



2009 Income Tax Returns

CIVISTA MEDICAL CENTER, INC.



KPMG LLP
Suite 1200
1676 International Drive
McLean, VA 22102

Telephone 703-286-8000
Fax 703-286-8010

Private

Mr. Jim Clague
Civista Medical Center, Inc.
5 Garrett Ave
La Plata, MD 20646

Enclosed are the original and one copy of your income tax return(s) for the period ended June 30, 2010 for Civista Medical Center, Inc. as follows:

- 2009 990 - Return of Organization Exempt from Income Tax
- 2009 Schedule A - Public Charity Status and Public Support
- 2009 Schedule C - Political Campaign and Lobbying Activities
- 2009 Schedule D - Supplemental Financial Statements
- 2009 Schedule F - Statement of Activities Outside the United States
- 2009 Schedule H - Hospitals
- 2009 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
- 2009 Schedule J - Compensation Information
- 2009 Schedule K - Supplemental Information on Tax-Exempt Bonds
- 2009 Schedule O - Supplemental Information to Form 990
- 2009 Schedule R - Related Organizations and Unrelated Partnerships
- 2010 990-W Estimated Tax Worksheet for Form 990-T
- 2009 8453-EO - U.S. Exempt Org Declaration for E:filing
- 2009 8453-EO - U.S. Individual Income Tax Declaration for e-filing
- 2009 Maryland Corporation Income Tax Return

Each original should be dated, signed and filed in accordance with the filing instructions included with the copy of the return. This bound copy is for your use and should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Also enclosed are the original source documents you furnished, if any, for our use in preparing the return(s). Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.



Mr. Jim Clague

A tax-exempt organization is required to provide copies of Form 990 if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990 "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990 to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990 in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990, the organization can disclose the internet address from which he/she can print a copy of the Form 990.

We recommend that the return(s) be mailed by either registered or certified mail with the sender's receipt postmarked to prove filing before the due date.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

KPMG LLP

Enclosure(s)

Instructions for filing
Civista Medical Center, Inc.
Form 8453-EO - Exempt Org. Declaration & Signature for E-filing
for the period ended June 30, 2010

Signature...

The original Form 8453-EO should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8453-EO declaration to:

KPMG LLP
1676 International Drive
McLean VA 22102

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 16, 2011. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 2010

2009

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

Employer identification number

CIVISTA MEDICAL CENTER, INC.

52-0445374

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>102666865</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

Title

[Handwritten Signature] 5/10/2011 President + CEO

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

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

ERO's Use Only	ERO's signature	<i>[Handwritten Signature]</i>	Date	<u>5/9/11</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00451522</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u> <u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>			EIN	<u>13-5565207</u>		Phone no.	<u>703-286-8000</u>	

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

Paid Preparer's Use Only	Preparer's signature	<i>[Blank]</i>	Date	<i>[Blank]</i>	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	<i>[Blank]</i>
	Firm's name (or yours if self-employed), address, and ZIP code	<i>[Blank]</i>			EIN	<i>[Blank]</i>		Phone no.

2009 990 Returns Found in Account 2502:

Report Date: 5/12/2011 2:22:02 PM

Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Federal			Date Sent	Date Ack.	DCN Debts	Federal Only		Direct Debit
					Service Center	Filing Type	Filing Status				PIN	EIC	
26035M	Civista Medical Center, Inc.	526225		FED		REG	Accepted	5/12/2011 8:41:00 AM	5/12/2011 9:01:00 AM				

1 record returned.

[Next 500](#)

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (CIVISTA MEDICAL CENTER, INC.), address (5 GARRETT AVE, LA PLATA, MD 20646), identification number (52-0445374), and tax status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, employee counts, revenue breakdown, and total assets.

Part II Signature Block

Signature block containing declaration text, officer signature line, preparer signature (KPMG LLP), and identifying numbers.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization CIVISTA MEDICAL CENTER	Employer identification number 52-0445374
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 GARRETT AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LA PLATA, MD 20646	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ CORPORATE OFFICE

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2.15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning 7.1, 2009, and ending 6.30, 2010.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 GARRETT AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LA PLATA, MD 20646	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JIM CLAGUE**
Telephone No. **301 609-5154** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011

5 For calendar year _____, or other tax year beginning 07/01/2009, and ending 06/30/2010

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title CPA Date 12/21/10

KPMG LLP
1676 INTERNATIONAL DRIVE
MCLEAN, VA 22102

Form 8868 (Rev. 4-2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 66,401,044. including grants of \$ 93,470.) (Revenue \$ 101,981,695.)

ATTACHMENT 3

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 66,401,044.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Includes sub-rows 12a, 14a, 14b, 17, 18, 19, 20.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax shelter and contribution rules.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (15), 1b Enter the number of voting members that are independent (14), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JIM CLAGUE 5 GARRETT AVE LA PLATA, MD 20646 301-609-5154

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE COOPER EX-OFFICIO	3.00	X					0.	0.	0.	
DELORES DATCHER DIRECTOR	3.00	X					0.	0.	0.	
C DEVADASON EX-OFFICIO	3.00	X					0.	0.	0.	
SARA MIDDLETON VICE CHAIR	3.00	X		X			0.	0.	0.	
SURYAKANT PATEL DIRECTOR	3.00	X					0.	0.	0.	
BARBARA STEPURA DIRECTOR	3.00	X					0.	0.	0.	
KHADAR BAIG DIRECTOR	3.00	X					0.	0.	0.	
VAN MITCHELL DIRECTOR	3.00	X					0.	0.	0.	
LOUIS JENKINS JR SECRETARY/TREASURER	3.00	X		X			0.	0.	0.	
SEETARAMAYYA NAGULA DIRECTOR	3.00	X					0.	0.	0.	
RICHARD WINKLER DIRECTOR	3.00	X					0.	0.	0.	
MICHAEL CADY DIRECTOR	3.00	X					0.	0.	0.	
ASHVIN J PATEL MD CHIEF OF STAFF	4.00	X		X			0.	0.	0.	
JAMES BURKE CHAIR	4.00	X		X			0.	0.	0.	
NOEL CERVINO PRESIDENT & CEO	40.00			X			372,801.	0.	6,692.	
ERIK BOAS CFO	40.00			X			148,315.	0.	2,320.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY DELLIGATTI VICE PRESIDENT PATIENT CARE	40.00				X			151,336.	0.	20,303.
KEVIN BURBULES CHIEF INFO OFFICER	40.00				X			156,068.	0.	34,985.
GARY HERBEK COO	40.00				X			203,071.	0.	19,544.
JOAN HUMULOCK CLINICAL NURSE PACU	40.00					X		130,907.	0.	7,738.
MARILYN E GREGORY CLINICAL NURSE OR	40.00					X		135,593.	0.	6,356.
KANIKA HAMPTON PHYSICIAN	40.00					X		129,538.	0.	18,227.
EILEEN FRANCES STOPA CLINICAL NURSE PACU	40.00					X		124,585.	0.	4,200.
KATHERINE MIDDLETON RN OR	40.00					X		138,048.	0.	7,074.
CHRISTINE STEFANIDES FORMER PRESIDENT & CEO							X	307,041.	0.	0.
1b Total								1,997,303.	0.	127,439.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **24**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **23**

Part VIII Statement of Revenue

52-0445374

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	27,613.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		27,613.			
Program Service Revenue				Business Code			
	2a	NET PATIENT REVENUE	900099	101,981,695.	101,981,695.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		101,981,695.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		131,108.			131,108.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	ANSWERING SERVICE	561000	170,280.		170,280.		
b	CAFETERIA AND COFFEE BAR SALES	900099	292,647.			292,647.	
c	APPLICATION FEES	900099	9,250.	9,250.			
d	All other revenue	900099	54,272.	54,033.	239.		
e	Total. Add lines 11a-11d		526,449.				
12	Total Revenue. See instructions		102,666,865.	102,044,978.	170,519.	423,755.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	93,470.	93,470.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	648,530.		648,530.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	37,046,113.	29,636,890.	7,409,223.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,041,396.	833,117.	208,279.	0.
9	Other employee benefits	3,698,388.	2,847,759.	850,629.	0.
10	Payroll taxes	2,717,835.	2,119,911.	597,924.	0.
11	Fees for services (non-employees):				
a	Management	150,000.	0.	150,000.	0.
b	Legal	365,765.	0.	365,765.	0.
c	Accounting	181,438.	0.	181,438.	0.
d	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	11,420,092.	6,852,055.	4,568,037.	0.
12	Advertising and promotion	422,403.	316,802.	105,601.	0.
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	2,832,690.	1,472,999.	1,359,691.	0.
17	Travel	30,106.	7,527.	22,579.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	3,227,565.	0.	3,227,565.	0.
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	5,149,235.	36,045.	5,113,190.	0.
23	Insurance	2,003,907.	0.	2,003,907.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SUPPLIES AND DRUGS -----	16,151,456.	15,020,854.	1,130,602.	0.
b	BAD DEBT -----	5,315,173.	5,315,173.	0.	0.
c	OTHER -----	3,599,936.	406,173.	3,193,763.	0.
d	EQUIPMENT RENTAL AND MAINT -----	4,368,351.	1,441,556.	2,926,795.	0.
e	TELEPHONE -----	356,708.	713.	355,995.	0.
f	All other expenses -----				0.
25	Total functional expenses. Add lines 1 through 24f	100,820,557.	66,401,044.	34,419,513.	0.
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	24,142,941.	2	29,116,660.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,140,952.	4	10,886,077.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,533,892.	8	1,588,468.
	9 Prepaid expenses and deferred charges	1,185,201.	9	854,589.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 118,632,613.		
	b Less: accumulated depreciation	10b 53,211,565.	69,663,504.	10c 65,421,048.
	11 Investments - publicly traded securities	85,735.	11	75,000.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,052,330.	15	13,341,597.
16 Total assets. Add lines 1 through 15 (must equal line 34)	118,804,555.	16	121,283,439.	
Liabilities	17 Accounts payable and accrued expenses	14,978,874.	17	16,336,955.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	59,107,135.	20	58,529,039.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	21,804,652.	23	20,920,214.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	9,263,683.	25	12,608,963.
	26 Total liabilities. Add lines 17 through 25	105,154,344.	26	108,395,171.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,650,211.	27	12,888,268.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,650,211.	33	12,888,268.
34 Total liabilities and net assets/fund balances	118,804,555.	34	121,283,439.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 [X] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

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

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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

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

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

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

Part IV Supplemental Information

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

Also, complete this part for any additional information. SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITIES

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA AND AHA REPORTED THAT 8.73% AND 23.76% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C, PART II-B AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and various monitoring and enforcement questions.

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

Table with 2 columns: Description, Amount. Rows include: Works of art, historical treasures, or other similar assets held for public exhibition, education, or research; and Revenues and Assets included in Form 990.

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

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

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

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

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

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

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

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

Table with 2 columns: Description (1c-1f), Amount

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
SECURITY DEPOSITS	8,719.
OTHER CURRENT RECEIVABLES	35,480.
INV CHES POTOMAC HEALTHCARE	2,403,544.
ASSETS LIMITED TO USE	6,513,485.
PHYSICIANS LOAN	125,000.
INVEST IN JV FREESTATE	15,441.
DEFERRED FINANCING COSTS	2,307,627.
INVESTMENT PREMIER	13,641.
INVESTMENT MARYLAND ECARE	10,000.
DUE FROM AFFILIATES	1,908,660.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,341,597.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
ADVANCES FROM THIRD PARTIES	2,240,611.
ACCRUED INTEREST PAYABLE	1,344,632.
ACCRUED PENSION COSTS	8,003,140.
DUE TO AFFILIATE	570,715.
DUE TO PREMIER	53,090.
LEASE LIABILITIES	396,775.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,608,963.

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

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

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

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

Part XIV Supplemental Information

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

FIN 48 FOOTNOTE

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

WITH FIN 48 (AS CODIFIED). THE ORGANIZATION'S AUDITED FINANCIAL

STATEMENTS DO NOT INCLUDE ANY LIABILITIES FOR UNCERTAIN TAX POSITIONS.

Part XIV Supplemental Information *(continued)*

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE	1,699,120.
Totals					1,699,120.

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- 3 Enter total number of other organizations or entities

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Charity Care and Certain Other Community Benefits at Cost

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

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,543,401.		1,543,401.	1.51
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			1,543,401.		1,543,401.	1.51
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	37	169149	627,385.	120.	627,265.	.61
f Health professions education (from Worksheet 5)	7	344	408,701.		408,701.	.40
g Subsidized health services (from Worksheet 6)	9	50	1,900,706.	709,061.	1,191,645.	1.17
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	20	2532	93,470.		93,470.	.09
j Total. Other Benefits	73	172075	3,030,262.	709,181.	2,321,081.	2.27
k Total. Add lines 7d and 7j	73	172075	4,573,663.	709,181.	3,864,482.	3.78

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

Schedule H (Form 990) 2009

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	3		4,061.		4,061.	
3 Community support	7	88	34,986.		34,986.	.03
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	5		7,984.		7,984.	.01
7 Community health improvement advocacy	1	1	4,084.		4,084.	
8 Workforce development	5	4	197,740.		197,740.	.19
9 Other						
10 Total	21	93	248,855.		248,855.	.23

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

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

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Subtract line 6 from line 5. This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

- Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CIVISTA MEDICAL CENTER INC 5 GARRETT AVE LA PLATA MD 20646	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 6A:

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR
 ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST
 REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31
 OF EACH YEAR.

IN ADDITION, A SUMMARY OF THE COMMUNITY BENEFITS PROVIDED BY THE
 MEDICAL CENTER IS LOCATED ON OUR WEBSITE:

[HTTP://WWW.CIVISTA.ORG/FUSEACTION-ABOUTUS.SHOWCOMMUNITYBENEFITS.HTM](http://www.civista.org/fuseaction-aboutus.showcommunitybenefits.htm)

PART I, LINE 7:

SCHEDULE H, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH
 SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A
 RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,
 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR

 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH

 SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

 RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

 PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

 HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR

 REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO

 MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO.

 ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL

Part VI Supplemental Information

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IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

SCHEDULE H, LINE 7F COLUMN (C)

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 SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A
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SCHEDULE H, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
 PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH
 SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

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RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

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PART III, LINE 4:

CIVISTA REPORTS BAD DEBT EXPENSE IN ACCORDANCE WITH GENERALLY
 ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND HFMA STATEMENT NO. 15. THE
 PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF
 HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL
 BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND
 OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR,
 MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE
 ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR
 CATEGORY, AS WELL AS, THE ACCUMULATION OF RECEIVABLE BALANCES BY
 PERIOD OUTSTANDING. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE
 ANY NECESSARY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND THE
 ESTABLISHED ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION
 OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL
 GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION
 AGENCIES.

PART III, LINE 8:

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)

Part VI Supplemental Information

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STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC

APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE

HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR

MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC

CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED

BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST.

THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE

MARYLAND SYSTEM AS LONG AS TWO CONDITIONS ARE MET:

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC

SET RATES AND

- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND

HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF

GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE

SAME TIME FRAME.

PART III, LINE 9B:

Part VI Supplemental Information

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REGARDLESS OF THE STATUS OF COLLECTIONS, IF A PATIENT APPLIES FOR

CHARITY AND MEETS ELIGIBILITY THE BALANCE IS WRITTEN OFF ACCORDING TO

THE PERCENTAGE THEY QUALIFY FOR.

NEEDS ASSESSMENT:

CIVISTA MEDICAL CENTER, IN PARTNERSHIP WITH THE CHARLES COUNTY

DEPARTMENT OF HEALTH, HAS CONDUCTED A NEEDS ASSESSMENT OF CHARLES

COUNTY EVERY 5 YEARS. BEGINNING 2011, IN ACCORDANCE WITH NEW

REGULATIONS, THE NEEDS ASSESSMENT WILL BE CONDUCTED EVERY 3 YEARS.

THE DATA INCLUDED IN THIS REPORT WAS COLLECTED IN 2006 AND THE

UPDATED ASSESSMENT IS IN PROCESS AND DUE TO BE COMPLETED IN 2011.

THIS SURVEY INCLUDES RESPONSES FROM HEALTH CARE PROVIDERS AS WELL AS

COMMUNITY RESIDENTS. ADDITIONALLY, THE CHARLES COUNTY COMMUNITY

FOUNDATION, IN COOPERATION WITH CIVISTA MEDICAL CENTER, CHARLES

COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF CHARLES COUNTY AND THE

CHARLES COUNTY GOVERNMENT CONDUCTED A PRIORITY NEEDS ASSESSMENT

FOR CHARLES COUNTY IN 2008. IN APRIL 2009, THE CHARLES COUNTY LOCAL

MANAGEMENT BOARD CONDUCTED A NEEDS ASSESSMENT. THE MARYLAND PHYSICIAN

DATA IS FROM THE MARYLAND HEALTH COMMISSION'S 2008 REPORT. THE DATA

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FROM ALL OF THESE REPORTS IS INCLUDED IN THE NEEDS ASSESSMENT UPDATE

AND IS SHARED WITH ALL OF THE MEMBERS OF PARTNERSHIPS FOR A

HEALTHIER CHARLES COUNTY (PHCC) OF WHICH CIVISTA HEALTH IS A FOUNDING

MEMBER. PHCC CONSISTS OF MORE THAN 60 COMMUNITY MEMBER ORGANIZATIONS

FROM A BROAD SPECTRUM OF HEALTH RELATED SERVICES AND INCLUDES

REPRESENTATIVES FROM STATE AND LOCAL GOVERNMENT. THE STEERING

COMMITTEE OF PHCC CONSISTS OF LEADERSHIP FROM FOUR COMMUNITY

ORGANIZATIONS IN ADDITION TO CIVISTA HEALTH; CHARLES COUNTY PUBLIC

SCHOOLS, COLLEGE OF SOUTHERN MARYLAND AND THE CHARLES COUNTY

DEPARTMENT OF HEALTH.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

CIVISTA MEDICAL CENTER POSTS ITS CHARITY CARE POLICY, OR A SUMMARY

THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS

AREAS, EMERGENCY ROOMS, OTHER AREAS OF THE FACILITY IN WHICH ELIGIBLE

PATIENTS ARE LIKELY TO PRESENT. IN ADDITION, THE POLICY IS AVAILABLE

ON THE CIVISTA WEBSITE AND IS POSTED IN THE LOCAL PAPER TWICE EACH

YEAR.

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COMMUNITY INFORMATION:

CHARLES COUNTY IS MOSTLY A RURAL COUNTY LOCATED ON THE SOUTHERN

MARYLAND PENINSULA, BORDERED BY PRINCE GEORGE'S COUNTY TO THE NORTH,

CALVERT COUNTY TO THE EAST, AND ST. MARY'S COUNTY TO THE SOUTH.

CHARLES SITS ABOUT 15 MILES SOUTH OF THE WASHINGTON CAPITOL BELTWAY,

18 MILES FROM WASHINGTON, D.C, AND 54 MILES SOUTHWEST OF BALTIMORE.

THE NORTHERN PART OF THE COUNTY IS THE "DEVELOPMENT DISTRICT" WHERE

COMMERCIAL, RESIDENTIAL AND BUSINESS GROWTH IS FOCUSED, SO THAT THE

REMAINDER OF THE COUNTY CAN RETAIN ITS RURAL CHARACTER. THE MAJOR

COMMUNITIES OF CHARLES COUNTY ARE LA PLATA, THE COUNTY SEAT; PORT

TOBACCO, INDIAN HEAD, AND THE PLANNED COMMUNITY OF ST. CHARLES. THE

MAIN COMMERCIAL CLUSTER IS HUGHESVILLE WALDORF WHITE PLAINS.

THERE ARE THREE NURSING HOMES IN CHARLES COUNTY, TWO ARE LOCATED IN

LA PLATA AND ONE IS LOCATED IN WALDORF. IN ADDITION TO THE NURSING

HOMES THERE ARE TWO ADULT DAY CARE CENTERS ONE IN LA PLATA AND ONE IN

WALDORF. THESE FACILITIES PROVIDE CARE FOR THE ELDERLY CITIZENS OF

CHARLES COUNTY, ASSISTING FAMILY MEMBERS BY PROVIDING DAY TIME

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ACTIVITIES FOR THOSE ELDERLY CITIZENS STILL IN THE HOME FAMILIES.

THE COUNTY HAS ONE 129 BED HOSPITAL-CIVISTA, LOCATED IN THE COUNTY'S SEAT, LA PLATA.

CHARLES COUNTY CONTINUES TO EXPERIENCE RAPID GROWTH, EXPANDING ITS POPULATION FROM 47,678 TO 120,546 IN THE 2000 CENSUS. CURRENT U.S. CENSUS ESTIMATES ARE THAT THE POPULATION NOW EXCEEDS 140,444. THIS MAGNITUDE OF GROWTH CAN BE SEEN IN THE CHANGE IN POPULATION DENSITY, WITH AN INCREASE OF 15% IN THE PERIOD FROM 2000 TO 2005. WHILE THERE ARE ONLY 307 PEOPLE PER SQUARE MILE OVER THE TOTAL AREA OF CHARLES COUNTY, THERE ARE 821 PEOPLE PER SQUARE MILE OF DEVELOPED LAND. THE POPULATION DENSITY IS CONCENTRATED MAINLY IN THE NORTHERN END OF THE COUNTY. THE CENSUS DESCRIBES A POPULATION THAT IS YOUNG, WITH A MEDIUM AGE OF 35 YEARS, AND APPROXIMATELY 26% IS UNDER THE AGE OF 17, 41% IS BETWEEN THE AGES OF 18 44, 25% IS BETWEEN THE AGES OF 45 64; AND 8% OF THE COUNTY'S POPULATION 65 OR OVER.

THE AVERAGE HOUSEHOLD SIZE IS 2.85 WITH THE AVERAGE FAMILY SIZE 3.23.

THE MARITAL STATUS OF THE COUNTY FOR MALES IS 15, 962 NEVER MARRIED,

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28,913 NOW MARRIED, 1,467 SEPARATED, 924 WIDOWED, AND 5,680 DIVORCED.

FOR FEMALES 17,792 NEVER MARRIED, 28,699 NOW MARRIED, 1,796

SEPARATED, 4,018 WIDOWED, 5,563 DIVORCED.

THE AFRICAN AMERICAN POPULATION IS THE LARGEST MINORITY GROUP WITHIN

CHARLES COUNTY. AFRICAN AMERICAN COMPRISED 85% OF THE CHARLES COUNTY

MINORITY POPULATION. THOUGH THE AMERICAN INDIAN/ ALASKAN NATIVE

POPULATION MAKES UP A VERY SMALL PERCENTAGE OF THE TOTAL COUNTY

POPULATION, CHARLES COUNTY HAS THE HIGHEST PROPORTION OF THIS

MINORITY THAN ANY OF THE JURISDICTION IN THE STATE OF MARYLAND.

AMERICAN INDIANS AND ALASKAN NATIVES MAKE UP 0.8% OF THE TOTAL

COUNTY POPULATION.

EMPLOYMENT AND ECONOMIC INDICATORS FOR THE COUNTY ARE STRONG. IN 2006

THE EMPLOYED POPULATION FOR 16 YEARS AND OLDER WAS 108,609. THE

COMMUTE TO WORK INCLUDES 56,379 VEHICLES DRIVEN ALONE, 8,084 VEHICLES

USED FOR CARPOOLING, 5,459 INDIVIDUALS USE PUBLIC TRANSPORTATION

(EXCLUDING TAXICABS), 546 INDIVIDUALS WALK, 348 INDIVIDUALS USE OTHER

MEANS, AND 2,421 INDIVIDUALS WORK FROM HOME.

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 IN 2006, THE MEAN HOUSEHOLD INCOME WAS \$95,033. CHARLES COUNTY HAS A

 RATE OF 6.4% OF ALL FAMILIES WHO WERE LIVING BELOW THE POVERTY LEVEL

 IN 2006. AFRICAN AMERICANS WERE TWICE AS LIKELY TO REPORT THAT THEY

 WERE BELOW THE POVERTY LEVEL AS WHITES IN THE COUNTY. HOWEVER, THE

 RATES OF POVERTY IN CHARLES COUNTY ARE SIGNIFICANTLY LOWER THAN THE

 MARYLAND AVERAGE RATE AND THE UNITED STATES RATE. POVERTY RATES FOR

 ASIANS, AMERICAN INDIAN/ ALASKAN NATIVE, AND HISPANICS COULD NOT BE

 CALCULATED DUE TO SMALL SAMPLE SIZES.

 WITHIN CHARLES COUNTY, THE NUMBER OF INDIVIDUALS WITH A BACHELOR'S

 DEGREE OR HIGHER IN THE WHITE AND AFRICAN AMERICAN POPULATIONS IS

 LESS THAN THE MARYLAND AVERAGE. THE PERCENTAGE OF COLLEGE EDUCATED

 AFRICAN AMERICAN RESIDENTS IN CHARLES COUNTY IS HIGHER THAN THE

 UNITED STATES AVERAGE AND ONLY SLIGHTLY BELOW THE MARYLAND STATE

 AVERAGE. FOR THE ASIAN POPULATION, THE CHARLES COUNTY

 PERCENTAGE IS EXACTLY THE SAME AS THE MARYLAND STATE AVERAGE AND

 HIGHER THAN THE UNITED STATE AVERAGE. EDUCATIONAL ATTAINMENT

 STATISTICS WERE NOT AVAILABLE FOR THE AMERICAN INDIAN/ALASKAN NATIVE

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AND HISPANIC POPULATIONS DUE TO SMALL SAMPLE SIZES.

THERE ARE NO VISIBLE RACIAL DISPARITIES IN THE PERCENTAGE OF INDIVIDUALS WHO HAVE LESS THAN A HIGH SCHOOL DIPLOMA. THE PERCENTAGE FOR WHITES, AFRICAN AMERICANS, AND ASIANS WAS APPROXIMATELY 11 PERCENT. THE RATE AMONG THE WHITE POPULATION WAS SIMILAR ON A COUNTY, STATE, AND NATIONAL LEVEL. THE RATE FOR THE AFRICAN AMERICAN POPULATION WAS LESS ON A COUNTY LEVEL THAN THE STATE AND NATIONAL AVERAGES. THE RATE FOR THE ASIAN POPULATION WAS LESS THAN THE NATIONAL AVERAGE THOUGH SLIGHTLY HIGHER THAN THE STATE AVERAGE.

THE SAME PATTERNS OF DECLINE IN CANCER MORTALITY RATES HAVE BEEN SEEN IN CHARLES COUNTY. IN 2004, CANCER WAS THE LEADING CAUSE OF DEATH IN CHARLES COUNTY. THE AGE ADJUSTED DEATH RATE FOR OVERALL CANCER FROM 2003 2005 IN CHARLES COUNTY WAS 222.4 PER 100,000. THIS RATE EXCEEDS THE STATE OVERALL CANCER DEATH RATE OF 190 PER 100,000. FOR 1998 2002, LUNG AND BRONCHUS CANCER INCIDENCE IN CHARLES COUNTY IS 66.9 PER 100,000 AND MORTALITY IS 59.9 PER 100,000.

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ON A COUNTY LEVEL, BOTH THE INCIDENCE AND MORTALITY RATES FOR OVERALL
 CANCER AND LUNG/BRONCHUS CANCER HAVE DECREASED SINCE THE PREVIOUS
 CANCER REPORT DATA. THE COUNTY INCIDENCE RATE FOR LUNG/ BRONCHUS
 CANCER HAS DROPPED BELOW THE STATE INCIDENCE (68.0); HOWEVER, THE
 COUNTY MORTALITY RATE HAS REMAINED SLIGHTLY HIGHER THAN THE STATE
 MORTALITY (58.1) RATE FOR LUNG/BRONCHUS CANCER.

WHEN COMPARING CANCER MORTALITY AMONG RACIAL GROUPS, THERE WAS A
 REVERSED DISPARITY FOR CANCER MORTALITY BETWEEN THE PERIODS OF 1999
 2003. THE WHITE CANCER MORTALITY RATE (APPROXIMATELY 230 PER
 100,000) IS SLIGHTLY HIGHER THAN THE AFRICAN AMERICAN CANCER
 MORTALITY RATE (APPROXIMATELY 225 PER 100,000), THOUGH THE DIFFERENCE
 IS NOT STATISTICALLY SIGNIFICANT.

THE WHITE CANCER MORTALITY RATE EXCEEDS THE STATE AVERAGE RATE AND IS
 ONE OF THE HIGHEST AMONG ALL OF THE MARYLAND JURISDICTIONS. THE
 AFRICAN AMERICAN CANCER MORTALITY RATE IS THE SIXTH LOWEST AMONG THE
 MARYLAND JURISDICTIONS AND IS WELL BELOW THE MARYLAND AND NATIONAL
 RATES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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THE MINORITY POPULATION IS INCREASING RAPIDLY IN CHARLES COUNTY. BUT

WITH INCREASES IN THE MINORITY POPULATIONS, INCREASES IN MINORITY

HEALTH DISPARITIES HAVE NOT BEEN OBSERVED. FOR MANY CHRONIC AND

COMMUNICABLE DISEASES, RATES APPEAR TO BE SIMILAR FOR BOTH THE WHITE

AND AFRICAN AMERICAN POPULATION. THE BIGGEST HEALTH DISPARITIES HAVE

BEEN SEEN FOR HEART DISEASE, BREAST AND CERVICAL CANCER, AND

DIABETES. FOR SOME CONDITIONS, REVERSE DISPARITIES HAVE OCCURRED,

SUCH AS LUNG

CANCER AND ALL CAUSE CANCER MORTALITY AND STROKE MORTALITY.

COMMUNITY BUILDING ACTIVITIES:

CIVISTA MEDICAL CENTER SPONSORS COMMUNITY BUILDING INITIATIVES

FOR EXAMPLE:

1. PHYSICIAN RECRUITMENT EFFORTS THROUGH FUNDED PHYSICIAN

RECRUITMENT POSITION AT CIVISTA MEDICAL CENTER; STAFF PARTICIPATION

IN GROUPS SUCH THE MARYLAND HEALTHCARE ROUNDTABLE, MARYLAND

HEALTHCARE COMMISSION; MANAGEMENT AGREEMENT WITH UNIVERSITY OF

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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MARYLAND MEDICAL SYSTEM.

RECRUITMENT OF PHYSICIANS TO CHARLES COUNTY CONCENTRATING IN THE HIGH

PRIORITY AREAS OF THE 83 SPECIALTIES LACKING; PHYSICIAN RECRUITER

RETAINED BY CIVISTA; EVALUATION BY NUMBER OF PHYSICIANS SUCCESSFULLY

RECRUITED AND PLACED.

A. IN NOVEMBER 2009, CIVISTA HEALTH SIGNED MANAGEMENT

AGREEMENT WITH UNIVERSITY OF MARYLAND MEDICAL SYSTEM WITH

PHYSICIAN RECRUITMENT AS MAJOR INITIATIVE.

B. ACCORDING TO THE MARYLAND HEALTH COMMISSION, 83 PHYSICIAN

SPECIALTIES ARE IN SHORTAGE IN THE SOUTHERN MARYLAND AREA. OF

PARTICULAR LACK IN CHARLES COUNTY IS OBSTETRICS AND GYNECOLOGY. IN

2009, ONLY 6 OB/GYN PHYSICIANS WERE PROVIDING CARE AT CIVISTA- 4 OF

WHOM ARE EMPLOYED BY CIVISTA MEDICAL CENTER AND ALSO PROVIDER CARE

FOR PRENATAL CLINIC FOR THE UNINSURED AND UNDERINSURED. THE RISING

INFANT MORTALITY RATE IN CHARLES COUNTY RAISED THE RECRUITMENT OF

OB/GYN PRACTITIONERS TO PRIORITY ONE. RECRUITMENT EFFORTS ARE

ONGOING FOR OTHER PHYSICIAN SPECIALTIES ARE ONGOING FOR ORTHOPEDICS,

ONCOLOGY, GENERAL SURGERY AND GASTROENTEROLOGY.

2. CIVISTA MEDICAL CENTER PARTICIPATES AS A LEAD ORGANIZATION IN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY (PHCC), A 70 PLUS MEMBER

ORGANIZATION OF HEALTH PROVIDING NOT FOR PROFITS, BUSINESSES, AND

ORGANIZATIONS. THE OTHER LEAD ORGANIZATIONS ARE CHARLES COUNTY

DEPARTMENT OF HEALTH, CHARLES COUNTY PUBLIC SCHOOLS AND COLLEGE OF

SOUTHERN MARYLAND. THROUGH PHCC, THE COMMUNITY HEALTH NEEDS ASSESSMENT

IS COMPLETED.

3. EMERGENCY/DISASTER PREPAREDNESS

CIVISTA MEDICAL CENTER PARTICIPATES IN JOINT DISASTER

PREPAREDNESS DRILLS AND PLANNING SESSIONS WITH FEDERAL, COUNTY, STATE

AND REGIONAL ENTITIES FOR ISSUES SUCH AS H1N1, NEIMS AND INAUGURAL

DISASTER PLANNING AND PREPAREDNESS. ADDITIONALLY, CIVISTA

PARTICIPATES IN INDIAN HEAD NAVAL BASE DISASTER SUPPORT. DISASTER

PREPAREDNESS MEDICAL EQUIPMENT IS PURCHASED FOR EMERGENCY PURPOSES.

OTHER INFORMATION:

THE MAJORITY OF THE GOVERNING BODY, THE BOARD OF DIRECTORS, OF

CIVISTA MEDICAL CENTER IS COMPRISED OF PERSONS WHO RESIDE IN THE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY SERVED BY THE HOSPITAL AND WHO ARE NEITHER EMPLOYEES NOR

CONTRACTORS OF THE ORGANIZATION.

CIVISTA MEDICAL CENTER EXTENDS MEDICAL PRIVILEGES TO ALL QUALIFIED

MEDICAL STAFF IN THE COMMUNITY. CONTINUING MEDICAL EDUCATION SEMINARS

AND GRAND ROUNDS ARE OPEN TO ALL COMMUNITY PHYSICIANS.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	HEALTH PARTNERS INC PO BOX 1865 WALDORF, MD 20604	52-1767044	501(C)(3)	50,000.				CLINIC DONATIONS
	AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501(C)(3)		8,012.	FMV	IN-KIND	RELAY FOR LIFE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 2
- 3 Enter total number of other organizations ▶

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

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

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

PART I, LINE 2

CIVISTA MEDICAL CENTER MAKES FINANCIAL AND IN-KIND CONTRIBUTIONS TO

VARIOUS CHARITABLE ORGANIZATIONS IN THE COMMUNITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CATHY DELLIGATTI	(i)	151,336.	0.	0.	12,012.	8,291.	171,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NOEL CERVINO	(i)	322,038.	40,000.	10,763.	5,712.	980.	379,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN BURBULES	(i)	156,068.	0.	0.	29,780.	5,205.	191,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE STEFANIDES	(i)	290,405.	0.	16,636.	0.	0.	307,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY HERBEK	(i)	203,071.	0.	0.	13,015.	6,529.	222,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIK BOAS	(i)	148,217.	0.	98.	2,181.	139.	150,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES	52-0936091	574217UL7	02/09/2005	60,097,615.	BUILD ADDITION AND RENIVATE HO		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		60,097,615.								
2 Gross proceeds in reserve funds		4,511,625.								
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds		3,796,282.								
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds		51,789,708.								
8 Year of substantial completion		2007								
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

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

Schedule K (Form 990) 2009

JSA

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

52-0445374

ATTACHMENT 1

DESCRIPTION OF 990 REVIEW PROCESS

PART VI, LINE 11

THE PROCESS FOR REVIEWING THE FORM 990 BEGINS WITH CIVISTA'S STAFF ACCOUNTANT WORKING WITH THE CONTROLLER IN REVIEWING THE FIRST DRAFT FORM 990. THE STAFF ACCOUNTANT AND CONTROLLER WILL COORDINATE WITH THE INDEPENDENT ACCOUNTING FIRM, KPMG, TO UPDATE ANY NECESSARY CHANGES. WHILE THE CONTROLLER SCHEDULES THE SERVICES OF KPMG TO PRESENT THE FINAL DRAFT FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, THE CHIEF FINANCIAL OFFICER WILL REVIEW THE DOCUMENT BEFORE THE FINAL DRAFT IS GENERATED. ONCE ALL NECESSARY CORRECTIONS ARE MADE, COPIES OF THE FINAL DRAFT FORM 990 WILL BE PROVIDED TO THE FINANCE COMMITTEE PRIOR TO THE MEETING FOR THEIR REVIEW (WHICH WILL BE REQUIRED TO BE KEPT CONFIDENTIAL UNTIL THE FORM 990 IS FINALIZED AND SIGNED). THE FINAL DRAFT FORM 990 WILL BE PRESENTED BY KPMG AT THE FINANCE COMMITTEE MEETING FOR QUESTIONS AND FINAL APPROVAL. ONCE THE FINANCE COMMITTEE APPROVES THE FORM 990 TO BE SIGNED, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WILL SIGN AS CIVISTA'S AUTHORIZED SIGNER. THE FINAL FORM 990 WILL BE PROVIDED TO THE FULL BOARD OF DIRECTORS FOR INFORMATIONAL PURPOSES BEFORE FILING.

PROCESS FOR DETERMINING COMPENSATION

PART VI, LINE 15

THE ORGANIZATION UTILIZES AN INDEPENDENT COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A

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

ATTACHMENT 1 (CONT'D)

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

THE CHIEF EXECUTIVE OFFICER/PRESIDENT AND THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS AND KEY EMPLOYEES.

THE SALARY OF MANAGEMENT EMPLOYEES ARE BASED A MARKET STUDY OF COMPARABLE POSITIONS, EDUCATION, AND EXPERIENCE AS RELATED TO THE MANAGER'S POSITION. IN ORDER TO DETERMINE THE MANAGER'S SALARY, THE COMPENSATION AND BENEFITS SPECIALIST COMPLETES A RELATIVE MARKET STUDY TO OBTAIN INFORMATION ABOUT COMPARABLE JOBS IN THE HEALTHCARE INDUSTRY. HUMAN RESOURCES EVALUATES THE MARKET STUDY AND THEN MAKES A RECOMMENDATION. HUMAN RESOURCES ALSO USES DATA PREPARED BY INDEPENDENT COMPENSATION CONSULTANTS. AFTER DECIDING ON THE COMPENSATION OF THE MANAGEMENT EMPLOYEE, THE DECISION IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES. THE YEAR THAT THIS PROCESS WAS LAST UNDERTAKEN FOR THESE TYPES OF POSITIONS WAS IN THE CURRENT YEAR.

THE CHIEF EXECUTIVE OFFICER/PRESIDENT IS THE ONLY EMPLOYEE WHO HAS A WRITTEN CONTRACT. EFFECTIVE OCTOBER 1, 2009, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF MEDICAL OFFICER ARE EMPLOYEES OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) AND THEIR COMPENSATION PACKAGES ARE DETERMINED PER AN UMMS EXECUTIVE COMPENSATION COMMITTEE.

CONFLICTS MONITORING AND ENFORCEMENT

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

ATTACHMENT 1 (CONT'D)

PART VI, LINE 12C

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

KEY EMPLOYEES ARE EXEMPT ADMINISTRATIVE AND NON-EXEMPT EMPLOYEES WHO HAVE THE AUTHORITY TO MAKE COMMITMENTS FOR CIVISTA RESOURCES. ALL KEY EMPLOYEES MUST SIGN A DISCLOSURE OF BUSINESS INTEREST/CONFLICT OF INTEREST STATEMENT.

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

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

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

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
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ATTACHMENT 1 (CONT'D)

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

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

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

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

WHILE ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE, IT IS THE POLICY OF CIVISTA THAT KEY EMPLOYEES DISCLOSE ANY DETAIL OF ANY ACTIVITIES OR INTERESTS WHICH MAY CONFLICT OR APPEAR TO CONFLICT WITH CIVISTA'S BUSINESS. KEY EMPLOYEES ARE EXEMPT ADMINISTRATIVE

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

ATTACHMENT 1 (CONT'D)

AND NON-EXEMPT EMPLOYEES WHO HAVE THE AUTHORITY TO MAKE COMMITMENTS FOR CIVISTA'S RESOURCES. THE RESPONSES ARE INITIALLY REVIEWED BY HUMAN RESOURCES. IF ANYTHING IS DISCLOSED, THE DISCLOSURE IS SENT TO THE COMPLIANCE OFFICER WHO CONSULTS WITH OUTSIDE ATTORNEYS. AFTER REVIEW OF THE DISCLOSURES, IF A CONFLICT IS IDENTIFIED, THE EMPLOYEE WOULD BE NOTIFIED OF THE CONFLICT AND ASKED TO REFRAIN FROM ANY FURTHER ACTIVITY. DEPENDING ON THE CONFLICT, THE APPROPRIATE ACTION WOULD BE FOR THE PERSON INVOLVED TO RECUSE THEMSELVES. IF AN INDIVIDUAL KNOWINGLY VIOLATES THIS POLICY, THEY WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE IN ADDITION TO POTENTIAL CRIMINAL PROSECUTION.

AS PART OF THE ANNUAL COMPETENCIES, EVERY EMPLOYEE COMPLETES A ONLINE MODULE IN HEALTHSTREAM, CIVISTA'S ONLINE SUPPORT PAGE, WHICH DETAILS THEIR RESPONSIBILITY FOR DISCLOSURE UNDER THE POLICY.

DOCUMENTATION AVAILABILITY

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

MANAGEMENT SERVICES AGREEMENT

PART VI, LINE 3

EFFECTIVE OCTOBER 1, 2009, CIVISTA HEALTH AND ITS RELATED ORGANIZATIONS SIGNED A MANAGEMENT SERVICES AGREEMENT WITH UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION ("UMMS", A SECTION 501(C)(3) ORGANIZATION) WHEREBY UMMS PROVIDES MANAGEMENT SUPERVISION FOR THE OPERATION AND STRATEGIC DEVELOPMENT OF CIVISTA WITH THE GOAL OF IMPROVING SERVICE,

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

ATTACHMENT 1 (CONT'D)

QUALITY OF CARE AND OTHER AREAS OF OPERATION. THE CHIEF EXECUTIVE OFFICER, THE CHIEF FINANCIAL OFFICER AND THE CHIEF MEDICAL OFFICER ARE EMPLOYEES OF UMMS, BUT CIVISTA MEDICAL CENTER REIMBURSES UMMS FOR THEIR COMPENSATION PACKAGES. IN ADDITION TO REIMBURSING UMMS FOR THE SERVICES OF THE SENIOR EXECUTIVE PERSONNEL, CIVISTA MEDICAL CENTER PAYS UMMS A FEE FOR OTHER SERVICES UNDER THE AGREEMENT.

SCHEDULE K, PART I

AMOUNTS

CUSIP NUMBERS

AMOUNTS	CUSIP NUMBERS
\$ 540,000	574217UL7
555,000	574217UM5
575,000	574217UN3
590,000	574217UP8
610,000	574217UQ6
630,000	574217UR4
650,000	574217US2
675,000	574217UT0
700,000	574217UU7
730,000	574217UV5
760,000	574217UW3
790,000	574217UX1
820,000	574217UY9
7,900,000	574217UZ6
10,425,000	574217VA0
32,050,000	574217VB8

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
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ATTACHMENT 1 (CONT'D)

\$59,000,000

BONDS AT REDEMPTION PRICE

SCHEDULE K, PART II

OF THE PROCEEDS REPORTED AS ISSUANCE COSTS, \$1,180,000 OF THE PROCEEDS WERE USED FOR BOND ISSUANCE COSTS (INCLUDING UNDERWRITERS' DISCOUNT) AND \$2,616,282 OF THE PROCEEDS WERE USED FOR CREDIT ENHANCEMENT.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CIVISTA MEDICAL CENTER PROVIDES EXCELLENT CARE TO EACH PATIENT IN A SAFE, CARING AND FAMILY-CENTERED ENVIRONMENT. CIVISTA FOSTERS A HEALTHIER COMMUNITY BY PROVIDING SERVICE EDUCATION AND ACCESS TO CARE IN CONCERT WITH OTHER COMMUNITY ORGANIZATIONS. THE ORGANIZATION STRIVES TO BE THE PREEMINENT HEALTHCARE PROVIDER FOR OUR COMMUNITY THROUGH ENHANCED FACILITIES, TECHNOLOGY AND EQUIPMENT, AN EXCELLENT RECORD OF QUALITY CARE AND PATIENT SAFETY, A HIGHLY RESPONSIVE EMERGENCY SERVICES DELIVERY, A SKILLED WORKFORCE AND EXCELLENT PHYSICIAN PARTNERS AND FINANCIAL HEALTH TO ASSURE FUNDS FOR RE-INVESTMENT.

ATTACHMENT 34A PROGRAM SERVICE

CIVISTA MEDICAL CENTER COMMUNITY BENEFITS PROGRAM UTILIZES A

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

PLANNED, MANAGED, ORGANIZED, AND MEASURED APPROACH TO MEETING THE IDENTIFIED COMMUNITY NEEDS OF THE AREA WE SERVE. THE MISSION IS TO IMPROVE OVERALL COMMUNITY HEALTH BY IMPROVING ACCESS TO HEALTH CARE, ENHANCING THE HEALTH OF THE COMMUNITY, ADVANCING HEALTHCARE KNOWLEDGE AND WORKING WITH HEALTH - PROVIDING AGENCY PARTNERS.

CIVISTA MEDICAL CENTER IN PARTNERSHIP WITH THE CHARLES COUNTY DEPARTMENT OF HEALTH, HAS CONDUCTED A NEEDS ASSESSMENT OF CHARLES COUNTY EVERY 5 YEARS. BEGINNING 2011, IN ACCORDANCE WITH NEW REGULATIONS, THE NEEDS ASSESSMENT WILL BE CONDUCTED EVERY 3 YEARS.

THE DATA INCLUDED IN THIS REPORT WAS COLLECTED IN 2006 AND THE UPDATED ASSESSMENT IS IN PROCESS AND DUE TO BE COMPLETED IN 2011. THIS SURVEY INCLUDES RESPONSES FROM HEALTH CARE PROVIDERS AS WELL AS COMMUNITY RESIDENTS. ADDITIONALLY, THE CHARLES COUNTY COMMUNITY FOUNDATION, IN COOPERATION WITH CIVISTA MEDICAL CENTER, CHARLES COUNTY DEPARTMENT OF HEALTH, THE UNITED WAY OF CHARLES COUNTY AND THE CHARLES COUNTY GOVERNMENT CONDUCTED A PRIORITY NEEDS ASSESSMENT FOR CHARLES COUNTY IN 2008. IN APRIL 2009, THE CHARLES COUNTY LOCAL MANAGEMENT BOARD CONDUCTED A NEEDS ASSESSMENT. THE MARYLAND PHYSICIAN DATA IS FROM THE MARYLAND HEALTH COMMISSION'S 2008 REPORT. THE DATA FROM ALL OF THESE REPORTS IS INCLUDED IN THE NEEDS ASSESSMENT UPDATE AND IS SHARED WITH ALL OF THE MEMBERS OF PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY (PHCC) OF WHICH CIVISTA MEDICAL CENTER IS A FOUNDING MEMBER. PHCC CONSISTS OF MORE THAN 60 COMMUNITY MEMBER ORGANIZATIONS FROM A BROAD SPECTRUM OF

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

HEALTH-RELATED SERVICES AND INCLUDES REPRESENTATIVES FROM STATE AND LOCAL GOVERNMENT. THE STEERING COMMITTEE OF PHCC CONSISTS OF LEADERSHIP FROM FOUR COMMUNITY ORGANIZATIONS IN ADDITION TO CIVISTA MEDICAL CENTER; CHARLES COUNTY PUBLIC SCHOOLS, COLLEGE OF SOUTHERN MARYLAND AND THE CHARLES COUNTY DEPARTMENT OF HEALTH. THIS INFORMATION WAS SHARED WITH ALL OF OUR PARTNER AGENCIES TO IDENTIFY COMMUNITY HEALTH NEEDS IN CHARLES COUNTY. THIS DATA SERVES AS THE PLANNING AND EVALUATION MECHANISM FOR CIVISTA MEDICAL CENTER'S COMMUNITY BENEFITS PROGRAM.

ACCOMPLISHMENTS: CIVISTA MEDICAL CENTER PROVIDED OVER \$4.1 MILLION IN CHARITY CARE, UNPAID MEDICAID COSTS, COMMUNITY HEALTH IMPROVEMENT SERVICES, SUBSIDIZED HEALTH SERVICES, CASH AND IN-KIND DONATIONS AND COMMUNITY BUILDING ACTIVITIES IN FY2010. THIS YEAR, WE PROVIDED AND SUPPORTED PROGRAMS AND ACTIVITIES SUCH AS:
SCREENINGS AND EDUCATION:

HEART DISEASE: SCREENINGS SUCH AS MATTERS OF THE FEMALE HEART - HEART RISK SCREENING FOR WOMEN, STROKE SCREENINGS, BLOOD PRESSURE SCREENINGS, AND DIABETES EDUCATION AND SCREENINGS; EDUCATION PROGRAMS SUCH AS STROKE RISK REDUCTION, AND LOWERING YOUR CHOLESTEROL CLASSES.

CANCER: SCREENINGS SUCH AS PROSTATE AND COLORECTAL CANCER, TOBACCO CESSATION PROGRAM, CERVICAL AND BREAST SCREENINGS EXAMS, EDUCATION

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

AS WELL AS THE PINK LADIES AND SISTERS AT HEART SUPPORT GROUPS,
AND ACS' RELAY FOR LIFE SURVIVOR SUPPORT.

COMMUNITY EDUCATION PROGRAMS AND SERVICES SUCH AS ADVANCED
DIRECTIVES, ARTHRITIS AND OSTEOPOROSIS, BREASTFEEDING, COMMUNITY
DISASTER DRILLS, SCHOOL CAREER DAYS AND WE CAN! CHILDHOOD OBESITY
PROGRAM, FAITH-BASED HEALTH EXPO.

SUPPORT GROUPS SUCH AS STROKE SUPPORT, PARKINSON'S SUPPORT GROUP,
PINK LADIES AND SISTER'S AT HEART AND OSTOMY SUPPORT GROUP.

CLINICS AND CLINIC SERVICES SUCH AS PRE NATAL AND OB CLINIC, FLU
VACCINE CLINIC, RENAL DIALYSIS SERVICES, AMERICAN RED CROSS BLOOD
DRIVES

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

Name of the organization CIVISTA MEDICAL CENTER, INC.	Employer identification number 52-0445374
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ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MARYLAND INPATIENT CARE SPECIALISTS 2007 TIDEWATER COLONY WAY STE 1-A ANNAPOLIS, MD 21401	PHYSICIANS	1,083,333.
DIGITRACE CARE SERVICES INC 200 CORPORATE PLACE STE 58 PEABODY, MA 01960	EEG PURCHASED SERV	640,650.
ROI ELIGIBILITY SERVICES CORP 1920 GREENSPRING DR STE 200 TIMONIUM, MD 21094	PT ACCTG PURCH SERV	603,276.
BIO-MEDICAL APPLICATIONS OF MD PO BOX 64741 BALTIMORE, MA 21264	DIALYSIS PURCH SERV	352,729.
MAYFLOWER TEXTILE SERVICE PO BOX 20659 BALTIMORE, MD 21223	LAUNDRY	328,989.
TOTAL COMPENSATION		<u>3,008,977.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CIVISTA HEALTH INC 52-2155576 5 GARRETT AVE LA PLATA, MD 20646	PARENT	MD	501(C)(3)	11C	N/A
CIVISTA HEALTH FOUNDATION INC 52-1414564 616 E CHARLES ST LA PLATA, MD 20646	FUNDRAISING	MD	501(C)(3)	11A	CIVISTA HLTH
CIVISTA HEALTH AUXILIARY INC 52-1131193 5 GARRETT AVE LA PLATA, MD 20646	AUXILIARY	MD	501(C)(3)	9	CIVISTA HLTH

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CIVISTA CARE PARTNERS INC 52-2176314 5 GARRETT AVE LA PLATA, MD 20646	HEALTHCARE	MD	CIVISTA HLTH	C CORP			

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) CIVISTA HEALTH FOUNDATION INC	R	620,000.
(2) CIVISTA HEALTH FOUNDATION INC	Q	500,000.
(3) CIVISTA HEALTH FOUNDATION INC	P	73,142.
(4) CIVISTA HEALTH FOUNDATION INC	N	184,661.
(5) CIVISTA HEALTH FOUNDATION INC	L	188,570.
(6) CIVISTA CARE PARTNERS INC	R	665,000.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**SCHEDULE R-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ **Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.**

▶ **See instructions for Schedule R (Form 990).**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of filing organization

CIVISTA MEDICAL CENTER, INC.

Employer identification number

52-0445374

Part I Continuation of Identification of Disregarded Entities

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

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

Table with columns (a) through (j) for identifying related organizations. Columns include Name, Primary activity, Legal domicile, Direct controlling entity, Predominant income, Share of total income, Share of end-of-year assets, Disproportionate allocations, Code V-UBI amount, and General or managing partner.

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) CIVISTA CARE PARTNERS INC	N	124,685.
(8) CIVISTA CARE PARTNERS INC CCS LLC	N	788,503.
(9) CIVISTA CARE PARTNERS INC CCS LLC	Q	955,421.
(10) CIVISTA CARE PARTNERS INC CCP LLC	R	165,000.
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

