

Cumulative e-File History 2009	
FED	
Locator:	PM0391
Taxpayer Name:	St. Joseph Medical Center, Inc
Return Type:	990
Submitted Date:	05/16/2011 10:48:49
Acknowledgement Date:	05/16/2011 11:01:36
Status:	Accepted
Submission ID:	84225220111365000001

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 10
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2009

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

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>336702272.</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	

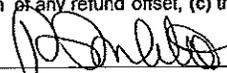
Part II Declaration of Officer

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

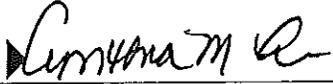

Signature of officer

15-12-11
Date

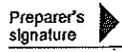
CFO
Title

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

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

ERO's Use Only	ERO's signature		Date	<u>5/12/2011</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00638233</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>CATHOLIC HEALTH INITIATIVES</u>			EIN		<u>47-0617373</u>			
		<u>198 INVERNESS DRIVE WEST</u>			CO 80112		Phone no. <u>720-874-1500</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		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed), address, and ZIP code				EIN			
					Phone no.			

St. Joseph Medical Center, Inc
7601 Osler Drive
Towson, MD 21204

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2010 for:

St. Joseph Medical Center, Inc as follows...

2009 990 - Return of Organization Exempt from Income Tax
2009 990-T - Exempt Organization Business Income Tax Return
2009 8453-EO - U.S. Individual Income Tax Declaration for e-filing

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The enclosed returns were prepared primarily from data and information which you submitted. You should review the returns to ensure that there are no omissions or misstatements.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

Please note, the Form 990 has been electronically filed by the CHI Tax Department with the Internal Revenue Service on your behalf. I have attached a copy of the filed Form 990 and the e-file acceptance document.

All other tax forms, including the Form 990-T, must still have a paper copy filed with the appropriate taxing jurisdiction. The instructions for filing the tax returns are the first page of the attached pdf.

These returns must be printed, signed and dated by an officer of the organization and filed before May 16th 2011. We recommend that the returns are sent by certified mail with return receipt requested.

St. Joseph Medical Center, Inc

A "Public Inspection Copy" of Form 990 and Form 990-T will be available on the Tax Community for your convenience. The "Public Inspection Copy" must be made available for any future public inspection requests. Please contact the Tax Department if you have trouble accessing the Tax Community.

Thank you,

Cindy Leon
Tax Director

Enclosure(s)

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

Form header section containing organization name (ST. JOSEPH MEDICAL CENTER, INC), EIN (52-0591461), principal officer (JEFFREY NORMAN), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, Current Year, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 336,702,272), expenses (Total: 350,620,623), and net assets (Total: 89,836,916).

Part II Signature Block

Signature block containing declaration text, signature lines for officer and preparer, and preparer information (CATHOLIC HEALTH INITIATIVES).

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 File by the due date for filing your return. See instructions.	Name of Exempt Organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
	Number, street, and room or suite no. If a P.O. box, see instructions. 7601 OSLER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOWSON, MD 21204	

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 ▶ TERRY CONRAD

Telephone No. ▶ 410 337-1602 FAX No. ▶ 410 337-1327

- 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) 0928. 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 02/15, 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 07/01, 2009, and ending 06/30, 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	\$
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	\$
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	\$

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 **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 <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
	Number, street, and room or suite no. If a P.O. box, see instructions. 7601 OSLER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOWSON, MD 21204	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 **TERRY CONRAD**
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 is for.

- I request an additional 3-month extension of time until , 20 .
- For calendar year , or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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 \$	0.
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, 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 <input type="checkbox"/>	Title <input type="checkbox"/>	Date <input type="checkbox"/>
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112		

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 \$ 272,073,258. including grants of \$ 9,938,911.) (Revenue \$ 332,484,190.)
SEE SCHEDULE H

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 ► 272,073,258.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status. Row 12A includes a sub-table for 'Yes' and 'No'.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Part VI 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 (17); 1b Enter the number of voting members that are independent (16); 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed; 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: RICHARD IMBIMBO 7601 OSLER DR. TOWSON, MO 21204 410-337-1602

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			
SISTER ESTHER ANDERSON, OSF BOARD MEMBER	1.00	X								
HARRY BRANDT, M.D. BOARD MEMBER	1.00	X								
KENNETH DEFONTES, JR. BOARD MEMBER	1.00	X								
CARMEN DEYESU BOARD MEMBER	1.00	X								
HAMED FARIDI, PH.D. BOARD MEMBER	1.00	X								
EDWARD GILLISS, ESQ. BOARD MEMBER	1.00	X								
PATRICK GOLES BOARD MEMBER	1.00	X								
DAVID GONANO BOARD MEMBER	1.00	X								
CAROLINE GRIFFIN, ESQ., LLC SECRETARY	1.00	X		X						
JEFFREY NORMAN CEO	40.00	X		X				62,416.		
SR. PATRICIA MCCARRON BOARD MEMBER	1.00	X								
WILLIAM MCCARTHY, ESQ. CHAIR	1.00	X		X						
ROBERT LOVELL INTERIM PRESIDENT / CEO	40.00	X		X			269,818.			
MARY ELIZABETH O'BRIEN BOARD MEMBER	1.00	X						721,669.	78,185.	
JAMES O'CONOR BOARD MEMBER	1.00	X								
MARY PAT SEURKAMP, PH.D. BOARD MEMBER	1.00	X								

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			
MARC SIEGELBAUM, M.D. BOARD MEMBER	1.00	X								
LARRY WALTON BOARD MEMBER	1.00	X								
TERRY CONRAD TREASURER\INTERIM CFO	40.00			X						
JANICE DUNN CHIEF FINANCIAL OFFICER	40.00			X			347,527.		29,370.	
MARGARET MORTENSEN EXECUTIVE VICE-PRESIDENT/COO	40.00			X						
RON WOOD INTERIM CFO	40.00			X			168,471.		165.	
MARION PURDUE INTERIM COO	40.00			X			431,300.			
RICHARD BOEHLER VP/CHIEF MEDICAL OFFICER	40.00				X		385,711.		45,719.	
CRAIG CARMICHAEL VP, SUPPORT OPERATIONS	40.00				X		226,732.		38,511.	
DANIEL DIETRICK HEAD, DEPARTMENT OF SURGERY	40.00				X		272,588.		20,228.	
DANIEL HARDESTY HEAD, DEPARTMENT OF MEDICINE	40.00				X		260,135.		35,226.	
PAMELA JAMIESON VP OPERATIONS CNO	40.00				X		254,849.		50,357.	
DAVID PETERSON REGIONAL CIO					X			292,000.	38,913.	
1b Total CONTINUED AT SCHEDULE J-2							5,009,467.	4,940,728.	801,888.	

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 **83**

	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 3		

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 **33**

Part VIII Statement of Revenue

52-0591461

				(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	274,410.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	320,585.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			594,995.				
Program Service Revenue	Business Code							
	2a PATIENT SERVICES		900099	327,716,113.	327,716,113.			
	b EQUITY CHANGES OF UNCONSOLIDATED ORGS		900099	2,868,238.	2,868,238.			
	c RENTAL INCOME		900099	1,899,839.	1,899,839.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			332,484,190.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			616,892.		55.	616,837.	
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
	6a Gross Rents	(i) Real	264,324.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		264,324.				
	d Net rental income or (loss)			264,324.			264,324.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	484,640.	42,032.				
		(ii) Other						
		b Less: cost or other basis and sales expenses			62,927.			
		c Gain or (loss)		484,640.	-20,895.			
	d Net gain or (loss)			463,744.			463,744.	
	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 PARKING LOT		812930	1,431,332.			1,431,332.		
b MEDITECH B/AR - RRC		900099	321,270.			321,270.		
c LABORATORY SERVICES		900099	68,892.			68,892.		
d All other revenue		900099	456,633.		121,532.	335,101.		
e Total. Add lines 11a-11d			2,278,127.					
12 Total Revenue. See instructions			336,702,272.	332,484,190.	121,587.	3,501,500.		

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 . . .	9,938,911.	9,938,911.		
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	3,340,026.	876,803.	2,463,223.	
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	97,936,022.	71,029,191.	26,906,831.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	5,169,872.	3,670,609.	1,499,263.	
9 Other employee benefits	13,072,787.	9,281,679.	3,791,108.	
10 Payroll taxes	7,716,271.	5,478,552.	2,237,719.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	425,930.		425,930.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	67,900,781.	48,209,555.	19,691,226.	
12 Advertising and promotion	0.			
13 Office expenses	83,578,821.	77,771,494.	5,807,327.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	4,942,626.	3,509,265.	1,433,361.	
17 Travel	218,562.	155,179.	63,383.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	78,546.	55,768.	22,778.	
20 Interest	6,157,836.	6,157,836.		
21 Payments to affiliates	6,949,075.		6,949,075.	
22 Depreciation, depletion, and amortization . . .	18,161,070.	13,650,230.	4,510,840.	
23 Insurance	3,940,673.	2,797,878.	1,142,795.	
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 <u>BAD DEBTS</u>	15,566,934.	15,566,934.		
b <u>REPAIRS AND MAINTENANCE</u>	2,946,811.	2,092,236.	854,575.	
c <u>RECRUITMENT AND RELOCATION</u>	791,290.	561,816.	229,474.	
d <u>PROPERTY TAXES</u>	635,327.	635,327.		
e <u>DUES & SUBSCRIPTIONS</u>	591,773.	420,159.	171,614.	
f All other expenses	560,679.	213,836.	346,843.	0.
25 Total functional expenses. Add lines 1 through 24f	350,620,623.	272,073,258.	78,547,365.	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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	197,587.	1	2,070.
	2 Savings and temporary cash investments	21,668,348.	2	12,466,716.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	52,612,017.	4	45,985,302.
	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	6,399,374.	8	5,934,334.
	9 Prepaid expenses and deferred charges	127,791.	9	435,091.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 402,961,265.		
	b Less: accumulated depreciation	10b 235,699,779.	174,766,992.	10c 167,261,486.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	17,481,542.	12	19,833,830.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,868,483.	14	1,868,483.
	15 Other assets. See Part IV, line 11	9,099,723.	15	9,242,213.
16 Total assets. Add lines 1 through 15 (must equal line 34)	284,221,857.	16	263,029,525.	
Liabilities	17 Accounts payable and accrued expenses	49,923,829.	17	34,756,951.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	14,006,205.	23	13,076,507.
	24 Unsecured notes and loans payable to unrelated third parties	101,631,455.	24	95,356,817.
	25 Other liabilities. Complete Part X of Schedule D	16,647,059.	25	30,002,334.
	26 Total liabilities. Add lines 17 through 25	182,208,548.	26	173,192,609.
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	101,577,476.	27	89,443,474.
	28 Temporarily restricted net assets	435,833.	28	393,442.
	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	102,013,309.	33	89,836,916.	
34 Total liabilities and net assets/fund balances	284,221,857.	34	263,029,525.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other

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

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

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

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

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

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

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

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; 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, 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. Do not include gain or loss from the sale of capital assets; 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 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

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. The organization qualifies as a publicly supported organization

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. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** 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 of Contributors

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

2009

Name of the organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ST. JOSEPH MEDICAL CENTER FOUNDATION 7601 OSLER DRIVE TOWSON, MD 21204	\$ 274,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NATIONAL CANCER INSTITUTE 6116 EXECUTIVE BLVD. BETHESDA, MD 20892	\$ 320,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE 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 ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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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 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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 3 columns: Question, 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 2 columns: Question, Amount. 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); 2a Current year; 2b Carryover from last year; 2c 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

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

SCHEDULE C, PART 1A & 1B

POLITICAL CAMPAIGN ACTIVITIES

ST. JOSEPH MEDICAL CENTER BECAME AWARE DURING THE YEAR ENDED JUNE 30, 2010 THAT CERTAIN FORMER OFFICERS HAD FORMED A POLITICAL ACTION COMMITTEE ("PAC"). ST. JOSEPH MEDICAL CENTER DID NOT CONTRIBUTE FUNDS TO THE PAC, NOR DID IT DIRECT OR MANAGE THE PAC. ST. JOSEPH MEDICAL CENTER DID NOT REQUIRE EMPLOYEES TO CONTRIBUTE TO THE PAC, NOR DID IT ALLOW THEM TO DO SO THROUGH PAYROLL DEDUCTION.

THERE HAS BEEN NO ACTIVITY IN THE PAC SINCE OCTOBER 2008 EXCEPT FOR THE ASSESSMENT OF BANK FEES AGAINST THE FUND BALANCE. A ST. JOSEPH MEDICAL CENTER EMPLOYEE PREPARED AND FILED THE REQUIRED STATE ELECTION REPORTS FOR THE PAC IN JANUARY, 2010. BY EARLY 2011, THE REMAINING PAC BANK BALANCE HAD BEEN CONSUMED BY BANK FEES. THE PAC WAS CLOSED IN EARLY 2011, FINAL REPORTS WERE FILED AND THE MATTER WAS SETTLED.

ALL OF THE FOREGOING HAS BEEN DISCLOSED TO THE INTERNAL REVENUE SERVICE AND RESOLUTION IS UNDERWAY.

SCHEDULE C, PART II-B, LINE G

LOBBYING ACTIVITIES EXPLANATION

PORTION OF DUES PAID TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES;

CATHOLIC HOSPITAL ASSOCIATION \$ 3,079

AMERICAN HOSPITAL ASSOCIATION \$ 4,291

MARYLAND HOSPITAL ASSOCIATION \$16,857

**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

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's 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 XI V and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XI V.

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	444,986.		444,986.
b Buildings	0.	14,603,715.	1,193,684.	13,410,031.
c Leasehold improvements	0.	174,026,515.	68,331,696.	105,694,819.
d Equipment	0.	210,838,196.	166,174,398.	44,663,798.
e Other	0.	3,047,852.	0.	3,047,852.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				167,261,486.

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 CHI OPERATING INVESTMENT PROG.	19,833,830.	FMV

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	19,833,830.	

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
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
OIG SETTLEMENT	22,000,000.	
UCC LIABILITY	2,600,000.	
RAC LIABILITY	3,085,000.	
JOINT VENTURE PROFESSIONAL FEES	1,007,240.	
CONSULTING	572,172.	
CURRENT PORTION OF CHI DEBT	476,444.	
UNCLAIMED PROPERTY	261,478.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	30,002,334.	

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue (336,702,272), Total expenses (350,620,623), Excess or (deficit) for the year (-13,918,351), Net unrealized gains (1,357,753), Donated services (5), Investment expenses (6), Prior period adjustments (15,487), Other (368,718), Total adjustments (1,741,958), Excess or (deficit) per audited statements (-12,176,393).

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue (1), Amounts included on line 1 but not on Form 990 (2a-2d, 2e), Subtract line 2e from line 1 (3), Amounts included on Form 990 but not on line 1 (4a-4b, 4c), Total revenue (5).

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses (1), Amounts included on line 1 but not on Form 990 (2a-2d, 2e), Subtract line 2e from line 1 (3), Amounts included on Form 990 but not on line 1 (4a-4b, 4c), Total expenses (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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X

FIN48 FOOTNOTE (NOW KNOWN AS ASC 740)

ST. JOSEPH MEDICAL CENTER, INC'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FOOTNOTE STATES:

"CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX.

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS."

SCHEDULE D, PART XI

OTHER CHANGES IN NET ASSETS

CAPITAL RESOURCE POOL	(\$1,047,996)
CHI CONNECT DEPRECIATION	\$ 812,724
ASSETS RELEASED FOR CAPITAL	\$ 603,990

Part IV Supplemental Information

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

METHOD OF ACCOUNTING FOR EXPENDITURES

SCHEDULE F, PART I, LINE 3

EXPENDITURES WERE ACCOUNTED FOR ON AN ACCRUAL BASIS WHICH IS CONSISTENT

WITH THE ST JOSEPH MEDICAL CENTER'S ACCOUNTING METHODS.

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
ST. JOSEPH MEDICAL CENTER, INC

Employer identification number
52-0591461

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	X	
1b If "Yes," is it a written policy?	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 checked="" type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most 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:		X
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:		X
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)		2885	2,673,300.		2,673,300.	.80
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		2885	2,673,300.		2,673,300.	.80
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	55	13936	656,777.	4,475.	652,302.	.19
f Health professions education (from Worksheet 5)	1	284	10,420.		10,420.	
g Subsidized health services (from Worksheet 6)	1	92	412.		412.	
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	125	46,144.		46,144.	.01
j Total Other Benefits	60	14437	713,753.	4,475.	709,278.	.20
k Total Add lines 7d and 7j	60	17322	3,387,053.	4,475.	3,382,578.	1.00

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 Community support						
4 Environmental improvements						
5 Leadership development and training for community members	1	327	907.		907.	
6 Coalition building	2	107	165.		165.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	3	434	1,072.		1,072.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense (at cost) 2 11,949,179.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 0.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 173,881,515.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 123,448,124.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 50,433,391.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? 9a X
- b 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. 9b X

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 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 3C:

IF APPLICABLE, DESCRIBE THE INCOME-BASED CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S CHARITY CARE POLICY. ALSO DESCRIBE WHETHER THE ORGANIZATION USES THE ASSET TEST OR OTHER THRESHOLD REGARDLESS OF INCOME TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO ST. JOSEPH MEDICAL CENTER, INC.) ESTABLISHED ITS CHARITY CARE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG THE 69 URBAN AND RURAL COMMUNITIES IN 19 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES. IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES ("FPG"), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG.

ST. JOSEPH MEDICAL CENTER, INC. BASES ITS CHARITY CARE ELIGIBILITY ON

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.
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HUD'S 130% OF VERY LOW INCOME GUIDELINES BASED ON GEOGRAPHY, AND
 AFFORDS THE UNINSURED AND UNDERINSURED THE ABILITY TO OBTAIN CHARITY
 CARE WRITE-OFFS, BASED ON A SLIDING SCALE, RANGING FROM 25%-100% OF
 CHARGES.

AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT
 FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE. HOWEVER, IN
 DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT,
 THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR
 EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A
 REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH
 THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO
 THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING
 AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE
 BASED UPON THE FACTS AND CIRCUMSTANCES.

PART I, LINE 6A:

IF THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS CONTAINED IN A
 REPORT PREPARED BY A RELATED ORGANIZATION, RATHER THAN A SEPARATE

Part VI Supplemental Information

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REPORT PREPARED BY THE ORGANIZATION, IDENTIFY THE RELATED

ORGANIZATION.

ST. JOSEPH MEDICAL CENTER, INC. PREPARES ITS OWN ANNUAL WRITTEN

COMMUNITY BENEFIT REPORT. ITS COMMUNITY BENEFIT REPORT IS NOT

CONTAINED IN THAT OF A RELATED ORGANIZATION.

PART I, LINE 7A:

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

Part VI Supplemental Information

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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE.

 PART I, LINE 7B:

 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 DIRECTED OFFSETTING REVENUE

 RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL

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

 THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF

Part VI Supplemental Information

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THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS

 CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING

 HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LINE 7F:

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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 ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED

 TO UNCOMPENSATED CARE.

PART I, LINE 7G:

TO THE EXTENT THAT AN ORGANIZATION INCLUDES ANY COSTS ASSOCIATED WITH

 PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES IN PART I, LINE 7G IT

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MUST DESCRIBE THAT IT HAS DONE SO AND REPORT IN PART VI SUCH COSTS

INCLUDED IN PART I, LINE 7G,

NO PHYSICIAN CLINICS INCLUDED.

PART I, LINE 7, COLUMN F:

IF APPLICABLE, STATE THE BAD DEBT EXPENSE INCLUDED ON FORM 990 PART IX, LINE 25, COLUMN (A) BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN.

TOTAL BAD DEBT EXPENSE REPORTED ON FORM 990 PART IX, LINE 25, COLUMN A WAS \$ 15,566,934.

PART I, LINE 7:

PROVIDE AN EXPLANATION OF THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. IF A COST ACCOUNTING SYSTEM WAS USED, INDICATE WHETHER THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED OR SELF PAY). ALSO

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(A) COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED
 USING THE ORGANIZATION'S COST/CHARGE RATIO. THIS METHODOLOGY IS
 CONSISTENT WITH THE IRS INSTRUCTIONS REGARDING THE EXCLUSION OF BAD
 DEBT EXPENSE AND THE NON-PATIENT CARE ACTIVITIES.

(B) ST. JOSEPH MEDICAL CENTER, INC. DOES NOT BELIEVE THAT ANY PORTION
 OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO
 QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE
 INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO
 CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS
 DETERMINED TO QUALIFY FOR CHARITY CARE. A PATIENT IS CLASSIFIED AS A
 CHARITY PATIENT IN ACCORDANCE WITH ESTABLISHED CRITERIA. CHARITY
 CARE REPRESENTS SERVICES FOR WHICH NO PAYMENT IS EXPECTED AND IS NOT
 REPORTED IN THE STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS.
 CHARITY CARE IS REPORTED ON THE BASIS OF CHARGES IN THE STATE OF
 MARYLAND.
 ST JOSEPH MEDICAL CENTER IS INCLUDED IN THE CATHOLIC HEALTH
 INITIATIVES CONSOLIDATED FINANCIAL STATEMENTS. THE BAD DEBT FOOTNOTE
 FROM CHI'S FINANCIAL STATEMENTS, IS AS FOLLOWS:

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 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. MANAGEMENT PERIODICALLY ASSESSES THE

 ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON

 HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF

 THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD

 DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET

 PATIENT ACCOUNTS RECEIVABLE. AFTER SATISFACTION OF AMOUNTS DUE FROM

 INSURANCE, CHI FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN

 PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF

 CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH

 FACILITY.

PART III, LINE 8:

 DESCRIBE THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE

 ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT,

 AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6. DESCRIBE,

 IF APPLICABLE, THE EXTENT TO WHICH ANY SHORTFALL REPORTED IN PART

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III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT, AND THE

RATIONALE FOR THE ORGANIZATION'S POSITION.

NOT APPLICABLE

PART III, LINE 9B:

IF THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY AND ANSWERED

"YES" TO PART III, LINE 9B, DESCRIBE THE COLLECTION PRACTICES SET

FORTH IN THE POLICY THAT APPLY TO PATIENTS WHO IT KNOWS QUALIFY FOR

CHARITY CARE OR FINANCIAL ASSISTANCE, WHETHER OR NOT SUCH PRACTICES

APPLY SPECIFICALLY TO SUCH PATIENTS OR MORE BROADLY TO ALSO COVER

OTHER TYPES OF PATIENTS.

ST. JOSEPH MEDICAL CENTER'S ("SJMC") DEBT COLLECTION POLICY PROVIDES

THAT SJMC WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT

PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT

AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT, TO ASSURE

THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY

ASSISTANCE PROGRAM (E.G. MEDICAID) AND DO NOT QUALIFY FOR COVERAGE

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 THROUGH SJMC'S COMMUNITY ASSISTANCE POLICY. AFTER HAVING BEEN TURNED

 OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS

 SUBSEQUENTLY DETERMINED TO MEET THE SJMC COMMUNITY ASSISTANCE POLICY

 IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION

 AGENT TO SJMC FOR APPROPRIATE FOLLOW-UP. SJMC REQUIRES ITS

 THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS

 INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETS CERTAIN

 STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY

 BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

 ALL OF CATHOLIC HEALTH INITIATIVES' HOSPITALS' CONTRACTS WITH THIRD

 PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS:

 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL REQUEST

 BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT;

 NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK

 LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY

 RESIDENCE; AND

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NO CATHOLIC HEALTH INITIATIVES' COLLECTION AGENCY MAY SEEK COURT

ACTION WITHOUT HOSPITAL APPROVAL.

FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CATHOLIC HEALTH

INITIATIVES MISSION, CORE VALUES AND STANDARD OF CONDUCT TO MAKE SURE

ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT.

PART V:

LIST THE NUMBER OF EACH TYPE OF FACILITY, OTHER THAN THOSE REQUIRED

TO BE LICENSED, REGISTERED OR SIMILARLY RECOGNIZED AS A HEALTH CARE

FACILITY UNDER STATE LAW:

NOT APPLICABLE.

NEEDS ASSESSMENT:

LINE 2: DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS

OF THE COMMUNITIES IT SERVES. LINE 4: DESCRIBE THE COMMUNITY THE

ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND

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 DEMOGRAPHIC CONSTITUENTS IT SERVES. LINE 5: DESCRIBE HOW THE

 ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED IN PART II,

 PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES. LINE

 6: PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE

 ORGANIZATION'S HOSPITALS OR OTHER HEALTH CARE FACILITIES FURTHER ITS

 EXEMPT PURPOSE BY PROMOTING HEALTH OF THE COMMUNITY (E.G. OPEN

 MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC).

 INTRODUCTION:

 ST. JOSEPH MEDICAL CENTER WAS FOUNDED TO ALLEVIATE A SHORTAGE OF

 HOSPITAL BEDS IN THE COMMUNITY IN 1864 BY THE SISTERS OF ST. FRANCIS

 OF PHILADELPHIA. THE HOSPITAL WAS MOVED TO ITS CURRENT LOCATION,

 TOWSON, MARYLAND IN 1965. AS THE FIRST CATHOLIC HOSPITAL TO SERVE THE

 COMMUNITY; ST. JOSEPH MEDICAL CENTER EMBRACED THE MISSION OF THE

 FOUNDING RELIGIOUS CONGREGATION, WHICH HAS SINCE JOINED WITH OTHER

 RELIGIOUS CONGREGATIONS TO FORM CATHOLIC HEALTH INITIATIVES. THE

 MISSION OF ST. JOSEPH MEDICAL CENTER AND CATHOLIC HEALTH INITIATIVES

 IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW

 LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. FIDELITY TO THE

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GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE

MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES.

IN ADDITION, ST. JOSEPH MEDICAL CENTER STRIVES TO DEVELOP A HEALTHY

COMMUNITY AND PROVIDE CARE TO ALL IN NEED. IT ALSO HAS A BOARD OF

DIRECTORS THAT IS COMPRISED OF INDEPENDENT COMMUNITY REPRESENTATIVES.

THE MEDICAL CENTER HAS A RICH HERITAGE OF COMPASSIONATE SERVICE AND

SUPERB CLINICAL PROGRAMS. OUR PRIMARY GOAL IS TO BUILD UPON THAT

HERITAGE BY ENHANCING OUR RELATIONSHIP AMONG OUR COMMUNITY, EMPLOYEES

AND PHYSICIANS WITHIN THE GREATER BALTIMORE AREA IN MARYLAND.

THAT EMERGENCY DEPARTMENT IS OPEN TO ALL INDIVIDUALS REGARDLESS OF

ABILITY TO PAY. ST. JOSEPH MEDICAL CENTER HAS AN OPEN MEDICAL STAFF,

PARTICIPATES IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE

PROGRAM. ST. JOSEPH MEDICAL CENTER SERVES ALL PERSONS IN THE

COMMUNITY ON A NON-DISCRIMINATORY BASIS AND OPERATES A 24 HOUR

EMERGENCY DEPARTMENT, 365 DAYS PER YEAR.

COMMUNITY SERVICE HAS ALWAYS BEEN AT THE CORE OF ST. JOSEPH MEDICAL

Part VI Supplemental Information

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CENTER'S ACTIVITIES. EACH YEAR, SERVICES AND PROGRAMS ARE EXPANDED
 TO PROMOTE A HEALTHY COMMUNITY. THE PROGRAMS AND SERVICES DESCRIBED
 THROUGHOUT THIS REPORT NOT ONLY SERVE THE COMMUNITY, BUT ALSO REDUCE
 THE BURDENS ON THE GOVERNMENT. FOR EXAMPLE, IF ST. JOSEPH MEDICAL
 CENTER DID NOT PROVIDE CHARITY CARE, THE BURDEN OF PROVIDING CHARITY
 CARE WOULD FALL ON OTHER COUNTY HOSPITALS AND OTHER
 GOVERNMENT-SUPPORTED INSTITUTIONS.

THE CANCER INSTITUTE AT ST. JOSEPH MEDICAL CENTER HAS RECEIVED
 ADDITIONAL FUNDING FROM THE NATIONAL CANCER INSTITUTE TO EXTEND ITS
 PILOT PROGRAM, EXTENDING THE REACH OF NATIONAL CANCER INSTITUTE (NCI)
 RESEARCH AND STATE-OF-THE-ART TREATMENT INTO COMMUNITY HOSPITALS
 ACROSS THE COUNTRY. ST. JOSEPH MEDICAL CENTER IS THE ONLY MARYLAND
 HOSPITAL TO BE CHOSEN FOR THIS PILOT PROGRAM, KNOWN AS THE NCI
 COMMUNITY CANCER CENTERS PROGRAM (NCCCP).

ST. JOSEPH MEDICAL CENTER ENGAGES ANNUALLY IN TRAINING AND EDUCATION
 OF HEALTH CARE PROFESSIONALS, BOTH CLINICAL AND NON-CLINICAL THROUGH
 SMALL AND LARGE GROUP TRAININGS AS WELL AS NATIONAL AND LOCAL ONLINE

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TRAININGS.

ST. JOSEPH MEDICAL CENTER IS INCLUDED IN THE OFFICIAL CATHOLIC

DIRECTORY AS A TAX-EXEMPT HOSPITAL. ST. JOSEPH MEDICAL CENTER

RECEIVED ITS TAX EXEMPTION NOTIFICATION FROM THE DEPARTMENT OF

TREASURY ON DECEMBER 3, 1996. PREVIOUSLY, THE ORGANIZATION RECEIVED

THEIR TAX-EXEMPT STATUS IN MARCH 1946 AS ST. JOSEPH HOSPITAL.

COMMUNITY BENEFIT APPROACH

LOCATED IN TOWSON, MD, ST. JOSEPH MEDICAL CENTER SERVES THE BALTIMORE

-TOWSON METROPOLITAN AREA. AS OF 2009, MARYLAND WAS ESTIMATED TO HAVE

A POPULATION DENSITY OF 7,692 PEOPLE PER SQUARE MILE. THERE WERE

327,067 HOUSEHOLDS, OUT OF WHICH 29.1% HAD CHILDREN UNDER THE AGE OF

18 LIVING WITH THEM. THE AVERAGE HOUSEHOLD SIZE WAS 2.47, AND THE

AVERAGE FAMILY SIZE WAS 3.06. ACCORDING TO THE U.S. CENSUS BUREAU,

THE DEMOGRAPHIC INFORMATION REGARDING BALTIMORE COUNTY (A SIGNIFICANT

COMPONENT OF OUR PRIMARY SERVICE AREA) ABOUT 5.0% OF FAMILIES AND

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7.8% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 10.9%

OF THOSE UNDER AGE 18 AND 7.7% OF THOSE AGES 65 OR OVER. ST. JOSEPH

MEDICAL CENTER'S PSA (PRIMARY SERVICE AREA) INCLUDES AREAS WHERE SJMC

CAPTURES APPROXIMATELY 56% OF INPATIENT CASES. THE STATISTICS FOR

THOSE LIVING UNDER THE POVERTY LINE WOULD BE SIGNIFICANTLY HIGHER IF

THE ENTIRE PRIMARY SERVICE AREA WERE FACTORED INTO THE CALCULATIONS.

SINCE THE LATE 1970'S ST. JOSEPH MEDICAL HAS BEEN INTIMATELY INVOLVED

IN COMMUNITY HEALTH COLLABORATION AND SPEARHEADED THE ORIGINAL TEAM

TO LOOK AT AREA HEALTH ISSUES, SET PRIORITIES AND PLAN FOR

IMPROVEMENT. ST. JOSEPH CONTINUES OUR DEEP COMMITMENT AND INVOLVEMENT

IN THE COMMUNITY HEALTH COLLABORATIVE TODAY.

PROCESS

ST. JOSEPH MEDICAL CENTER'S COMMUNITY BENEFIT PLAN IS BASED ON OUR

UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE

NEEDS ASSESSMENTS, FOCUS GROUPS, CONVERSATIONS WITH HEALTH CARE AND

COMMUNITY LEADERS IN THE GREATER BALTIMORE AREA AND SURVEYS CONDUCTED

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WITH OUR COMMUNITY PARTNERS. IN FY10, THE MEDICAL CENTER SPENT TIME

REACHING OUT TO COMMUNITY HEALTH SERVICE ORGANIZATIONS, DEPARTMENTS

OF HEALTH, THE ARCHDIOCESE OF BALTIMORE, TOWSON UNIVERSITY AND JOHNS

HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH. IN ADDITION WE WILL BE

COLLABORATING WITH OTHER HOSPITALS IN THE AREA ON A COMMUNITY NEEDS

ASSESSMENT IN FY11-12.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

COMMUNITY OUTREACH FOR THE POOR

ST. CLARE MEDICAL OUTREACH

ST. JOSEPH MEDICAL CENTER IN TOWSON, MARYLAND, SUPPORTS ST. CLARE

MEDICAL OUTREACH, A PRIMARY CARE OPERATION THAT PROVIDES FREE,

PRIMARY CARE TO UNINSURED ADULTS AT TWO LOCATIONS IN BALTIMORE CITY

WITH \$516,340 FOR OPERATIONAL COSTS. THESE PRIMARY CARE SERVICES ARE

PROVIDED BY OUR BILINGUAL STAFF OF PHYSICIANS, NURSE PRACTITIONERS,

REGISTERED NURSES, AND OTHER ANCILLARY STAFF WHOM MOVED THEIR CARE

DELIVERY FROM THE HISPANIC APOSTOLATE (REDEDICATED THE ESPERANZA

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CENTER) TO A NEWLY CREATED HEALTH CLINIC SPACE. THIS RENOVATION WAS
 THE CULMINATION OF THREE YEARS OF PLANNING AMONG CATHOLIC CHARITIES,
 ST. JOSEPH MEDICAL CENTER, UNIVERSITY OF MARYLAND DENTAL SCHOOL, ST.
 AGNES HOSPITAL AND JOHNS HOPKINS MEDICINE TO CREATE A SHARED SPACE IN
 WHICH TO DELIVER CARE TO IMMIGRANTS, MOST OF WHOM ARE HISPANIC. IN
 FY10, AN ESTIMATED 1,534 PERSONS WERE PROVIDED PRIMARY CARE VISITS
 WHICH INCLUDED DIAGNOSTIC TESTING, EKG'S, LAB WORK, IMMUNIZATIONS AND
 STARTER SUPPLIES OF MEDICATIONS, WHERE APPROPRIATE. OUR SERVICES
 PROVIDED CHRONIC DISEASE MANAGEMENT, AND MEDICATION MANAGEMENT WITH
 AN EMPHASIS ON DIABETES MANAGEMENT.

COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH
 ST. JOSEPH MEDICAL CENTER VILLAGE WELLNESS PROGRAM - TANZANIA, EAST
 AFRICA

ESTABLISHED IN 2002 BY ST. JOSEPH MEDICAL CENTER, THE VILLAGE
 WELLNESS PROGRAM (VWP) SERVES 70,000+ VILLAGERS IN 23 VILLAGES OF THE
 KARATU DISTRICT OF TANZANIA, EAST AFRICA. THE VWP IS A COMPREHENSIVE
 INITIATIVE AND INCLUDES A VARIETY OF SUSTAINABLE PROJECTS DESIGNED TO

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 WORK IN TANDEM TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF THE

 VILLAGERS. ST. JOSEPH MEDICAL CENTER PARTNERS WITH KARATU LUTHERAN

 HOSPITAL, THE MBULU CATHOLIC DIOCESE AND LOCAL COMMUNITY LEADERS TO

 ASSIST WITH THE SELECTION OF CANDIDATES FOR MEDICAL SCHOLARSHIPS TO

 ASSIST AT THE HOSPITAL, THE VILLAGE'S HEALTH DISPENSARIES AND HEALTH

 CENTERS.

 ADDRESSING THE ROOT CAUSE OF ILLNESS, THE VWP USED ON-GOING MONTHLY

 HEALTH SCREENINGS AS WELL AS PROVIDING PRESCRIPTION VOUCHERS FOR

 PATIENTS, AND CONTINUOUS TRAINING OF THE VILLAGE WELLNESS WORKERS, TO

 SUPPORT THE HEALTH QUALITY OF LIFE OUTCOMES IN THE VILLAGES. WE ALSO

 LAUNCHED THE ANIMAL PROJECT, HIRING AN ANIMAL COORDINATOR AND

 COMPLETING AN ASSESSMENT OF THE IMMEDIATE NEED FOR GOATS, PIGS AND

 COWS. ONE OF THE HIGHLIGHTS THIS YEAR IS THE SUCCESS OF OUR

 SMALL-LOAN PROJECTS THAT ARE IN KARATU AND MBULU. EIGHT LOANS WERE

 AWARDED IN MBULU AND TWENTY IN KARATU. THE LOANS RANGE FROM \$50 TO

 \$100 AND ARE USED FOR ANIMAL PROJECTS, TEA HOUSES, SEWING MACHINES

 FOR A VILLAGE'S SEAMSTRESS TO MAKE SCHOOL UNIFORMS, AND MARKET KIOSKS

 FOR FRUITS AND VEGETABLES. TO LEARN MORE ABOUT THE VILLAGE WELLNESS

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PROGRAM, PLEASE VISIT WWW.SJMCMD.ORG -TANZANIA MISSION.

COMMUNITY OUTREACH FOR THE BROADER COMMUNITY

THROUGH OUR MISSION/MINISTRY FUND, ST. JOSEPH MEDICAL CENTER

CONTINUED TO PROVIDE ASSISTANCE TO INDIGENT PATIENTS IN THE PAYMENT

OF PRESCRIPTIONS, AND MEDICAL EXPENSES, ETC. SJMC ALSO PROVIDED

TRANSPORTATION FOR INDIGENT PATIENTS TO AND FROM THE HOSPITAL VIA CAB

FARE, COUNTY RIDE, AMBO, AND BUS TOKENS.

POWERED BY ME!

THE POWERED BY ME!SM IS A COMMUNITY BASED CAMPAIGN AND EDUCATION

PROGRAM. THE PRIMARY PURPOSE OF THE POWERED BY ME! PROGRAM HAS BEEN

TO RAISE THE LEVEL OF AWARENESS AND EDUCATION REGARDING THE DANGERS

OF USING ANABOLIC STEROIDS AND PERFORMANCE ENHANCING SUBSTANCES. THE

MESSAGE OF POWERED BY ME! IS TO ENCOURAGE YOUNG ATHLETES TO PLAY

THEIR SPORT SAFE, FAIR & SOBER (DRUG-FREE). IN ORDER TO ACHIEVE THIS

GOAL, POWERED BY ME! HAS BEEN FUNDED BY A THREE YEAR GRANT FROM THE

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MISSION AND MINISTRY FUND OF THE CATHOLIC HEALTH INITIATIVE.

THE CAMPAIGN, IN PARTNERSHIP WITH 10 PLUS COMMUNITY AGENCIES,

EDUCATES MARYLAND'S COMMUNITIES THROUGH THE FOLLOWING:

AN EDUCATIONAL WEB SITE

A TELEPHONE REFERRAL LINE FOR QUESTIONS

PRODUCTION AND PLACEMENT OF TELEVISION PUBLIC SERVICE

ANNOUNCEMENTS

YOUTH TARGETED ADVERTISING

BROCHURES AND OTHER COLLATERAL MATERIAL

SPEAKERS BUREAUS AND CONFERENCE PRESENTATIONS

A FORUM FOR SURVEYS, RESEARCH AND DIALOGUE AMONG STAKEHOLDERS IN

MARYLAND AND THROUGHOUT THE COUNTRY

THIS PROGRAM WAS A GREAT SUCCESS AND FEATURED IN NATIONAL AND

INTERNATIONAL MEDIA STORIES.

POWERED BY ME! HAS ACHIEVED GREAT SUCCESS OVER THE PAST YEAR, THEY

HAVE BEEN ABLE TO FORM PARTNERSHIPS AND RELATIONSHIPS WITH BOTH THE

PUBLIC AND PRIVATE SECTOR, PRIMARILY IN THE MARYLAND REGION. THESE

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PARTNERSHIPS INCLUDE THE MARYLAND STATE DEPARTMENT OF EDUCATION,
 CONGRESSMAN ELIJAH CUMMINGS, THE MARYLAND PTA, THE BALTIMORE COUNTY
 PTA, THE BALTIMORE COUNTY BOARD OF EDUCATION, TOWSON SPORTS MEDICINE,
 ST. AGNES HOSPITAL, THE BALTIMORE BLAST, CAL RIPKEN BASEBALL, DEBBIE
 PHELPS, THE MARYLAND COMMISSION FOR WOMEN AND KEITH VAN ERON SOCCER
 CAMPS. IN ADDITION, THE POWERED BY ME!

EDUCATION PROGRAMS HAVE BEEN CERTIFIED BY THE NATIONAL COLLEGIAN
 ATHLETIC ASSOCIATION (NCAA). THE POWERED BY ME! COLLEGE PROGRAM IS
 CERTIFIED BY THE NCAA AND IS UTILIZED BY MANY COLLEGES AND
 UNIVERSITIES THROUGHOUT THE MARYLAND/VIRGINIA REGION INCLUDING TOWSON
 UNIVERSITY, GOUCHER COLLEGE, COPPIN STATE UNIVERSITY, MT. ST. MARY'S
 COLLEGE, HOOD COLLEGE, WASHINGTON & LEE UNIVERSITY, COMMUNITY COLLEGE
 OF BALTIMORE COUNTY AND UNIVERSITY OF DELAWARE. A NEW MIDDLE SCHOOL
 PROGRAM WAS DEVELOPED AND A PILOT PROGRAM WAS CONDUCTED AT THE
 WINDSOR MILL MIDDLE SCHOOL IN BALTIMORE COUNTY, WHERE THE SCHOOL
 PRINCIPAL IS DEBBIE PHELPS (MOTHER OF OLYMPIC CHAMPION MICHAEL
 PHELPS). THE POWERED BY ME! HIGH SCHOOL PROGRAMS HAVE BEEN CONDUCTED
 IN DOZENS OF AREA HIGH SCHOOL, WITH A LONG TERM PILOT PROGRAM AT

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RIVER HILL HIGH SCHOOL IN HOWARD COUNTY.

ALL OF THE EDUCATION AND AWARENESS PROGRAMS PROVIDED BY POWERED BY ME! ARE AVAILABLE ON THE VERY FAMILY FRIENDLY POWERED BY ME! WEBSITE AT POWEREDBYMEMD.COM. THIS WEBSITE WAS BUILT TO BECOME A CURRICULUM FOR PARENTS, COACHES, TEACHERS AND YOUTH TO UTILIZE AT HOME AND IN THE CLASSROOM. THE WEBSITE CONTAINS NUMEROUS VIDEOS, FACT SHEETS, PICTURES AND THE MOST UPDATED INFORMATION ON ANABOLIC STEROIDS AND PERFORMANCE ENHANCING SUBSTANCES. THE WEBSITE CONTINUES TO INCREASE IN VISITS AND HAS HAD THOUSANDS OF INQUIRIES FROM THE PUBLIC. IT IS CONSTANTLY UPDATED WITH INFORMATION, ARTICLES AND INTERACTIVE ACTIVITIES.

OVER THE PAST YEAR POWERED BY ME! HAS ALSO REACHED OUT TO COACHES, PARENTS AND THE MEDICAL PROFESSION. A PROGRAM TO EDUCATE PHYSICIANS AS TO THE SIGNS AND SYMPTOMS OF ANABOLIC STEROID AND PERFORMANCE ENHANCING SUBSTANCE USE BY THEIR PATIENTS WAS LAUNCHED IN 2008. SINCE THEN, OVER 3,000 PHYSICIANS, MOSTLY PEDIATRICIANS WERE MAILED A PACKAGE OF MATERIALS THAT THEY COULD UTILIZE IN THEIR PRACTICE, WHEN

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WORKING WITH YOUTH AND FAMILIES. THIS PROGRAM CALLED PHYSICIAN
 AWARENESS OF STEROIDS & SUPPLEMENTS (PASS) WAS VERY SUCCESSFUL AND IS
 CURRENTLY AVAILABLE ON THE POWERED BY ME! WEBSITE. A PARENT COMPONENT
 OF THE PASS PROGRAM WAS ALSO LAUNCHED IN 2009, WHERE 15,000 SPORTS
 ORIENTED MAGNETS WERE DISTRIBUTED TO THE BALTIMORE COUNTY PTA FOR
 DISTRIBUTION TO THEIR MEMBERS. THESE MAGNETS, IN THE SHAPE OF
 BASKETBALLS, BASEBALLS, SOCCER BALLS, FOOTBALLS AND LACROSSE STICKS,
 CONTAINED INFORMATION ON THE DANGERS OF CAFFEINE BASED ENERGY DRINKS
 AS WELL AS THE SIGNS TO LOOK FOR IF YOUR CHILD IS USING ANABOLIC
 STEROIDS. THESE MAGNETS ARE ALSO NOW AVAILABLE ON THE POWERED BY ME!
 WEBSITE. A SIMILAR SPORTS CARD WAS DEVELOPED AND DISTRIBUTED TO OVER
 9,000 BALTIMORE COUNTY PUBLIC HIGH SCHOOL ATHLETES. THESE CARDS ARE
 ALSO BEING DISTRIBUTED TO 5,000 CHILDREN WHO ARE PARTICIPATING IN THE
 VERY POPULAR KEITH VAN ERON SOCCER CAMPS IN THE BALTIMORE REGION.
 KEITH VAN ERON IS A FORMER HALL OF FAME GOALIE WITH THE BALTIMORE
 BLASTS.

IN ADDITION TO THESE EDUCATION AND AWARENESS PROGRAMS, POWERED BY ME!
 CONDUCTS A YEARLY DAYLONG CONFERENCE FOR AREA HIGH SCHOOL ATHLETES

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.
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- 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.).
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND COACHES. THE PLAYING SAFE, FAIR & SOBER CONFERENCE IS HELD IN THE

 SPRING AND IS ATTENDED BY OVER 600 STUDENT ATHLETES AND 100 COACHES.

 DURING THE CONFERENCE, PARTICIPANTS ARE INVOLVED IN SEMINARS,

 TRAININGS, LECTURES AND INTERACTIVE DISPLAYS, ALL FOCUSED ON THE

 ISSUE OF PLAYING THEIR SPORT SAFE, FAIR & SOBER. THIS VERY SUCCESSFUL

 CONFERENCE HAS BEEN SUPPORTED BY CONGRESSMAN ELIJAH CUMMINGS, WHO HAS

 ASSISTED POWERED BY ME! IN GETTING BALTIMORE ORIOLE BRIAN ROBERTS AND

 NICK MARKAKIS TO SPEAK AT THE EVENT. A FOLLOW UP EVALUATION HAS BEEN

 COMPLETED ON THE FIRST TWO CONFERENCES AND OVER 80% OF THE

 PARTICIPANTS FELT THE DAY WAS VERY HELPFUL AND POSITIVE FOR THEM. THE

 MARYLAND COMMISSION FOR WOMEN HELPED TO SUPPORT THE 2009 CONFERENCE.

 COMMUNITY OUTREACH PROGRAM AND SERVICES

 FREE PROGRAMS AND SERVICES TO THE BROADER COMMUNITY ARE OFFERED IN

 THE AREAS OF WELLNESS, SCREENINGS, EDUCATION AND SUPPORT GROUPS. ON A

 MONTHLY BASIS, ST. JOSEPH MEDICAL CENTER OFFERS A MENU OF SERVICES

 FOR ALL AGES. LISTED BELOW ARE EXAMPLES OF PROGRAMS AND SERVICES

 OFFERED:

 WELLNESS: COMMUNITY FLU CLINICS, HEALTH FAIRS, MUSIC THANATOLOGY,

Part VI Supplemental Information

Complete this part to provide the following information.

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SPIRITUAL WHOLENESS AND CHRONIC DISEASE MANAGEMENT.

SCREENINGS: BREAST CANCER, BLOOD PRESSURE, BONE DENSITY, CHOLESTEROL, HEAD, NECK AND ORAL CANCER, HEARING AND VISION, PROSTATE CANCER, SKIN CANCER, STROKE

EDUCATION: ARTHRITIS CLASS, JOINT PAIN, LABOR & DELIVERY, KANGAROO

KAPERS, BEAUTIFUL SKIN BEAUTIFUL YOU, SKIN CANCER EDUCATION, SMOKING

CESSATION, ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD), LOOK GOOD

FEEL BETTER, WOMEN'S HEALTH ISSUES, CANCER CLINICAL TRIALS, AND SAFE

SITTER.

SUPPORT GROUPS: CROHN'S & COLITIS, DIABETES, CAREGIVERS, WIDOWS AND

WIDOWERS SUPPORT GROUP, OSTOMY AND MOTHERING MATTERS.

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.

ST. JOSEPH MEDICAL CENTER ("SJMC") INCLUDES INFORMATION CONCERNING

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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ITS FINANCIAL ASSISTANCE POLICY ON ITS WEBSITE. IN ADDITION, SJMC
 PROMINENTLY DISPLAYS ITS CHARITY CARE POLICY IN BOTH ENGLISH AND
 SPANISH IN OBVIOUS LOCATIONS THROUGHOUT THE HOSPITALS, INCLUDING THE
 EMERGENCY ROOMS AND OTHER PATIENT INTAKE AREAS, AS WELL AS IN SJMC
 OUTPATIENT FACILITIES. IN ADDITION, SJMC REGISTRATION CLERKS ARE
 TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR
 POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS
 INCLUDING APPLICATION FOR MEDICAID AND FOR FINANCIAL ASSISTANCE UNDER
 SJMC'S CHARITY CARE POLICY. UPON REGISTRATION (AND ONCE ALL EMTALA
 REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND
 NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF
 INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND
 PROCEDURES INCLUDING AN APPLICATION FOR ASSISTANCE. SJMC REGISTRATION
 CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO
 APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON
 ENGLISH-SPEAKING INDIVIDUALS. SJMC'S STAFF WILL ALSO ASSIST THE
 PATIENT / GUARANTOR WITH APPLYING FOR OTHER AVAILABLE COVERAGE (SUCH
 AS MEDICAID), IF NECESSARY. COUNSELORS ASSIST MEDICARE ELIGIBLE
 PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE

Part VI Supplemental Information

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- 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 INFORMATION:

 DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT

 THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

 PLEASE REFER TO THE NEEDS ASSESSMENT NARRATIVE, PART VI, ITEM 2.

 ABOVE.

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.

 PLEASE REFER TO THE NEEDS ASSESSMENT NARRATIVE, PART VI, ITEM 2.

 ABOVE.

AFFILIATED HEALTH CARE SYSTEM ROLES:

 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.

Part VI Supplemental Information

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ST. JOSEPH MEDICAL CENTER, ALONG WITH ITS AFFILIATED OUTPATIENT
 FACILITIES ARE PART OF CATHOLIC HEALTH INITIATIVES.

CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL FAITH-BASED NONPROFIT
 HEALTH CARE ORGANIZATION WITH HEADQUARTERS IN ENGLEWOOD, COLORADO.

CHI'S EXEMPT PURPOSE IS TO SERVE AS AN INTEGRAL PART OF ITS NATIONAL
 SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE
 DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS. AN MBO IS A DIRECT
 PROVIDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA THAT MAY BE
 AN INTEGRATED HEALTH SYSTEM AND/OR A STAND-ALONE HOSPITAL OR OTHER
 FACILITY OR SERVICE PROVIDER.

CHI SERVES AS THE PARENT CORPORATION OF ITS MBOS WHICH ARE COMPRISED
 OF 73 HOSPITALS; 40 LONG-TERM CARE, ASSISTED- AND RESIDENTIAL-LIVING
 FACILITIES; AND TWO COMMUNITY HEALTH-SERVICES ORGANIZATIONS.

TOGETHER, THESE FACILITIES PROVIDED \$590 MILLION IN CHARITY CARE AND
 COMMUNITY BENEFIT IN THE 2010 FISCAL YEAR, INCLUDING SERVICES FOR THE
 POOR, FREE CLINICS, EDUCATION AND RESEARCH.

Part VI Supplemental Information

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CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS

CENTRALIZED "SHARED SERVICES" FOR THE MBOS. THE PROVISION OF

CENTRALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS

ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN -- PROVIDES

ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS. COST SAVINGS

ASSOCIATED WITH CENTRALIZED SERVICES FOR THE FISCAL YEAR ENDED JUNE

30, 2010 INCLUDE MORE THAN \$105 MILLION IN SUPPLY CHAIN EXPENSE,

APPROXIMATELY \$30 MILLION FOR INSURANCE COSTS AND MORE THAN \$3.9

MILLION AS THE RESULT OF A SYSTEM-WIDE EFFORT TO COORDINATE AND

NEGOTIATE TECHNOLOGY AND EQUIPMENT PURCHASES.

THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO

DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND

COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR

SOCIETY.

ST. JOSEPH MEDICAL CENTER OPERATES WITH ITS WHOLLY OWNED AFFILIATES

AND COMMUNITY PARTNERS, ALONG WITH ITS FUNDRAISING ARM, THE ST.

JOSEPH MEDICAL CENTER FOUNDATION, TO SERVE THE HEALTH CARE NEEDS OF

Part VI Supplemental Information

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THE BALTIMORE, MARYLAND COMMUNITIES.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MD,

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.

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I PART I Q2

ST. JOSEPH MEDICAL CENTER PROVIDED GRANTS ONLY TO ITS WHOLLY OWNED AND

CONTROLLED SUBSIDIARIES AND OTHER RELATED TAX-EXEMPT ORGANIZATIONS DURING

FY 10'.

**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

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, 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				
RICHARD BOEHLER	(i)	341,032.	6,936.	37,743.	7,552.	38,167.	431,430.	28,420.
	(ii)							
DIANE BOULAY	(i)	143,664.	6,678.	356.		29,396.	180,095.	
	(ii)							
CRAIG CARMICHAEL	(i)	188,233.	20,000.	18,498.	10,222.	28,289.	265,243.	11,882.
	(ii)							
SATYAM CHARY	(i)	155,895.				11,317.	167,212.	
	(ii)							
DANIEL DIETRICK	(i)	272,588.				20,228.	292,816.	
	(ii)							
JANICE DUNN	(i)	276,414.	41,300.	29,813.		29,370.	376,897.	
	(ii)							
DANIEL HARDESTY	(i)	255,821.	750.	3,564.		35,226.	295,361.	
	(ii)							
PAMELA JAMIESON	(i)	229,159.	16,380.	9,311.	11,700.	38,657.	305,206.	
	(ii)							
DURENDA JUERGENSEN	(i)	145,103.	8,214.	448.		37,536.	191,301.	
	(ii)							
MARK KRASNA	(i)	476,877.	141,250.	1,858.		38,657.	658,642.	
	(ii)	271,872.		74.			271,947.	
ROBERT LOVELL	(i)			269,818.			269,818.	
	(ii)							
SYLVIA MOORE	(i)	145,863.		246,397.		33,055.	425,315.	22,885.
	(ii)							
MARY ELIZABETH O'BRIEN	(i)							
	(ii)	553,502.	105,340.	62,827.	47,250.	30,935.	799,854.	
DAVID PETERSON	(i)							
	(ii)	231,632.	34,520.	25,848.		38,913.	330,913.	
JOHN TOLMIE	(i)							
	(ii)	291,950.		409,187.		44,918.	746,055.	
LUCY SHAMASH	(i)	90,169.		140,921.		35,709.	266,799.	771.
	(ii)							

Schedule J (Form 990) 2009

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.

SCHEDULE J, PART I, Q. 3

METHODS USED TO ESTABLISH CEO COMPENSATION

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL OF ST. JOSEPH MEDICAL CENTER

WAS ESTABLISHED AND PAID BY A RELATED ORGANIZATION, CATHOLIC HEALTH

INITIATIVES (CHI). CHI USED THE FOLLOWING METHODS TO ESTABLISH THE TOP

MANAGEMENT OFFICIAL'S COMPENSATION: 1) COMPENSATION COMMITTEE; 2)

INDEPENDENT COMPENSATION CONSULTANT; 3) COMPENSATION SURVEY OR STUDY; 4)

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE; AND 5) WRITTEN

EMPLOYMENT CONTRACT.

SCHEDULE J, PART I, Q. 4A

POST-TERMINATION PAYMENTS

POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT

AGREEMENTS FOR CATHOLIC HEALTH INITIATIVE'S ("CHI") MBO CEOS. THESE

EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE

POST-TERMINATION PAYMENTS, THE INDIVIDUAL MUST EXECUTE A GENERAL RELEASE

AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE

PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE

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.

EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED PAYMENTS FROM CATHOLIC HEALTH INITIVES (A RELATED ORGANIZATION) DURING THE 2009 CALENDAR YEAR, AND THESE SEVERENCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J:

JOHN TOLMIE	\$324,841.11
-------------	--------------

POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE SEVERENCE POLICY AGREEMENTS FOR ST. JOSEPH MEDICAL CENTER, INC. (SJMC) EXECUTIVES. THESE SEVERENCE AGREEMENTS REQUIRE THAT IN ORDER FOR AN EXECUTIVE TO RECEIVE "POST-TERMINATION PAYMENTS", THE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED PAYMENTS FROM SJMC DURING THE 2009 CALENDAR YEAR, AND THESE SEVERENCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J:

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.

SILVIA MOORE \$197,729.28

LUCY SHAMASH \$124,078.08

SCHEDULE J, PART I, 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

DURING THE 2009 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN:

JOHN TOLMIE, BETH O'BRIEN AND JEFFREY NORMAN.

DURING 2009 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN:

BETH O'BRIEN \$47,250

DURING 2009 NO DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN:

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.

DURING THE 2009 CALENDAR YEAR, SJMC MAINTAINED A SUPPLEMENTAL DEFERRED

COMPENSATION PLAN FOR EMPLOYEES AT THE LEVEL OF VP AND HIGHER. THE

FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE:

RICHARD BOEHLER, CRAIG CARMICHAEL, PAMELA JAMIESON, SYLVIA MOORE, DAVID

PETERSON, LUCY SHAMASH AND CARMEL TAIBI-LEHN.

CONTRIBUTIONS WERE MADE BY SJMC ON BEHALF OF THE FOLLOWING REPORTABLE

INDIVIDUALS DURING THE 2009 CALENDAR YEAR:

RICHARD BOEHLER \$ 7,552

CRAIG CARMICHAEL \$ 10,222

PAMELA JAMIESON \$ 11,700

CARMEL TAIBI-LEHN \$ 2,888

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED PAYMENT FROM THE

SUPPLEMENTAL NON-QUALIFIED PLAN DURING THE 2009 CALENDAR YEAR:

RICHARD BOEHLER \$ 28,420

CRAIG CARMICHAEL \$ 11,882

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.

SYLVIA MOORE	\$ 22,885
LUCY SHAMASH	\$ 771
CARMEL TAIBI-LEHN	\$ 10,417

ALL SUPPLEMENTAL DISTRIBUTIONS OF NON-QUALIFIED DEFERRED COMPENSATION WERE INCLUDED IN THE REPORTABLE INDIVIDUAL'S W-2 INCOME.

SCHEDULE J, PART I, Q. 7

NON-FIXED PAYMENTS

ST. JOSEPH MEDICAL CENTER MAINTAINS A VARIABLE PAY PLAN FOR EMPLOYEES AT THE LEVEL OF MANAGER AND ABOVE (EXCEPT FOR PHYSICIANS) THAT PUTS A CERTAIN AMOUNT OF COMPENSATION AT RISK. AWARDS OF INCENTIVE COMPENSATION UNDER THE VARIABLE PAY PLAN ARE MADE BASED UPON ACHIEVEMENT OF INDIVIDUAL GOALS. ALL COMPENSATION, INCLUDING ANY INCENTIVE COMPENSATION, IS CAPPED TO ENSURE THAT COMPENSATION REMAINS AT FAIR MARKET VALUE.

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

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2009

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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				
JAMES RAPIER	(i)	137,471.	350.	26,626.		14,508.	178,955.
	(ii)						
CARMEL TAIBI-LEHN	(i)	173,431.	14,472.	17,287.	2,888.	36,155.	244,233.
	(ii)						10,417.
DIANNE WASSALL	(i)	142,103.	6,721.	448.		29,509.	178,781.
	(ii)						
RON WOOD	(i)	166,003.		2,468.		165.	168,636.
	(ii)						
MARK MIDEI MD	(i)						
	(ii)	678,896.	75,000.	2,856.		33,623.	790,375.
STEWART FINNEY	(i)						
	(ii)	425,390.	307,800.	1,932.		40,976.	776,098.
STEPHEN POLLOCK MD	(i)						
	(ii)	546,106.	75,000.	5,544.		37,484.	664,134.
MICHAEL SCHULTZ	(i)	169,733.					169,733.
	(ii)	568,475.	199,016.	5,544.		39,483.	812,518.
MARION PURDUE	(i)			431,300.			431,300.
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

Schedule J-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

ATTACHMENT 1

FORM 990, PART VI, Q. 1A

EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY

PURSUANT TO ARTICLE VIII, SECTION 8.6 OF THE BYLAWS, THE ST. JOSEPH MEDICAL CENTER EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EXCEPT AS PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT SUCH ACTIONS TAKEN SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF DIRECTORS OR THE CORPORATE MEMBER, WITH THE ORGANIZATION'S BYLAWS, OR WITH APPLICABLE LAW. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE RECORDED AND ARE PROMPTLY REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 6

MEMBERS OR STOCKHOLDERS

HE SOLE CORPORATE MEMBER OF ST. JOSEPH MEDICAL CENTER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION (THE "CORPORATE MEMBER").

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, LINE 7A

MEMBERS/STOCKHOLDERS ELECTING GOVERNING BODY MEMBERS

PURSUANT TO ARTICLE V, SECTION 6 OF THE BYLAWS OF ST. JOSEPH MEDICAL CENTER THE DIRECTORS OF THE CORPORATION ARE APPOINTED AND MAY BE REMOVED WITH OR WITHOUT CAUSE BY THE CORPORATE MEMBER.

FORM 990, PART VI, Q. 7B

APPROVAL OF GOVERNING BODY DECISIONS BY MEMBERS/STOCKHOLDERS

THE ORGANIZATION'S CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI"). PURSUANT TO SECTION 5.4. OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX.

PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

- * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE ST. JOSEPH MEDICAL CENTER
- * AMENDMENT OF THE CORPORATE DOCUMENTS OF THE ST. JOSEPH MEDICAL CENTER
- * APPROVE MEMBERS OF THE ST. JOSEPH MEDICAL CENTER BOARD
- * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE ST. JOSEPH MEDICAL CENTER
- * APPROVAL OF ISSUANCE OF DEBT BY ST. JOSEPH MEDICAL CENTER
- * APPROVAL OF PARTICIPATION OF ST. JOSEPH MEDICAL CENTER IN A JOINT VENTURE
- * APPROVAL OF FORMATION OF A NEW CORPORATION BY ST. JOSEPH MEDICAL CENTER
- * APPROVAL OF A MERGER INVOLVING THE ST. JOSEPH MEDICAL CENTER

Name of the organization	Employer identification number
ST. JOSEPH MEDICAL CENTER, INC	52-0591461

ATTACHMENT 1 (CONT'D)

* APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE

ST. JOSEPH MEDICAL CENTER

* TO REQUIRE THE TRANSFER OF ASSETS BY THE ST. JOSEPH MEDICAL CENTER TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS.

* ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR ST. JOSEPH MEDICAL CENTER

PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE.

FORM 990, PART VI, Q. 11

PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW FORM 990 THE CFO REVIEWS THE FORM 990 AND REQUESTS THAT THE STAFF TIE OUT THE NUMBERS TO THE AUDITED FINANCIAL STATEMENTS. IN ADDITION, THE CFO REVIEWS ALL QUESTIONS AND ANSWERS, ALONG WITH ALL SUPPORTING SCHEDULES AND DOCUMENTATION. THE CFO PROVIDES THE RETURN TO THE FINANCE COMMITTEE OF THE BOARD AS WELL AS THE OPERATING BOARD.

THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING.

FORM 990, PART VI, Q. 12C

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY ANNUAL DISCLOSURE FORMS ARE REQUIRED TO BE COMPLETED BY EMPLOYED PHYSICIANS, EXECUTIVES AND DIRECTORS OF THE ORGANIZATION. AT THE TIME OF

Name of the organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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ATTACHMENT 1 (CONT'D)

THE EMPLOYEE'S ANNUAL EVALUATION, THE EMPLOYEE'S DIRECT MANAGER OR SUPERVISOR SHALL REVIEW THIS POLICY WITH THE EMPLOYEE. A NEW FORM SHOULD BE COMPLETED ON AN ANNUAL BASIS. THE FORMS ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES AND CORPORATE RESPONSIBILITY OFFICER.

THE FOLLOWING ACTIONS ARE TAKEN WITH RESPECT TO EMPLOYEES WITH CONFLICTS:

1) ASKING THE EMPLOYEE TO DIVEST THEMSELVES OF OWNERSHIP, INTEREST, OR STOCK IN THE OTHER ENTITY; 2) REASSIGNING THE EMPLOYEE TO A DIFFERENT POSITION; AND/OR 3) HAVING THE EMPLOYEE ABSTAIN FROM MAKING A DECISION RELATED TO THE CONFLICTING ENTITY. THE DIVISIONAL VICE PRESIDENT AND THE VP OF HUMAN RESOURCES OF ST. JOSEPH MEDICAL CENTER IMPLEMENTS THE REQUIRED ACTIONS. RANDOM SAMPLES OF EMPLOYEE FILES ARE REVIEWED ANNUALLY TO ENSURE COMPLIANCE WITH THIS POLICY.

FORM 990, PART VI, Q. 15A

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI. CHI USES THE HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF CHI'S SENIOR MOST EXECUTIVES (INCLUDING EACH MBO CEO) ARE REVIEWED ON AN INDIVIDUAL BASIS ANNUALLY. THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER, 2010. IN ADDITION, IN DECEMBER 2009, HAY GROUP COMPLETED A

Name of the organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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ATTACHMENT 1 (CONT'D)

COMPREHENSIVE REVIEW OF ALL CHI POSITIONS AT THE LEVEL OF VICE PRESIDENT
AND ABOVE TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS.

FORM 990, PART VI, Q. 15B

PROCESS FOR DETERMINING COMPENSATION

FOR THE YEAR ENDED 12/31/09, SJMC STAFF ACCUMULATED MARKET COMPARABILITY DATA THAT WAS USED TO DETERMINE APPROPRIATE COMPENSATION LEVELS FOR SJMC EXECUTIVE MANAGEMENT. SJMC MANAGEMENT PROVIDED ITS RECOMMENDATIONS TO THE SJMC BOARD FOR FINAL COMPENSATION DETERMINATION AND APPROVAL. THE BOARD APPROVED THE COMPENSATION PACKAGE AND DOCUMENTED SUCH APPROVAL IN THE MINUTES, ALONG WITH THE COMPARABILITY RELIED UPON IN DETERMINING THE APPROPRIATE COMPENSATION LEVELS.

FORM 990, PART VI, Q. 16B

JOINT VENTURE POLICY

ST. JOSEPH MEDICAL CENTER, INC., HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION; (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS; (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION; (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS; AND (5) ALL CONTRACTS ENTERED

Name of the organization ST. JOSEPH MEDICAL CENTER, INC	Employer identification number 52-0591461
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ATTACHMENT 1 (CONT'D)

INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT
 ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE. ANY JOINT VENTURE
 AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY
 REVIEWED BY COUNSEL.

FORM 990, PART VI, Q. 19

GOVERNING DOCUMENTS - COI POLICY - FINANCIAL STATEMENTS AVAILABLE
 THE ARTICLES OF INCORPORATION ARE AVAILABLE AT THE STATE OF MARYLAND
 HEALTH SERVICES COST REVIEW COMMISSION AT WWW.MARYLAND.GOV.

THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

ST. JOSEPH MEDICAL CENTER, INC. FINANCIAL STATEMENTS ARE INCLUDED IN THE
 CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS
 THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.COM.

FORM 990, PART VII

ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS
 COMPENSATION REPORTED ON THE FORM 990, PART VII, WAS PAID TO THESE
 INDIVIDUALS BY RELATED ORGANIZATIONS IN FULFILLMENT OF THEIR DUTIES AS
 FULL TIME, 60 HOUR PER WEEK EMPLOYEES OF THE RELATED ORGANIZATION.

FORM 990, PART VII, SECTION A

RELATED ORGANIZATION COMPENSATION

THE FORM 990 FOR THE YEAR ENDED JUNE 30, 2010 REQUIRES REPORTING OF
 COMPENSATION PAID BY RELATED ORGANIZATIONS DURING CALENDAR YEAR 2009 TO
 ST. JOSEPH MEDICAL CENTER'S FORMER 5 HIGHEST PAID EMPLOYEES.

ST. JOSEPH MEDICAL CENTER'S DISCLOSURES INCLUDE AMOUNTS PAID BY ST.

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

ATTACHMENT 1 (CONT'D)

JOSEPH PHYSICIAN ENTERPRISES TO DR. MARK MIDEI THROUGH HIS LAST DATE OF
EMPLOYMENT, JULY 9, 2009.

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

THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE
CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST
CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY
AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER
COMMUNITIES.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FIRST COLONIES ANESTHESIA ASSC LLC 1901 RESEARCH BLVD., SUITE 350 ROCKVILLE, MD 20850	ANESTHESIA SERVICES	1,150,000.
INSIGHT HEALTH PARTNERS LLC 695 CENTRAL AVE., SUITE 15010 ST. PETERSBURG, FL 33701	CONSULTING	1,133,259.
BEACON & FEY LLC 1107 KENILWORTH DR., SUITE 307 BALTIMORE, MD 21204	MARKETING	841,567.
RENAL TREATMENT CENTERS PO BOX 403008 ATLANTA, GA 30384	DIALYSIS SERVICES	825,417.
IMA CONSULTING 2 CHRISTY DR., SUITE 219 CHADDS FORD, PA 19317	CONSULTING	729,483.
TOTAL COMPENSATION		<u>4,679,726.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

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▶ **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.**

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number

52-0591461

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
ST. JOSEPH COMMUNITY HEALTH SERVICES 71-0897107 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	COMMUNITY	NM	501 (C) (3)	11A	CHI
ST. JOSEPH COMMUNITY HEALTH FOUNDATION 85-0253087 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	FOUNDATION	NM	501 (C) (3)	7	SJCHS
ST. FRANCIS OF BAKER CITY 93-0412495 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HOSPITAL	OR	501 (C) (3)	3	CHI
ST. ELIZABETH HEALTH CARE FOUNDATION 94-3164869 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	FOUNDATION	OR	501 (C) (3)	7	SEHS
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC 56-2351341 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	FUNDRAISING	KY	501 (C) (3)	11A	FH
FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL 61-1345363 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	HOSPITAL	KY	501 (C) (3)	3	CHI
LAKEWOOD HEALTH CENTER 41-0758434 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	LTERM CARE	MN	501 (C) (3)	3	CHI

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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
SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	OP DIAGNOSTICS	NE	SERMC	RELATED	-155,495.	993,429.		X	272.		X
CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE	PHYSICAL THERAPY	NE	CHI	RELATED	1,816,979.	2,933,623.		X	5,050.		X
MERCY WEST ENDOSCOPY LLC 90-01 1601 NW 114TH ST, SUITE 244	AMBULATORY SURG	IA	CHI-IA CORP	RELATED	1,917,716.	1,695,121.		X			X
AUDUBON LAND COMPANY LLC 84-15 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	67,577.	9,001,605.		X			X
BRECKENRIDGE MEDICAL CLINIC LL 555 SOUTH PARK AVENUE PLAZA 11	MEDICAL CLINIC	CO	THC	RELATED				X			X
PENRAD IMAGING 84-1072619 1390 KELLY JOHNSON BLVD	MEDICAL IMAGING	CO	THC	RELATED	1,922,441.	8,248,492.		X			X
ST ANTHONY REGIONAL MTN CANCER 4231 W 16TH AVENUE	CANCER CENTER	CO	THC	RELATED	60,513.	318,803.		X			X

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
MERCY HEALTH SERVICES CORPORATION 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORP	-1,033,832.	2,093,683.	100.0000
MOUNTAIN MANAGEMENT SERVICES INC 62-1570739 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORP	348,642.	4,530,845.	100.0000
MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MHOF WILLISTON	C CORP	-16,794.	911,494.	100.0000
ST ANTHONY DEVELOPMENT COMPANY 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORP	41,861.	3,047,938.	100.0000
GOOD SAMARITAN OUTREACH SERVICES 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	GSHS	C CORP	-2,491,623.	840,232.	100.0000
HEALTH SYSTEMS ENTERPRISES, INC. 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	GSHS	C CORP	10,957.	1,559,747.	100.0000
MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP	227,244.	1,806,199.	100.0000

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) ST JOSEPH PHYSICIAN ENTERPRISE	A	72,062.
(2) CATHOLIC HEALTH INITIATIVES	C	400,750.
(3) CATHOLIC HEALTH INITIATIVES	L	35,917,406.
(4) ST JOSEPH PHYSICIAN ENTERPRISE	O	9,181,213.
(5) ST JOSEPH MEDICAL CENTER FOUNDATION	O	685,304.
(6) CATHOLIC HEALTH INITIATIVES	O	5,860,542.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520 41-1850500	SENIOR HOMES	MN	501 (C) (3)	9	SFH
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520 76-0761782	FOUNDATION	MN	501 (C) (3)	11A	SFMC
ST. FRANCIS HOME 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501 (C) (3)	9	CHI
ST. FRANCIS MEDICAL CENTER 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501 (C) (3)	3	CHI
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501 (C) (3)	3	CHI
SAINT CLARE'S COMMUNITY CARE 66 FORD ROAD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501 (C) (3)	11B	SCHS
SAINT CLARE'S FOUNDATION, INC. 66 FORD ROAD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501 (C) (3)	7	SCHS
GOOD SAMARITAN COLLEGE OF NURSING & HEAL 375 DIXMYTH AVE CINCINNATI, OH 45220 31-1778403	EDUCATION	KY	501 (C) (3)	2	GHS
TOTAL HEALTHCARE P.O. BOX 7021 COLORADO SPRINGS, CO 80933 84-0927232	HEALTHCARE	CO	501 (C) (3)	3	CHI COLORAD
MEMORIAL HEALTH CARE SYSTEM, INC. 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501 (C) (3)	3	CHI
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548	FOUNDATION	TN	501 (C) (3)	7	MHCS
MEMORIAL HEALTH PARTNERS FOUNDATION, INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421 03-0417049	HEALTHCARE	TN	501 (C) (3)	9	MHCS
THE COMMUNITY LIMITED CARE DIALYSIS CENT 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	DIALYSIS	OH	501 (C) (2)	NONE	GSH
GOOD SAMARITAN FOUNDATION OF CINCINNATI, 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FOUNDATION	OH	501 (C) (3)	11A	GSH
THE GOOD SAMARITAN HOSPITAL OF CINCINNAT 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501 (C) (3)	3	TRI-HEALTH
SAINT CLARE'S HOSPITAL 66 FORD ROAD DENVER, NJ 07834 22-3319886	HOSPITAL	NJ	501 (C) (3)	3	CHI
ST. FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501 (C) (3)	9	SCHS
TRHEALTH PHYSICIAN INSTITUTE 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 31-1074519	PHYSICIANS	OH	501 (C) (3)	11A	GSH

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CATHOLIC HEALTH INITIATIVES COLORADO FOU 84-0902211 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	FOUNDATION	CO	501 (C) (3)	7	CHI COLORAD
S.E.T. OF COLORADO SPRINGS, INC. 84-1183335 825 E. PIKES PEAK AVENUE, BLDG COLORADO SPRINGS, CO 80903	LTERM CARE	CO	501 (C) (3)	7	CHI COLORAD
CATHOLIC HEALTH INITIATIVES 47-0617373 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	HEALTHCARE	CO	501 (C) (3)	9	CHI
CATHOLIC HEALTH CARE FEDERATION 20-8473567 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	JURDIC PERSO	CO	501 (C) (3)	11A	CHI
GLOBAL HEALTH INITIATIVES 20-1536108 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	MINISTRIES	CO	501 (C) (3)	11A	CHI
HEALTH S.E.T. 84-1102943 4200 WEST CONEJOS PLACE, #436 DENVER, CO 80204	LOW INC.CARE	CO	501 (C) (3)	7	CHI COLORAD
BISHOP DRUMM RETIREMENT CENTER 42-0725196 1111 6TH AVENUE DES MOINES, IA 50314	LTERM CARE	IA	501 (C) (3)	9	CHI-IA CORP
MERCY MEDICAL CENTER - DES MOINES A/K/A 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	HOSPITAL	IA	501 (C) (3)	3	CHI-IA CORP
HOUSE OF MERCY 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	SHELTER	IA	501 (C) (3)	7	CHI-IA CORP
MERCY AUXILIARY OF CENTRAL IOWA 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	AUXILIARY	IA	501 (C) (3)	11A	CHI-IA CORP
MERCY CLINICS, INC. 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501 (C) (3)	9	CHI-IA CORP
MERCY COLLEGE OF HEALTH SCIENCES 42-1511682 1111 6TH AVENUE DES MOINES, IA 50314	EDUCATION	IA	501 (C) (3)	2	CHI-IA CORP
MERCY FOUNDATION OF DES MOINES, IA 23-7358794 1111 6TH AVENUE DES MOINES, IA 50314	FOUNDATION	IA	501 (C) (3)	7	CHI-IA CORP
MERCY MEDICAL CENTER - CENTERVILLE F/K/A 42-0680308 1 ST. JOSEPH'S DRIVE CENTERVILLE, IA 52544	HOSPITAL	IA	501 (C) (3)	3	CHI-IA CORP
MERCY PROFESSIONAL PRACTICE ASSOCIATES, 42-1470935 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501 (C) (3)	9	CHI-IA CORP
MERCY HOSPITAL OF DEVILS LAKE 45-0227012 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	HEALTHCARE	ND	501 (C) (3)	3	CHI
SAINT JOSEPH'S HOSPITAL FOUNDATION 36-3418207 30 WEST 7TH STREET DICKINSON, ND 58601	FOUNDATION	ND	501 (C) (3)	11A	SJHHC
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER 45-0226429 30 WEST 7TH STREET DICKINSON, ND 58601	HEALTHCARE	ND	501 (C) (3)	3	CHI

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY REGIONAL MEDICAL CENTER OF DURANGO 84-0405515 1010 THREE SPRINGS BLVD DURANGO, CO 81301	HOSPITAL	CO	501 (C) (3)	3	CHI
CHI KENTUCKY, INC 20-2741651 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018	HEALTHCARE	KY	501 (C) (3)	11A	CHI
VILLA NAZARETH, INC. 45-0226714 801 PAGE DRIVE FARGO, ND 58103	LT CARE	ND	501 (C) (3)	9	CHI
ST. CATHERINE HOSPITAL 48-0543721 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	HOSPITAL	KS	501 (C) (3)	3	CHI
ST. CATHERINE HOSPITAL DEVELOPMENT FOUND 20-0598702 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	FOUNDATION	KS	501 (C) (3)	11A	SCH
SAINT FRANCIS MEDICAL CENTER FOUNDATION 47-0630267 P.O. BOX 9804 GRAND ISLAND, NE 68802	FOUNDATION	NE	501 (C) (3)	7	SFMC
SAINT FRANCIS MEDICAL CENTER 47-0376601 P.O. BOX 9804 GRAND ISLAND, NE 68802	HEALTHCARE	NE	501 (C) (3)	3	CHI NEBRASK
CENTRAL KANSAS MEDICAL CENTER 48-0543724 3515 BROADWAY GREAT BEND, KS 67530	HOSPITAL	KS	501 (C) (3)	3	CHI
ST. JOSEPH MEMORIAL HOSPITAL 48-1253246 923 CARROLL AVE LARNED, KS 67550	HOSPITAL	KS	501 (C) (3)	3	CKMC
MNMCH, INC. 48-1216238 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725	HOSPITAL	KS	501 (C) (3)	3	SJRMC
MERCY LIFECARE SYSTEMS 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGM	MO	501 (C) (3)	11A	SJRMC
ST. JOHN'S MEDICAL GROUP 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTIC	MO	501 (C) (3)	9	SJRMC
ST. JOHN'S MERCY REGIONAL FOUNDATION 43-1308084 2727 MCCLELLAND BLVD JOPLIN, MO 64804	FOUNDATION	MO	501 (C) (3)	7	SJRMC
ST. JOHN'S REGIONAL MEDICAL CENTER 44-0545809 2727 MCCLELLAND BLVD JOPLIN, MO 64804	HOSPITAL	MO	501 (C) (3)	3	CHI
GOOD SAMARITAN HOSPITAL 47-0379755 P.O. BOX 1990 KEARNEY, NE 68848	HEALTHCARE	NE	501 (C) (3)	3	CHI NEBRASK
GOOD SAMARITAN HOSPITAL FOUNDATION 47-0659443 P.O. BOX 1810 KEARNEY, NE 68848	FOUNDATION	NE	501 (C) (3)	7	GSH
ST JOSEPH HEALTH MINISTRIES 23-2342997 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	HEALTH	PA	501 (C) (3)	11A	SJHM
ST JOSEPH HEALTH MINISTRIES FOUNDATION 23-2605579 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	FUNDRAISING	PA	501 (C) (3)	11A	SJHM

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH HEALTH SERVICES, INC. 20-1425375 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603	DENTAL CARE	PA	501 (C) (3)	11A	SJHM
CONTINUING CARE HOSPITAL 61-1400619 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509	LTACH	KY	501 (C) (3)	3	SJHS
SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, 26-0152877 305 ESTILL STREET BEREHA, KY 40403	FOUNDATION	KY	501 (C) (3)	7	SJHS
SAINT JOSEPH HEALTH SYSTEM, INC. 61-1334601 150 N. EAGLE CREEK DR. LEXINGTON, KY 40509	HOSPITAL	KY	501 (C) (3)	3	CHI
ST. JOSEPH HOSPITAL FOUNDATION, INC. 61-1159649 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	FOUNDATION	KY	501 (C) (3)	11A	SJHS
SAINT JOSEPH MEDICAL FOUNDATION, INC. 31-1539059 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	PHY PRACTICE	KY	501 (C) (3)	3	SJHS
VISITING NURSE ASSOCIATION OF SAINT CLAR 22-1768334 191 WOODPORT ROAD SPARTA, NJ 07871	HOME HEALTH	NJ	501 (C) (3)	9	SCHS
SAINT ELIZABETH FOUNDATION 47-0625523 555 SOUTH 70TH STREET LINCOLN, NE 68510	FOUNDATION	NE	501 (C) (3)	7	SERMC
SAINT ELIZABETH HEALTH SERVICES 36-3233120 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501 (C) (3)	3	SERMC
CHI NEBRASKA 36-3233121 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501 (C) (3)	11A	CHI
SAINT ELIZABETH REGIONAL MEDICAL CENTER 47-0379836 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501 (C) (3)	3	CHI NEBRASK
THE PHYSICIAN NETWORK 47-0780857 8055 O STREET, SUITE 300 LINCOLN, NE 68510	HEALTHCARE	NE	501 (C) (3)	11A	CHI NEBRASK
LISBON AREA HEALTH SERVICES 82-0558836 905 MAIN STREET LISBON, ND 58054	HEALTHCARE	ND	501 (C) (3)	3	CHI
ALVERNA APARTMENTS 41-1351177 300 SE 8TH AVENUE LITTLE FALLS, MN 56345	LTERM CARE	MN	501 (C) (3)	9	CHI
UNITY FAMILY HEALTHCARE 41-0721642 815 2ND STREET SE LITTLE FALLS, MN 56345	HEALTHCARE	MN	501 (C) (3)	3	CHI
ST. ANTHONY'S HOSPITAL ASSOCIATION 71-0245507 4 HOSPITAL DRIVE MORRILTON, AR 72110	HEALTHCARE	AR	501 (C) (3)	3	SVIMC
ST. VINCENT INFIRMARY MEDICAL CENTER 71-0236917 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501 (C) (3)	3	CHI
ST. VINCENT MEDICAL GROUP 71-0830696 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501 (C) (3)	9	SVIMC

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MARIA-JOSEPH CENTER 4830 SALEM AVENUE DAYTON, OH 45416 31-0935118	HEALTHCARE	OH	501 (C) (3)	9	SHP
SAINT JOSEPH LONDON FOUNDATION, INC. 310 EAST NINTH STREET LONDON, KY 40741 26-0438748	FOUNDATION	KY	501 (C) (3)	11A	SJHS
SAMARITAN BEHAVIORAL HEALTH 601 S. EDWIN C. MOSES BLVD. DAYTON, OH 45408 02-0633634	HOSPITAL	OH	501 (C) (3)	3	SHP
MERCY MEDICAL CENTER 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HOSPITAL	ID	501 (C) (3)	3	CHI
MERCY MEDICAL CENTER FOUNDATION 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501 (C) (3)	11A	MERCY MED C
MERCY PHYSICIAN GROUP, INC. 1512 12TH AVENUE ROAD NAMPA, ID 83686 20-8192593	PHYS GROUP	ID	501 (C) (3)	9	MERCY MED C
ST. MARY'S HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501 (C) (3)	3	CHI NEBRASK
ST. MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410 47-0707604	FOUNDATION	NE	501 (C) (3)	7	SMH
OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND 58474 45-0231675	HOSPITAL	ND	501 (C) (3)	3	CHI
OAKES COMMUNITY HOSPITAL FOUNDATION 314 SOUTH 8TH STREET OAKES, ND 58474 71-0966606	FOUNDATION	ND	501 (C) (3)	11A	OCH
ST. DOMINIC AT ONTARIO 351 S.W. 9TH STREET ONTARIO, OR 97914 93-0433692	HOSPITAL	OR	501 (C) (3)	3	CHI
HOLY ROSARY MEDICAL CENTER FOUNDATION 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501 (C) (3)	11A	HRMC
ST. JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501 (C) (3)	3	CHI
ST. ANTHONY HOSPITAL 1601 S.E. COURT AVENUE PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501 (C) (3)	3	CHI
ST. ANTHONY HOSPITAL FOUNDATION 1601 S.E. COURT AVENUE PENDLETON, OR 97801 93-0992727	FOUNDATION	OR	501 (C) (3)	11A	SA HOSPITAL
GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442 46-0234354	HOSPITAL	SD	501 (C) (3)	3	SMHC
ST. MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199	HEALTHCARE	SD	501 (C) (3)	3	CHI
MT. ST. JOSEPH, INC. 3060 SE STARK STREET PORTLAND, OR 97214 93-0386870	NURSING CARE	OR	501 (C) (3)	9	CHI

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PUEBLO STEPUP 1925 EAST ORMAN AVENUE, SUITE PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501 (C) (3)	7	CHI
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603 23-2187242	HEALTHCARE	PA	501 (C) (3)	11A	CHI
ST. JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603 23-2649362	FOUNDATION	PA	501 (C) (3)	11A	SJRHN
ST. JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603 20-8544021	HEALTHCARE	PA	501 (C) (3)	9	BHC
ST. JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603 23-1352211	HEALTHCARE	PA	501 (C) (3)	3	CHI
LINUS OAKES, INC. 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0821381	SENIOR LIVIN	OR	501 (C) (3)	9	MMC
MERCY FOUNDATION, INC. 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-6088946	FOUNDATION	OR	501 (C) (3)	7	MMC
MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0386868	HOSPITAL	OR	501 (C) (3)	3	CHI
FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501 (C) (3)	9	CHI
ENUMCLAW COMMUNITY HOSPITAL 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501 (C) (3)	3	FHS
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501 (C) (3)	9	FHS
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN 1717 SOUTH J STREET TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501 (C) (3)	3	CHI
FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739	HEALTHCARE	WA	501 (C) (3)	9	FHS
ST. JOSEPH MEDICAL CENTER FOUNDATION, IN 7601 OSLER DRIVE TOWSON, MD 21204 52-1681044	FUNDRAISING	MD	501 (C) (3)	7	SJMC
ST. JOSEPH MEDICAL CENTER, INC. 7601 OSLER DRIVE TOWSON, MD 21204 52-0591461	HOSPITAL	MD	501 (C) (3)	3	CHI
ST. JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD 21204 52-1311775	PHYSICIANS	MD	501 (C) (3)	11A	CHI
SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH 45406 23-7296923	FOUNDATION	OH	501 (C) (3)	7	SHP
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501 (C) (3)	3	CHI

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801	HEALTHCARE	ND	501 (C) (3)	3	CHI
MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND 58801	FOUNDATION	ND	501 (C) (3)	11A	MMC
SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HEALTHCARE	OH	501 (C) (3)	11A	CHI
ST. VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	FUNDRAISING	AR	501 (C) (3)	11A	SVIMC
AUXILIARY OF HOLY ROSARY HOSPITAL INC. 351 SW 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501 (C) (3)	9	HRMC
THE MERCY HOSPITAL OF DEVILS LAKE FDN 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	FOUNDATION	ND	501 (C) (3)	11A	MHDL
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 7500 MERCY ROAD OMAHA, NE 68124	HOSPITAL	NE	501 (C) (3)	3	CHI
ALEGENT HEALTH - MERCY HOSPITAL, CORNING P.O. BOX 368 CORNING, IA 50841	HOSPITAL	IA	501 (C) (3)	3	AHBMHS
MERCY HEALTH CARE FOUNDATION P.O. BOX 368 CORNING, IA 50841	FOUNDATION	NE	501 (C) (3)	11A	AHMH
MERCY HOSPITAL FOUNDATION, COUNCIL BLUFF 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503	FOUNDATION	IA	501 (C) (3)	11A	AHBMHS
CHI INSTITUTE FOR RESEARCH AND INNOVATIO 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501 (C) (3)	11A	CHI
CHI COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501 (C) (3)	3	CHI
SAINT JOSEPH MOUNT STERLING FOUNDATION, 50 STERLING AVENUE MOUNT STERLING, KY 40353	FOUNDATION	KY	501 (C) (3)	7	SJHS
CENTENNIAL MEDICAL GROUP, INC. 2700 STEWART PARKWAY ROSEBURG, OR 97470	PHYSICIANS	OR	501 (C) (3)	9	MMC
CHI NATIONAL FOUNDATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	FOUNDATION	CO	501 (C) (3)	11A	CHI
SAINT CLARE'S HEALTH SERVICES, INC. 25 POCONO ROAD DENVER, NJ 7834	MANAGEMENT	NJ	501 (C) (3)	7	CHI
GOOD SAMARITAN HOSPITAL 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HOSPITAL	OH	501 (C) (3)	3	SHP

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

52-0591461

(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 on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
ST FRANCIS LAND COMPANY 26-313 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-180,979.	14,886,022.		X			X
ORTHO COLORADO, LLC 37-1577105 11650 WEST 2ND PLACE	ORTHO HOSPITAL	CO	THC	RELATED	-5,375,165.	15,265,510.		X			X
MERCY OUTPATIENT SURGERY CENTE 1512 12TH AVENUE ROAD	SURGERY CENTER	ID	MMC	RELATED	-812,036.	949,357.		X	4,620.		X
PENINSULA RADIATION ONCOLOGY 8 314 MARTIN LUTHER KING JR. WAY	HEALTHCARE SRVC	WA	FHS	RELATED	-516,076.	3,860,362.		X			X
HEALTHCARE SUPPORT SERVICES, L P.O. BOX 9804	LAUNDRY	NE	CHI	RELATED	199,968.	3,913,481.		X	58,436.		X
BLUEGRASS REGIONAL IMAGING CEN 1218 SOUTH BROADWAY, SUITE 310	DIAGNOSTIC	KY	SJ HOSPITAL, LEX	RELATED	242,456.	3,773,725.		X			X
NORTH RIVER SURGERY CENTER, LL 2209 WILDWOOD AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	213,989.	1,696,001.		X			X
CHI OPERATING INVESTMENT PROGR 198 INVERNESS DRIVE WEST	INVESTMENTS	CO	CHI	INVESTMENT	58,022.	4,069,968.		X	14,031.		X
RUXTON SURGICENTER, LLC 52-209 8322 BELLONA AVENUE, SUITE 201	SURGERY CENTER	MD	SJMC	RELATED	-75,716.	3,421,084.		X			X
CENTRAL NEBRASKA HOME CARE SER P.O. BOX 1146-4510 SECOND AVEN	HEALTHCARE SRVC	NE	HSE, INC	RELATED	-102,982.	1,021,500.		X			X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
DES MOINES MEDICAL CENTER IN _____ 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP		1,123,173.	92.9800
COMCARE SERVICES _____ 84-0904813 4231 W 16TH AVENUE DENVER, CO 80204	INACTIVE	CO	CHIC	C CORP			100.0000
MEDNOW, INC. _____ 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPAT PHARMACY	ID	MERCY MED CTR	C CORP	-672,954.	5,348,476.	100.0000
SAINT CLARE'S PRIMARY CARE, _____ 22-2441202 66 FORD ROAD DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORP	-350,630.	2,590,487.	100.0000
HEALTHCARE MGMT. SERVICES OR _____ 91-1865474 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
PHYSICIAN HEALTH SYSTEM NETW _____ 91-1746721 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
MERCY SERVICES CORP _____ 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	MERCY MEDICAL	C CORP	-499,409.	1,403,001.	100.0000
CADUCEUS MEDICAL ASSOCIATES, _____ 62-1570736 6028 SHALLOWFORD ROAD, SUITE D CHATTANOOGA, TN 37422	HEALTHCARE	TN	MHCS	C CORP		1,008.	100.0000
CENTRAL KANSAS HEALTH SERVIC _____ 48-1042853 3515 BROADWAY GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	CKMC	C CORP		110,125.	100.0000
ST VINCENT COMMUNITY HEALTH _____ 71-0710785 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORP	2,404,944.	10,195,000.	100.0000
ALTERNATIVE INSURANCE MANAGE _____ 84-1112049 3900 OLYMPIC BOULEVARD, SUITE 400 ERLANGER, KY 41018	MANAGEMENT SERVIC	CO	CHI	C CORP		3,272,176.	100.0000
NAZARETH ASSURANCE COMPANY _____ 03-0304831 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	CHI	C CORP			100.0000
FRANCISCAN SERVICES, INC. _____ 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	194,756.	12,598,258.	100.0000
SJH SERVICES CORPORATION _____ 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORP	314,346.	3,423,012.	100.0000
ST. JOSEPH DEVELOPMENT COMPA _____ 91-1480569 1717 SOUTH J STREET TACOMA, WA 98405	RENTAL	WA	FSI	C CORP	1,677,122.	11,984,725.	100.0000
TOWSON MANAGEMENT, INC. _____ 52-1710750 7601 OSLER DRIVE TOWSON, MD 21204	MANAGEMENT SERVIC	MD	FSI	C CORP	99,315.	498,383.	100.0000
CAPTIVE MANAGEMENT INITIATIV _____ 98-0663022 PO BOX 10073, APO GEORGETOWN, GR KY1-1001	CAPTIVE MANAGEMEN	CJ	CHI	C CORP			100.0000
FIRST INITIATIVES INSURANCE, _____ 98-0203038 PO BOX 10073, APO GEORGETOWN, GR KY1-1001	INSURANCE	CJ	CHI	C CORP			100.0000

Schedule R-1 (Form 990) 2009

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) CATHOLIC HEALTH INITIATIVES	Q	11,290,148.
(8) ST JOSEPH MEDICAL CENTER FOUNDATION	R	824,099.
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
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