditures" (	means an	openditures nounts paid or incurr		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to	influence pu	blic opinio	on (grassroots lobbying	n)	<del></del>	
D Total lobbying expenditures to i	nfluence a le	egislative	hady (direct labbuing)			<del></del>
- varanioppying expenditates (90	u iines la ar	nd 1b)		***************************************		
	ures					<del>                                     </del>
e Total exempt purpose expenditu	ures (add IIn	es 1c and	1d)			<del></del>
	inter the amo	ount from	the following table in I	ooth columns.		+
If the amount on line 1e, column (a Not over \$500,000	) or (b) is:	The	obbying nontaxable a	amount is:		
Over \$500,000 but not over \$1,0	22.22		of the amount on line			
Over \$1,000,000 but not over \$1,000,000 but not over \$1	500,000	\$100,	000 plus 15% of the e	excess over \$500,000.		-
Over \$1,000,000 but not over \$1,500,000 \$175,00			000 plus 10% of the e	excess over \$1,000,000.	1	j
Over \$17,000,000	7,000,000	\$225,	000 plus 5% of the ex	cess over \$1,500,000.		
		\$1,00	0,000.			
g Grassroots nontaxable amount (e	enter 25% o	f line 1f				
in the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	er -u- II iine c	I IS MAPA 1	han lina a			
<ul> <li>Subtract line 1f from line 1c. Ente</li> </ul>	r -0- if line f i	s more th	an line c			
a manage to an amount office than 2	ero on eithe	r line 1h o	r line 1i, did the organ	ization file Form 4700	L	
reporting section 4911 tax for this	year?	• • • • • • • • • • • • • • • • • • • •		4720		
	4	-γear Αι	/erading Period Hada	w Castian Forth		Yes No
(Some organi	zations that	t made a	section 501/h) alactic	on do not have to	olete all of the five	
COUNT	20.011. 0	ine m	is a actions for lines 2	a through 2f of the inst	tructions.)	
	LODD	/ing Expe	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					<del></del>	
b Lobbying ceiling amount						
(150% of line 2a, column(e))		_		2		
c Total lobbying expenditures						20
d Grassroots non-taxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						· · · · · · · · · · · · · · · · · · ·
f Grassroots lobbying expenditures						
					Schedule C (Form 9	90 or 990-EZ) 2008

	(6	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or	1		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
Volunteers?     Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?     Media advertisements?		X	
Media advertisements?  Mailings to members, legislators, or the public?		X	
Mailings to members, legislators, or the public?		X	
in production of broadcast statements?	1 1	X	
and to other organizations for toppoving purposes?		X	
statis, dovernment officials or a legislative hody?	77		20 200
realistications, seminars, conventions, speeches, lectures, or any other manner		X	29,322
Tes, describe in Part IV	X		3,392
retained to though it			32,714
The state of the organization to be not described in section 501/5/000		X	
" 103, enter the amount of any tax incurred under section 4912			
The arrival to arrival to arry tax incurred by organization managers under section 4040	1 1		
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A To be completed by all organizations exempt under section 501(c)(4)			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

1	Were substantially all (90% or more) dues received nondeductible by members?	Yes	No
2	Did the organization make only in house labeliance in the property of the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in house labeliance in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make only in the organization make on the organization make on the organization make on the organization make on the organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization make organization m		
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
Par	Did the organization agree to carryover lobbying and political expenditures from the prior year?  1 III-B To be completed by all organizations exempt under section 501(c)(4) section 501(c)(5)		
	To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5)		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

7	Dues, assessments and similar amounts from members		
2	Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include).	_1	1
	expenses for which the section 527(f) tax was paid).		
а	Current year		
b	Current year Carryover from last year	2a	
	T-1-1	2b	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	_3	
	does the organization agree to carryover to the research to extra the amount on line 3, what portion of the excess	l	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	4	
Par	V Supplemental Info	5	

Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

SHEPPARD PRATT RETAINS A LAW FIRM AS A REGISTERED LOBBYIST TO KEEP THE ORGANIZATION INFORMED AS TO ANY NEW LEGISLATION THAT MAY IMPACT THE OPERATIONS OF THE HOSPITAL. SHEPPARD PRATT ALSO PAYS DUES TO THE MARYLAND HOSPITAL ASSOCIATION. A PORTION OF THOSE DUES ARE USED FOR LOBBYING ACTIVITIES.

Schedule C (Form 990 or 990-EZ) 2008

C d

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

Part I Organizations Maintainin	PRATT HEALTH S	YSTEM, INC.	Employer identification num 52-0591684
Organizations Maintainii	ng Donor Advised Funds	s or Other Similar Fun	ds or Accounts. Complete if the
organization answered "Yes" to	TOTTI 990, Part IV, line 6.		
1 Total number at end of year	(a)	Donor advised funds	(b) Funds and other accounts
terribor at cita of year			
33 - 94-10 donations to (during year)			
1 33 - 34 to grants from (during year)			
4 Aggregate value at end of year			
Did the organization inform all donors an	nd donor advisors in writing that	t the assets held in donor ad	Vised funds
and and organization's property, subject t	IO the organization's exclusive t	eggl control2	<u> </u>
5 manufacture an grantees.	UULIUIS, allii Donne anviente in i	Aprition that was a first	
is charable pulposes and not for the b	enetit of the donor or donor ad-	triange and address to the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con	
tation Lasements	<ul> <li>Comblete if the organization a</li> </ul>	inchared "Voe" to Come one	Part W line 7
Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the Market Proposetion of the	eld by the organization (check	all that apply	, Part IV, line 7.
Preservation of land for public use	(e.g., recreation or pleasure)		
Protection of natural habitat	(eight coroalist of pleasure)	Preservation of an h	istorically important land area
Preservation of open space		Preservation of cert	ified historic structure
2 Complete lines 2a-2d if the organization to	and a qualified assessment		
2 Complete lines 2a-2d if the organization h of the tax year.	leid a qualified conservation co	ntribution in the form of a co	nservation easement on the last day
·			
a Total number of conservation easements			Held at the End of the Ye
<ul><li>a Total number of conservation easements</li><li>b Total acreage restricted by conservation</li></ul>			
the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Ded in (c) acquired after 9/17/09	3	
3 Number of conservation easements modifyear	iied, transferred, released, extin	guished, or terminated by th	e organization during the tayable
Does the organization have a written policy enforcement of the conservation easemen Staff or volunteer hours devoted to monitor	oring, inspecting, and enforcing	essements during the very	Yes
. Thought of expenses incurred in monitoring	9. IDSDecting, and enforcing page	comonto durina de	
boes each conservation easement reporte	d on line 2(d) above satisfy the	romiironent et e e e	4.14
and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization	To above satisfy the	requirements of section 170	(h)(4)(B)(i)
In Part XIV, describe how the organization include, if applicable, the text of the footnotes	reports conservation assement		Yes N
include, if applicable, the text of the footnot conservation easements.	te to the organization's financis	s in its revenue and expense	statement, and balance sheet, and
art III Organizations Maintaining Complete if the organization answer	Collections of Art Hist	origol Traceurs	
Complete if the organization answer	ed "Yes" to Form 990, Part IV,	line 8.	ther Similar Assets.
a If the organization elected, as permitted und treasures, or other similar assets held for pu	this avhibition	ts revenue statement and ba	lance sheet works of art, historical
	Juic exhibition, education or re	esearch in furtherance of pub	olic service, provide, in Part XIV, the text of
b If the organization elected, as permitted und or other similar assets held for public exhibit	ier SFAS 116, to report in its re	venue statement and balance	e sheet works of art, historical treasures
Paramo Cid IIDII	tion, education, or research in f	urtherance of public service.	provide the following amounts rolating to
<ul><li>(i) Revenues included in Form 990, Part VII</li><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of</li></ul>	II, line 1		<b>•</b> •
(II) Assets included in Form 990, Part X	***************************************		E00 C05
			▶ \$ 598,687.
and removing amounts required to be reported	20 Under SEAS 116 relating to t	hooe ita	
Revenues included in Form 990, Part VIII, line	e 1	nese items:	
Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X		•••••	\$
Assets included in Form 990, Part X	••••••		<b>&gt;</b> \$
For Privacy Act and Paperwork Reduction			
	not reduce, see the instruction	ons for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 SHEPP	ARD בים תייהעקים	יאותנו מעמי	TT16				
Part III Organizations Maintainin	ARD PRATT HE	pr Historiast	T			52-05916	
3 Using the organization's accession and of that apply):	other records shock as	ut, nistorical	reasures	s, or Oth	<u>er Simil</u>	ar Assets (cc	ontinued)
that apply):	and records, check an	y or the following	that are a sig	inificant us	e of its col	llection items (ch	neck all
a X Public exhibition		. 🗀					
b Scholarly research			xchange pro	grams			
c X Preservation for future generations	•	Other					
4 Provide a description of the organization	s collections and available					· · · · · · · · · · · · · · · · · · ·	
<ul><li>4 Provide a description of the organization</li><li>5 During the year, did the organization solid</li></ul>	of or receive de	n now they furthe	r the organiz	ation's exe	mpt purpo	ose in Part XIV.	
to be sold to raise funds rather than to be	maintained as and of	or art, historical tr	easures, or c	other similar	assets	_	
to be sold to raise funds rather than to be Part IV Trust, Escrow and Custod	ial Arrangements	ne organization's	collection?			Yes	X No
Part IV Trust, Escrow and Custod reported an amount on Form 990,	Part X. line 21.	. Complete if orga	inization ans	wered "Yes	" to Form	990, Part IV, lin	e 9, or
1a Is the organization an agent, trustee, cust	odian or other intermod	lion (for on the 15				·	
on Form 990, Part X?	outer the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of	liary for contribution	ons or other	assets not	included		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part X	(IV and complete the fe	November 4-6-1-				Yes	☐ No
<u> </u>	ara complete the lo	lowing table:					
Beginning balance     Additions during the year					-	Amour	nt
d Additions during the year  e Distributions during the year	••••••••••••	• • • • • • • • • • • • • • • • • • • •			1c		
Distributions during the year     Finding balance		• • • • • • • • • • • • • • • • • • • •			1d		
Did the organization include an amount on     b If "Yes," explain the arrangement in Part Yi	Form 990 Part V line 1		• • • • • • • • • • • • • • • • • • • •		1f		
						Yes	No No
Part V Endowment Funds. Complete	if organization answer	ed "Yes" to Form	000 Ded 07	U 40			
	(a) Current year	(b) Prior year					
1a Beginning of year balance	24309678	(b) Fhor year	(c) Two yea	ars back (d	) Three year	irs back (e) Four	r years back
<b>b</b> Contributions	2,554,589.						
c Investment earnings or losses	1 - 2079830.1			<del></del>			
d Grants or scholarships			<del> </del> -	<del></del>			
e Other expenditures for facilities			<del> </del>		·		
and programs	1,499,932.			- 1		1	
f Administrative expenses							
g End of year balance	23284505.						
2 Provide the estimated percentage of the year	ar end balance held as:						
<ul> <li>a Board designated or quasi-endowment</li> </ul>	60 00	6					
b Permanent endowment ► 12.00	%	•					
c Term endowment ► 20.00	%						
3a Are there endowment funds not in the posse by:	ession of the organization	on that are held ar	nd administa	rad far the			
•						_	
unrelated organizations     ii) related organizations	•••••					[ <del></del>	Yes No
(ii) related organizations	linted on required to			• • • • • • • • • • • • • • • • • • • •		3a(i)	X
TO TO TO TO TO TO TO TO TO TO TO TO TO T	isteu as rentirea on S	chodula D2	*****************	••••••	• • • • • • • • • • • • • • • • • • • •		X
					• • • • • • • • • • • • • • • • • • • •	3b	
Tart VI   Investments - Land, Building	s, and Equipment	See Form 990.	Part X. line 1	0	-		
Description of investment	(a) Cost or other	(b) Cost o		(c) Depre	ciation	(49.59.1	
	basis (investment	basis (o		(o) pehie	ciatiOi1	(d) Book	value
1a Land		5,824	,010.			5,824	010
b Buildings		200,022		61.566	0.040	138,456	,UIU.
c Leasehold improvements				,_,	7040	120,430	,440.
d Equipment		42,424	,263.	24,062	2.267	. 18,361	906
e Other		OFFA	740	2 62		4,867	800
Total. Add lines 1a-1e. (Column (d) should equal For	m 990, Part X, column (	B), line 10(c).)				167,510	326
						<u>, , , , , , , , , , , , , , , , , , , </u>	, , , ,

Schedule D (Form 990) 2008

1

832053 12-23-08

Part XI   Reconciliation of Change in Net Assets from Form	SYSTEM, INC.		52-0591684 Page
1 Total revenue (Form 990, Part VIII, column (A), line 12)	990 to Financial St	atements	
2 Total expenses (Form 990, Part IX, column (A), line (2)		1	168,903,991
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		. 2	167,018,620
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments.		. 3	1,885,371
Net unrealized gains (losses) on investments     Donated services and use of facilities.		. 4	-2,684,318
and dop of identified		1 - 1	
			-16,639,001
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - 1	-19,323,319
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atamanta With Day		
support per audited financial statements			1 167,961,847
more and the following the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- The Linearized gains on hivestillerits	2a   -2,2	62,861	.
Solution services and use of facilities	OL.	<del></del> .	1
- reservenes of prior year grants	2c		7
Guier (Describe in Part XIV)	2d 3,7	92,214	1
2 Out the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of			2e 1,529,353.
			3 166,432,494.
mondade of Form 330, Fait VIII, line 12, but not on line 1.			3 100,432,494.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
other (Describe in Part XIV)	4b 2.4	71,497.	1 1
Add lines 4a and 4b			<del>                                     </del>
			5 168,903,991.
rotal expenses and losses per audited financial statements	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	enaca per	
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th			1 169,835,900.
a Donated services and use of facilities	2a		
5 Thoryear adjustments	0		
	1 0-1		
d Circl (Describe III Fait XIV)	01 2 01	7,280.	
7 Add in les Za tribugii Zu			2 04 7 000
***************************************			2e 2,817,280.
			з 167,018,620.
a Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1		I
other (bescribe in Part XIV)	4a   4b		
o Add lines 48 and 40			
Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1			4c 0.
art XIV Supplemental Information	0.)		5 167,018,620.
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9:5	Part III lines to and 4: De-	4078 41	
ART III, LINE 4: THE ART COLLECTION OF SH	EPPARD DDAMM	DVDMDT	TETES
ALING ASPECTS OF ART, BOTH FOR THE CREAT	OR AND THE OF	SERVER	у тите
IQUELY THEMED COLLECTION CELEBRATES THE	CAPACITY FOR	ARTIST	IC ENDEAVOR
TRANSCEND AND TRIUMPH OVER THE MENTAL I			
THE MENTAL I.	LLNESS AND AI	DICTIO	N
RT X: SHEPPARD PRATT HEALTH SYSTEM, INC.	IS A SUBSIDI	ADV TAT	
E CONSOLIDATED GROUP KNOWN AS SHEPPARD AN	ND ENOCH PRAT	T FOUN	DATION, INC.
A THE CHARGE P	AUDITED F		
DB	F.	Sc	hedule D (Form 990) 2008
24			

WERE ISSUED FOR SHEPPARD AND ENOCH PRATT FOUNDATION, INC. AND SUBSIDIARIES
ON A CONSOLIDATED BASIS. AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED
ON A SEPARATE BASIS FOR EACH ENTITY.

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES (FIN 48), WHICH CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX PROVISIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX PROVISION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENT OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO.5, ACCOUNTING FOR CONTINGENCIES. ON JULY 1, 2007, SHEPPARD AND ENOCH PRATT FOUNDATION ADOPTED FIN 48. SHEPPARD AND ENOCH PRATT FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2009. THE IMPACT OF THE ADOPTION OF FIN 48 ON SHEPPARD AND ENOCH PRATT FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS IS NOT SIGNIFICANT.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFERS TO AFFILIATES: -1134821.

UNREALIZED LOSS - PENSION LIABILITY: -15846204.

NET ASSETS RELEASED FROM RESTRICTION: -448305.

INTEREST IN NET ASSETS OF FOUNDATION: -224671.

PLEDGE RECEIVED ON BEHALF OF AFFILIATE: 1015000.

832055 12-23-08

Schedule D (Form 990) 2008

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

#### **Supplemental Information Regarding** Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Internal Revenue Service Name of the organization Inspection Employer identification number SHEPPARD PRATT HEALTH SYSTEM, 52-0591684 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Email solicitations С Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be __ No compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual (iii) Did (v) Amount paid (iv) Gross receipts or entity (fundraiser) (ii) Activity (vi) Amount paid to (or retained by) have custody or control of contributions? to (or retained by) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990 EZ) 2008 SHEPPARD PRATT HEALTH SYSTEM, INC. 52-0591684 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events NONE (Add col. (a) through BEATLEMANIA (event type) col. (c)) Revenue (event type) (total number) 1 Gross receipts 153,005. 153,005. 2 Less: Charitable contributions 114,105. 114,105. 3 Gross revenue (line 1 minus line 2) 38,900. 38,900. 4 Cash prizes 5 Non-cash prizes Expenses 6 Rent/facility costs 28,438. 28,438. Other direct expenses 46,478. 46,478. 8 Direct expense summary. Add lines 4 through 7 in column (d) 74,916. 9 Net income summary. Combine lines 3 and 8 in column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than -36,016. \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b if "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to 11

832082 03-18-09

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 SHEPPARD PRATT HEALTH SYSTEM, INC. 52	2-05916	01 -	_
13 Indicate the percentage of gaming activity operated in:	3 03310	Yes	age
a The organization's facility		1	+
a The organization's facility b An outside facility  13a  14 Provide the name and address of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person who prepages the second of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the person of the perso	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records	% S:		
Name >			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	-	_
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address:	154		
Name >			
Address ►			
Gaming manager information:			
Name >			
Gaming manager compensation > \$	-		
Description of services provided			
	_		
Director/officer Employee Independent contractor	-  $ $		
Mandatory distributions:			
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempts.			
Enter the annual of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	17a		
Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			

#### SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Hospitals

➤ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Attach to Form 990.

2008

OMB No. 1545-0047

Open to Public Inspection

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number 52-0591684

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Part I 1a Does the organization have a charity care policy? If "No," skip to question 6a Yes Νo 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. Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: За ___ 150% 200% Other b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ЗЬ 250% 300% 350% 400% 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. Does the organization's policy provide free or discounted care to the "medically indigent"? 5a 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 line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare an annual community benefit report? 5c 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. Charity Care and Certain Other Community Benefits at Cost Charity Care and Means-(a) Number of (b) Persons (C) Total (d) Direct offsetting (e) Net activities or programs (optional) (f) Percent of total expense community benefit expense community benefit expense **Tested Government Programs** (optional) a Charity care at cost (from Worksheets 1 and 2) **b** Unreimbursed Medicaid (from Worksheet 3, column a) ..... c Unreimbursed costs - other meanstested 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)

832091 12-24-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2008

Part V | Facility Information (Required for 2008) General medical & surgical Name and address Critical access hospital Other (Describe) Children's hospital Teaching hospital Research facility ER-24 hours ER-other SHEPPARD PRATT HOSPITAL 6501 N CHARLES STREET TOWSON, MD 21204 SHEPPARD PRATT AT ELLICOTT CITY X 4100 COLLEGE AVENUE ELLICOTT CITY, MD 21041 X 832093 12-24-08

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Name of the organization

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

Open to Public Inspection

SHEPPARD PRATT HEALTH SYSTEM, INC. **Questions Regarding Compensation** 

Employer identification number 52-0591684

Schedule J (Form 990) 2008

	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		Ye	s N
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel		1	1
	Y Travel for a series of residence for personal use			
	Y Tay independent of purposes use of personal residence			
	Discretionary spending account  Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			İ
	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  Did the organization require substantiation prior to reimburses and "Section 1997".	L_		
:	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1t	X	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
	the Rents Checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		1	
	CEO/Executive Director. Check all that apply.		1	
		-		
	Tell		1	1
	The same of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st			1
	Approval by the board or compensation committee			ł
			j	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		1	1
í	Receive a severance payment or change of control payment?  Participate in, or receive payment from a supplemental page will find a state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	L_		
			X	<u> </u>
(	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.	. 4b	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	. 4c		X
	provide the applicable allounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		ł	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ĺ	
	Contingent on the revenues or:			
а	The organization? Any related organization?	<u> </u>	<b> </b>	<u>                                      </u>
b		5a	<u> </u>	X
	,	5b	ļ	X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	containgent on the net earnings of:		250	
a	The organization? Any related organization?	-		لي
b		6a		X
		6b		X
7	For persons listed in Form 990, Part VII. Section A, line 1a, did the organization provide any and fine 1			
	The described in lines 5 and 67 if "Yes," describe in Part III	1 _ 1		
8	and any amounts reported in Point 990, Part VII, paid or accrued pursuant to a contract that were published to	<del></del>		<u>X</u>
_	white contract exception described in Regs. section 53.4958-4(a)(3)? If "Ves " describe in Dest III			*-
_HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule			X
	Schedule .	I I E OF M	SUGDI (	AUUS

SHEPPARD PRATT HEALTH SYSTEM, INC.

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (f) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

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.

	(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(Q)	(E)	Ĺ
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or
STEVEN S. SHARFSTEIN, M.	(i) 574,351.	0	139,705.	57,586.	9,965.	781 607	Form 990-EZ
	292,67		55,834.	22,787.	.] ] ·	-	00
KERTON	237,570	000	47,554.	22,952.	-	89	000
BONNIE KATZ	(i) 179,332.		22,964.	33,866.	11,400.	,56	000
M. THOMAS GRAHAM	(i) 146,867.	000	7,264.	10,500.	5,198.	169,829.	000
MARY ANDRULEWICZ	129,04	000	187,087.	33,991.	1,005.	351,129.	000
ERNESTINE COSBY	(i) 135,743.	0	4,472.	36,854.	5,698.	182,767.	0
MARCIA ELLIS	148,51	000	44,842.	22,606.	4,415.	ہا ا	0
AVERY DOVER	(i) 116,373.	0	22,967.	24,788.	4,784.	168,912.	000
J. KENNETH WALTERS	123,64		15,255.	26,171.	13,774.	0 0,841	000
THOMAS HESS (ii)	134,05		3,089.	44,953.	2,011.	184,111.	000
				0	0	0	0
(3)							
(3)							
(E)							

Schedule J (Form 990) 2008

SHEPPARD PRATT HEALTH SYSTEM, INC.

Schedule J (Form 990) 2008

Part III | Supplemental Information

#### SCHEDULE J-2

(Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the Organization

Employer Identification number

Part	Part I Continuation of Officers	D PRATT	HI	CAI	Τŀ	I S	Y	STE	M, INC.		tification number 91684
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Schedule J-2 (Form 990) 2008

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

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).

OMB No. 1545-0047 Open to Public Inspection

(h) On behalf Employer identification number ŝ of issuer × × ŝ ŝ Yes 52-0591684 ш (9) Defeased Ŷ Yes Yes × × Yes ŝ CONSTRUCT NEW HSPTL CONSTRUCT NEW HSPTL ŝ 45590000. RENOVATE EXISTING 45550000 RENOVATE EXISTING (f) Description of purpose ۵ Yes Yes å ŝ ပ CONTINUATIONS Yes Yes (e) Issue price 2,088,418. 23,453,347. 2,109,005. 17,899,230. 45,550,000 å ŝ 2002 (d) Date issued 05/29/03 05/29/03 œ SEE SCHEDULE O FOR COLUMN (F) Yes Yes × × × × INC. 46,205,991. 518,250. 41,962,228. 3,725,513 A52-0936091574217KL8 A52-0936091574217KM6 Ŷ ŝ 2005 (c) CUSIP# × SYSTEM, 4 Yes Yes × × × SHEPPARD PRATT HEALTH (b) Issuer EIN Was the organization a partner in a partnership, or a member Were the bonds issued as part of a current refunding issue? Does the organization maintain adequate books and records of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Part III Private Business Use (Optional for 2008) Working capital expenditures from proceeds A EDUCATIONAL FACILITIES FACILITIES to support the final allocation of proceeds? Bond Issues (Required for 2008) Capital expenditures from proceeds HIGHER HIGHER Part II Proceeds (Optional for 2008) Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Total proceeds of issue ... Other unspent proceeds MD HEALTH & MD HEALTH & B EDUCATIONAL issue? Part ! 11 O 42 Ω ш 4 ß 9 ထ 6 2

12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fare 990.

Are there any lease arrangements with respect to the financed

bonds?

N

property which may result in private business use?

×

×

×

×

Schedule K (Form 990) 2008

Schedule K (Form 990) 2008

SHEPPARD PRATT HEALTH SYSTEM,

INC.

Page 2 % 8 % ŝ Yes % % % ŝ Ω Yes 52-0591684 % % % å ပ Yes 1.00% % 1.00% ŝ × × 8 Yes × × % % % ž × × 1.00 00 Yes × × business use as a result of unrelated trade or business activity to the financed property which may result in private business Are there any management or service contracts with respect financed property which may result in private business use? other outside counsel to review any management or service Enter the percentage of financed property used in a private Enter the percentage of financed property used in a private contracts or research agreements relating to the financed Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its c Does the organization routinely engage bond counsel or carried on by your organization, another section 501(c)(3) Are there any research agreements with respect to the business use by entities other than a section 501(c)(3) organization, or a state or local government organization or a state or local government Part III Private Business Use (Continued) Part IV Arbitrage (Optional for 2008) tax-exempt bond liabilities? property? Total of lines 4 and 5 use? 3a ۵ 4 9 2

		ш	Yes									-										
	-	2	°N																			
			Yes																			
	O	l	No																			_
			res																			_
		No	2	_						×					,	×						_
	8	Yes	3	⊀	>	4			_													-
		S.			×				-	×					>	4	_	•			-	_
	₹	Yes	×	*																		-
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	Penalty in Lieu of Arhitrano Dobato home in the	A Think with respect	to the bond issue?	2 Is the bond issue a warrable and is	San de la la la la la la la la la la la la la	3a Has the organization or the governmental issuer identification	Delinitari parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci parci p	a riedge with respect to the bond issue on its books and	records?		b Name of provider		c 1erm of hedge	4a Wore gross care at	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			D Name of provider	Toma of Olo	d Was the regulatory safe harhor for	and the tail market	to the of the Other Contract of the original

Schedule K (Form 990) 2008

×

×

Were any gross proceeds invested beyond an available

temporary period?

value of the GIC satisfied?

13

Did the bond issue qualify for an exception to rebate?

6 D 832122 12-19-08

×

× ×

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

Attach to Form 990 or Form 990-EZ.

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

2008 Open To Public

OMB No. 1545-0047

Name of the organization

Inspection
Employer identification number

Part   Excess Bene	HEPPARD	PRAT	T HE	ALTH SYS	TEM,	INC.				yer iden 15916	ification 8.4	numb
- ANDOOD DOING	int managed	ะแบทร (se	ection 50	11(c)(3) and sec	tion 501	(0)(4)	tions or	ıly).				
To be completed	by organization	ons that an	swered	"Yes" on Form	990, Pai	t IV, line 25a c	or 25b, c	or Form 9	990-EZ, I	Part V, lir	ne 40b.	
(a) Name of	disqualified pe	erson				(b) Description						orrected
											Yes	No
				-				<del></del>			┼	<del> </del>
											+	╂
	<del></del>										+	+
											<del>                                     </del>	<del>                                     </del>
2 Enter the amount of tax im section 4958												
3 Enter the amount of tax, if	any, on line 2.	above rei	mhursec	1 by the arrania					🕨 8	š		
		,,	111001360	by the organiz	zation .		•••••••	••••••	🕨 \$			
Part II Loans to and/	or From Int	erested	Perso	ns.								
To be completed b  (a) Name of interested	y organization	s that ans	wered "Y	es" on Form 9	90, Part	IV, line 26, or I	Form 99	0-EZ. Pa	nt V line	382		
person and purpose	(b) Loan the organ		(c) Or	riginal principal amount	(d) E	Balance due	(6	e) in	(f) Ap	proved	(a) W	ritten
	To	From	-	arrour (			<u> </u>	ault?	comm	oard or nittee?	agree	
		110111	<del> </del>	<del></del>			Yes	No	Yes	No	Yes	No
							<del> </del>	<del> </del> -	<del> </del>			
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	╁──┤		┼									
art III   Granto or And			<u></u>	<b>&gt;</b> \$								
Grants of Assis	tance Ben	efiting l	nterest	ed Persons	3.							
10 be completed by	organizations	that answ	ered "Ye	s" on Form 990	), Part i\	/, line 27.						
(a) Name of interested p	person		(b) Rela	tionship betwe	en intere	ested person a	ınd	1 6	c) Amou	nt of ara	nt or typ	
				the org	anizatio	<u> </u>			of	assistan	ce typ	5
	<del> </del>			·								
								+				
								<del> </del>				
art IV Business Transa	ctions Inve	lvina In	terest	ed Persona								
To be completed by c	rganizations t	nat answe	red "Yes	" on Form 000	·	<i>*</i>						
(a) Name of interested pe	erson	(b) Re	elationshi	ip between inte	Part IV,	(c) Amour					-1 61	
		Pe	erson and	d the organizat	ion	transacti			escriptio Insaction		e) Sharir rganizat	ion's
NK OF AMERICA		T. 7.7.7.7								<u> </u>	revenue Yes	
JI IIIIIKICA		דממז	RECT.	BUSINE	SS	609,	572.	MS.	GAMB			No
		+										
		<del> </del>								$ \Gamma$		
						<del></del>						
For Driver as A												
For Privacy Act and Paperwo	ork Reduction	Act Notic	ce, see t	he Instruction	s for Fo	rm 990.	Sch	nedule I	(Form (	290 0= 00	90-EZ) 2	

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**NonCash Contributions** 

➤ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SHEPPARD PRATT HEALTH SYSTEM, INC. Part I Types of Property

Employer identification number 52-0591684

	- Types of Froperty	(a)	(b)	1 (3)					304
		Check if	Number of	(c) Revenues repor Form 990, Part Vii	ted on I, line 1a	Method o	(d) of deterr venues	nining	
1	Art - Works of art					,,,	venues		
2	Aπ - Historical treasures								
3	Art - Fractional interests								
4	books and publications								
5	Clothing and household goods	ļ———							
6	Cars and other vehicles	<del></del>							
7	Boats and planes								_
8	Intellectual property								
9	Securities - Publicly traded	x							_
10	Securities - Closely held stock			<u> </u>	107.	STOCK EXCH	ANGE		_
11	Securities - Partnership, LLC, or								
			i i						
12					- 1				
3	Securities - Miscellaneous  Qualified conservation contribution								_
	(historic structures)								
4	Qualified conservation contribution (other)								
5	Real estate - Residential								
6	Real estate - Commercial								
7	Real estate - Other		<del></del>						
3	Collectibles	<del></del>							
3	Food inventory								
)	Drugs and medical supplies								
	Taxidermy								_
: 1	Taxidermy Historical artifacts	20							
	Historical artifacts								_
	Scientific specimens								
,	Archeological artifacts					1			
	Other (ITEMS FOR SIL)	X	37	12.9	63.F2	AIR MARKET	TZATI	773	
	· · · · · · · · · · · · · · · · · · ·					THE THIRT	VAL	7.55	
	other ()					<del></del>			
	Other ( )								
N	lumber of Forms 8283 received by the organization	ion during th	e tax year for o	contributions					Ķī.
ŤC	or which the organization completed Form 8283,	Part IV, Don	ee Acknowled	ament	29			_	_
								0	_
D	uring the year, did the organization receive by co least three years from the date of the initial conf	ontribution ar	OV Droperty rer	norted in Deat I II				Yes	<u> </u>
at	least three years from the date of the initial cont e entire holding period?	tribution, and	which is not	roquired to be	s 1-28 th	at it must hold for	1		Г
th	e entire holding period?		WINCII IS HOLI	equired to be used	for exen	npt purposes for	<u></u>		
lf	e entire holding period? "Yes," describe the arrangement in Part II.				• • • • • • • • • • • • • • • • • • • •		30a		
Do	es the organization have a gift acceptance police	w that roomin							Г
Do	pes the organization have a gift acceptance polices the organization hire or use third parties or rentributions?	yatad ===== :	es the teniem (	or any non-standar	d contrib	utions?	31	X	
со		organia		III. DIOCASS OF SAIL	22222				$\vdash$
	ntributions? Yes," describe in Part II.						32a	İ	2
if t	he organization did not report rouse.								
	he organization did not report revenues in colum scribe in Part II.	in (c) for a ty	pe of property	for which column (	a) is ched	ked.		- 1	
ger									

### 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 UUX Open to Public Inspection

1

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM,

Employer identification number 52-0591684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESIDENTIAL CARE FOR CHILDREN/ADOLESCENTS. SPONSOR RESIDENCY TRAINING PROGRAMS. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS DURING THE YEAR. THE CHANGES ARE SUMMARIZED BELOW: REMOVAL OF POSITION OF EXECUTIVE VICE PRESIDENT. THE AUTHORITY TO PERFORM THE PRESIDENT'S DUTIES IN THE PRESIDENT'S ABSENCE OR DURING THE PRESIDENT'S INABILITY TO ACT WAS GRANTED TO EITHER THE TREASURER OR TO AN INDIVIDUAL EXPRESSLY DESIGNATED BY THE PRESIDENT OR TRUSTEES. 3. THE ESTABLISHMENT OF AN EXECUTIVE COMPENSATION COMMITTEE. FORM 990, PART VI, SECTION A, LINE 6: SHEPPARD & ENOCH PRATT FOUNDATION, IS THE SOLE MEMBER OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: SHEPPARD & ENOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WHICH INCLUDE THE POWERS TO APPOINT BOARD MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: SHEPPARD & ENOCH PRATT FOUNDATION HOLDS RESERVED RIGHTS WHICH INCLUDE THE POWERS TO APPOINT AND REMOVE BOARD MEMBERS. THE FOUNDATION ALSO HOLDS THE RIGHT TO APPROVE CERTAIN SELECT TRANSACTION OF ITS SUBSIDIARIES.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES WILL REVIEW AND APPROVE THE 990. THE FINANCE COMMITTEE WILL LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 Schedule O (Form 990) 2008

#### 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.

2008
Open to Public Inspection

1

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM, INC.

Employer identification number 52-0591684

THEN PRESENT THE 990 TO THE BOARD OF TRUSTEES AND RECOMMEND THEIR APPROVAL. FOLLOWING BOARD APPROVAL, THE 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL TRUSTEES AND KEY EXECUTIVE PERSONNEL TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE CFO WHO SUMMARIZES THE REPORTED CONFLICTS. THIS INFORMATION IS THEN PRESENTED TO THE CEO AND TO THE CHAIRMAN OF THE BOARD FOR REVIEW.

CONFLICTS ARE REPORTED AT BOARD MEETINGS AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES OF THE CEO AND TOP MANAGEMENT/PHYSICIANS ARE REVIEWED BY THE EMPLOYEE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THIS COMMITTEE IS COMPRISED OF INDEPENDENT TRUSTEES. THE TRUSTEES REVIEW COMPENSATION FOR REASONABLENESS. THEY USE COMPARATIVE INDUSTRY DATA IN THEIR REVIEW PROCESS. THE PROCESS FOR EMPLOYEE COMPENSATION INCLUDES DEVELOPMENT OF COMPENSATION RECOMMENDATIONS BASED ON MARKET SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA. THE SALARY INFORMATION FOR THIS GROUP IS OBTAINED BY A CONSULTANT THAT IS EMPLOYED BY THE EXECUTIVE COMPENSATION COMMITTEE. THIS CONSULTANT USES CURRENT MARKET COMPENSATION SURVEYS AND OTHER COMPARATIVE INDUSTRY DATA TO MAKE RECOMMENDATIONS. THE RECOMMENDATIONS ARE THEN PRESENTED TO THE EXECUTIVE TEAM MEMBERS FOR FURTHER REVIEW. ULTIMATELY, THE FINANCE COMMITTEE OF THE BOARD RECOMMENDS ADOPTION TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION POSTS ITS

FINANCIAL STATEMENTS QUARTERLY ON THE DAC WEBSITE. FINANCIAL STATEMENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

832211
12-18-08

#### 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 Open to Public Inspection

Name of the organization

SHEPPARD PRATT HEALTH SYSTEM

Employer identification number 52-0591684

EMETPARD PRATT HEALTH SYSTEM, INC.	52-0591684
AND OTHER POLICIES ARE AVAILABLE UPON REQUEST.	
SCHEDULE K, PART I, BOND ISSUES:	
(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL FACILITIES	Z AIITHODITTY
(F) DESCRIPTION OF PURPOSE:	AUTHORITY
CONSTRUCT NEW HSPTL, RENOVATE EXISTING HSPTL, & REFUND PRE	VIOUS BOND ISSUES
(A) ISSUER NAME: MD HEALTH & HIGHER EDUCATIONAL FACILITIES	AIITHORTTY
(F) DESCRIPTION OF PURPOSE:	-1011101111
CONSTRUCT NEW HSPTL, RENOVATE EXISTING HSPTL, & REFUND PRE	VIOUS BOND ISSUES
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED	PERSONS:
(A) NAME OF PERSON: BANK OF AMERICA	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION	T:
INDIRECT BUSINESS	
(C) AMOUNT OF TRANSACTION \$ 609572.	
(D) DESCRIPTION OF TRANSACTION: MS. GAMBLE IS A TRUSTEE ON	THE
ORGANIZATION'S BOARD. MS. GAMBLE WAS PRESIDENT OF BANK OF	
UNTIL JANUARY 2009. BANK OF AMERICA IS THE ORGANIZATION'S	PRIMARY
BUSINESS BANK.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
FORM 990, PART XI, LINE 2:	
SHEPPARD PRATT HEALTH SYSTEM, INC. IS A SUBSIDIARY IN THE CO	NSOLTDATED
GROUP KNOWN AS SHEPPARD AND ENOCH PRATT FOUNDATION, INC. AND	
SUBSIDIARIES. AN AUDIT WAS PERFORMED AND AUDITED HIMANGIAL	
	Schedule O (Form 990) 2008
4.0	

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Department of the Treasury

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No. 1545-0047 Open to Public inspection

Form 990 or to provide any additional information. Internal Revenue Service Name of the organization SHEPPARD PRATT HEALTH SYSTEM, Employer identification number 52-0591684 WERE ISSUED FOR SHEPPARD AND ENOCH PRATT FOUNDATION, INC. AND SUBSIDIARIES ON A CONSOLIDATED BASIS. AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED ON A SEPARATE BASIS FOR EACH ENTITY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE R (Form 990)

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection OMB No. 1545-0047

▶ See separate instructions.

SHEPPARD PRATT HEALTH SYSTEM, INC.

Identification of Disregarded Entities

Parti

Employer identification number 52-0591684

Direct controlling entity End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) <u>ග</u> Primary activity <u>@</u> Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of disregarded entity

	(F) Direct controlling							SHEPPARD & ENOCH PRATT	FOUNDATION		SHEPPARD & ENOCH PRATT	FOUNDATION		SHEPPARD & ENOCH PRATT	FOUNDATION	
	(E) Public charity	status (if section	((6)(3))			7			6			11A				
	(D) Exempt Code	section				501(C)(3)			501(C)(3)			501(C)(3)	-		501(C)(3)	
	(C) Legal domicile (state or	roreign country)			MARYLAND			MARVLAND			WARVI. and			MARYLAND	לאדעד דעניים	
É	( <b>b</b> ) Primary activity		CONDUCT FUNDRAISING	ACTIVITIES TO SUPPORT	AFFILIATED ORGANIZATIONS	PROVIDE HEALTH CARE TO	PATIENTS & RESIDENCY		- 52-1388935 HOLD AND MANAGE ENDOWMENT	FUNDS OF RELATED NONPROFIT			THERAPEUTIC RESIDENTIAL	E SUPPORT	Ctions for Court ope	Office and models for Form 990.
(A)	Name, address, and EIN of related organization	CHEDDADA C myon		21285			21285.		ALT INVESTMENT, INC.		MOSAIC COMMISSION	1925 CREENCHILL SEKVICES, INC 52-1388141 PROVIDES COMMUNITY BASED	TIMONITM WE STORE		LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	

Schedule R (Form 990) 2008

SHEPPARD PRATT HEALTH SYSTEM, INC. Schedule R (Form 990) 2008

· . . f.

Page 2 General or managing partner? Percentage ownership 2 N/A N/A Schedule R (Form 990) 2008  $\widehat{\Xi}$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 52-0591684 Share of end-of-year assets N/A N/A <u>©</u> ate allocations? Disproportion-Yes No  $\widehat{\Xi}$ Share of total income N/A N/A Œ Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Share of total income Œ CORP CCORP Œ Direct controlling entity Predominant income (related, investment, unrelated) N/A <u>0</u> N/A Œ Legal domicile (state or foreign country) © Ð ð Direct controlling entity <u>@</u> Primary activity <u>e</u> Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) INACTIVE INACTIVE Part III Identification of Related Organizations Taxable as a Partnership 52-1757742 - 52-1737872 Primary activity <u>@</u> SHEPPARD PRATT PREFERRED RESOURCES, INC. INC. Name, address, and EIN of related organization ATLANTIC RECYCLED PAPER COMPANY, Name, address, and EIN of related organization 6501 N CHARLES STREET 1925 GREENSPRING AVE TIMONIUM, MD 21093 TOWSON, MD 21285 332162 12-23-08

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Yes Amount involved × × 1a 9 2 ₽ þ 19 ¥ Ē ÷ = 우 4 19 d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Purchase of assets from other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees q Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) 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. Reimbursement paid to other organization for expenses Transaction type (a-r) Gift, grant, or capital contribution from other organization(s) Reimbursement paid by other organization for expenses f Sale of assets to other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity 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? Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. Part V Transactions With Related Organizations Ε E Schedule R (Form 990) 2008

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Part VI Unrelated Organizations Taxable as a Partnership

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

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of entity	riniary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI		<b>1</b>
			organizations?	year assets	tionate allocations?	amount in box 20	managing partner?	iging iging
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Page 2 SHEPPARD & ENOCH PRATT SHEPPARD & ENOCH PRATT SHEPPARD & ENOCH PRATT SHEPPARD & ENOCH PRATT PRATT FOUNDATION, INC Direct controlling SHEPPARD AND ENOCH MOSAIC COMMUNITY MOSAIC COMMUNITY entity E SERVICES, INC. SERVICES, INC. POUNDATION FOUNDATION OUNDATION OUNDATION status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) MARYLAND TARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND PROVIDES REHABILITATIVE AND PROVIDE AFFORDABLE HOUSING COMMUNITY HEALTH FACILITY INDIVIDUALS AND FAMILIES FOSTER STRONG & HEALTHY TO CHRONICALLY MENTALLY RESIDENTIAL SUPPORT FOR CREATE UNITS OF DECENT, AFFORDABLE HOUSING FOR OUTPATIENT BEHAVIORAL Primary activity HEALTH CARE SERVICES PROVIDING OUTPATIENT PROVIDE EDUCATIONAL TREATMENT SERVICES VOCATIONAL, SOCIAL, THROUGH EDUCATION Part II Continuation of Identification of Related Tax-Exempt Organizations LOW-INCOME ADULTS ISABLED SERVICES 1925 GREENSPRING DRIVE, TIMONIUM, MD 21093 INC. - 52-2125435, PO BOX 6815, BALTIMORE, DEVELOPMENT ORGANIZATION, INC. - 02-065028, REVISIONS COMMUNITY DEVELOPMENT ORG, ING. 52-1190659, 25 E NORTH AVE, HAGERSTOWN, MD - 52-0900071 TURNING POINT OF WASHINGTON COUNTY, INC. BEHAVIORAL HEALTH PARTNERS OF FREDERICK, - 52-0730225 52-1849336, 1925 GREENSPRING DRIVE, Name, address, and EIN DULANEY STATION COMMUNITY HOUSING of related organization WAX STATION, INC. - 52-1162749 NORTH BALTIMORE CENTER, INC. 2225 NORTH CHARLES STREET GALTHERSBURG, MD 20877 FAMILY SERVICES, INC. FREDERICK, MD 21705 610 EAST DIAMOND AVE BALTIMORE, MD 21218 TIMONIUM, MD 21093 PO BOX 3826 21285 ₽

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