

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008 or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

OMB No. 1545-0047

2008

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employee's trust, see instructions for Block D on page 9.)
B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(a) <input type="checkbox"/> 220(a) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Bon Secours Hospital Baltimore, Inc. Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2000 West Baltimore Street City or town, state, and ZIP code Baltimore, MD 21223-1558	52-0591555 E Unrelated business activity codes (See instructions for Block E on page 9.) 531120
C Book value of all assets at end of year 80,041,988.	F Group exemption number (See instructions for Block F.) 0928 G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **Lab Revenues From Nonpatients**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **See Statement 2**

J The books are in care of **Richard Jones** Telephone number **(410)362-4477**

Part I: Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	844.			
b Less returns and allowances				
c Balance		844.		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c		844.		844.
4 a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule.)				
13 Total. Combine lines 3 through 12		844.		844.

Part II: Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	733.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	See Statement 1	28	210.
29 Total deductions. Add lines 14 through 28		29	943.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-99.
31 Net operating loss deduction (limited to the amount on line 30)	See Statement 3	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-99.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)		33	0.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-99.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990-T (2008)

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 ▶
- 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.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	BON SECOURS HOSPITAL BALTIMORE, INC.	52-0591555
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2000 WEST BALTIMORE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21223	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 |

CORPORATE OFFICERS

- The books are in the care of ▶ **2000 WEST BALTIMORE STREET - BALTIMORE, MD 21223**
Telephone No. ▶ **(410) 362-3660** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2010**, 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 **SEP 1, 2008**, and ending **AUG 31, 2009**.

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	\$	0.
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	\$	0.
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	\$	0.

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.

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

Form 8868 (Rev. 4-2008)

Part I Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ 0. (2) \$ 0. (3) \$ 0.
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0.
 (2) Additional 3% tax (not more than \$100,000) \$ 0.
 c Income tax on the amount on line 34 **35c** 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part II Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e Total credits. Add lines 40a through 40d **40e**
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44 a Payments: A 2007 overpayment credited to 2008 **44a**
b 2008 estimated tax payments **44b**
c Tax deposited with Form 8868 **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e**
f Other credits and payments: Form 2439 Form 4136 Other **44f**
45 Total payments. Add lines 44a through 44f **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax **49** Refunded


Part III Statements Regarding Certain Activities and Other Information (See instructions on page 18)


1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor or, or transferor to, a foreign trust? If YES, see page 6 of the instructions for other forms the organization may have to file. **Yes** **No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **3**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **H/A**

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

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

Sign Here  **17/15/2009** **Chief Financial Officer**
 Signature of officer Date Title
 May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer's Use Only
 Preparer's signature  Date **7/14/09**
 Firm's name for you if self-employed, address, and ZIP code **Deloitte Tax LLP**
1750 Tysons Blvd
McLean, VA 22102-4219
 Check if self-employed Preparer's SSN or PTIN **P00364424**
 EIN **86-1065772**
 Phone no. **(703) 251-1000**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see Instr. on pg 19)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8			0.	

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	

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

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

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

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

Bon Secours Hospital Baltimore, Inc.

52-0591555

Form 990-T	Other Deductions	Statement	1
<u>Description</u>		<u>Amount</u>	
Purchased Services		32.	
Rent, Utilities, Other		25.	
Supplies		153.	
Total to Form 990-T, Page 1, line 28		210.	

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	2
<u>Corporation's Name</u>		<u>Identifying No</u>	
Bon Secours Health System, Inc.		52-1301088	

Bon Secours Hospital Baltimore, Inc.

52-0591555

Year Ending: August 31, 2009

Net Operating Loss Carryforward Schedule - 2008 Form 990-T Line 31

Tax Year Ending	Amount Generated	Amount Utilized	Amount to Carryforward to Next Year
8/31/2005	20,439	-	20,439
8/31/2006	2,100	-	2,100
8/31/2007	2,096	-	2,096
8/31/2008	860	-	860
8/31/2009	99	-	99
Total	25,594	0	25,594

**SCHEDULE O
(Form 1120)**

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No. 1545-0123

Name

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only

- 2 This corporation has been a member of this group:
 - a For the entire year.
 - b From _____, 20_____, until _____, 20_____.

- 3 This corporation consents and represents to:
 - a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on AUGUST 30, 20 09, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.

- 4 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
 - a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20_____, and for all succeeding tax years.

- 5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
 - a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20_____.
 - (ii) On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b No. The members may not adopt or amend an apportionment plan.

- 6 Elections under section 1561. See instructions.
 - a The corporation will determine its tax liability by applying the maximum tax rate under section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the group's section 11(b)(1) additional tax.

For Privacy Act and Paperwork Reduction Act Notice, see instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2008)

Part III Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (1-12-0)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	BOON SECOURS VIRGINIA HEALTHSOURCE, INC & SUBS 54-1417686	2009-08	NONE	NONE	NONE	NONE	NONE	
2	CHESTERFIELD COMMUNITY HEALTHCARE C ENTER, INC 54-1812738	2009-08	NONE	NONE	NONE	NONE	NONE	
3	ST. MARY'S HOSPITAL OF RICHMOND, IN C. 54-0793767	2009-08	NONE	NONE	NONE	NONE	NONE	
4	CHESTERFIELD COMMUNITY TAXABLE SUB. INC. 54-1818555	2008-12	NONE	NONE	NONE	NONE	NONE	
5	BOON SECOURS BAYLAND, LLC 27-0468561	2009-08	NONE	NONE	NONE	NONE	NONE	
6	BOON SECOURS PLACE AT WELLSLEY OWNE RS ASSOC. 54-1938077	2009-08	NONE	NONE	NONE	NONE	NONE	
7	TIDEWATER DIVERSIFIED, INC. 54-1431826	2009-08	NONE	NONE	NONE	NONE	NONE	
8	BOON SECOURS DEPAUL MEDICAL CENTER, INC. 54-1820093	2009-08	NONE	NONE	NONE	NONE	NONE	
9	PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES 54-1241031	2009-08	NONE	NONE	NONE	NONE	NONE	
10	MARYVIEW HOSPITAL 54-0506463	2009-08	NONE	NONE	NONE	NONE	NONE	
	Total		50,000.	25,000.	72,883	NONE	147,883	

Part III Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket						(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%			
1	ST. MARY'S MEDICAL MANAGEMENT SERVI CES, INC. 54-1800652	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
2	BON SECOURS HEALTH SYSTEMS, INC. 52-1301088	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
3	BON SECOURS PREFERRED HEALTH CARE, INC. 52-1909600	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
4	UNITY HOUSING, INC. 52-1952507	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
5	BON SECOURS-ST. JOSEPH HEALTH RESOU RCES, INC. 65-0732816	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
6	ST. JOSEPH PREFERRED HEALTHCARE, IN C. 65-0530868	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
7	BON SECOURS PERSONAL CARE SERVICES 8 BON SECOURS-FLORIDA INTEGRATED SERV ICES, INC. 65-0779777	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
9	BON SECOURS VENICE HEALTH RESOURCES , INC. 65-0732815	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
10	BON SECOURS PHARMACY & HEALTH SERVI CES 38-2554322	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
Total									

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Y-Mo)	Taxable Income Amount Allocated to Each Bracket						(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%			
1	BON SECOURS HEALTH CARE SERVICES 38-3408014	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	LADY OF BELLEFONTAINE HOSPITAL, IN C. 61-1356023	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	HEALTHCARE ENTERPRISES, INC. & SUBS 57-1012852	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	GSH MEDICAL CARE, PC 22-3636986	2008-12	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5	BON SECOURS HOSPITAL BALTIMORE, INC 52-0591555	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6	ST. FRANCIS HOSPITAL, INC. 58-2504530	2009-08	50,000.	25,000.	72,883	NONE	NONE	147,883	NONE
7	BHS ENTERPRISES, INC. & SUBS. 54-1211979	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8									
9									
10									
Total									

Part III Income Tax Apportionment (See Instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
6 BON SECOURS VIRGINIA HEALTHSOURCE, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 CHESTERFIELD COMMUNITY HEALTHCARE C ENTER, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ST. MARY'S HOSPITAL OF RICHMOND, IN C.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CHESTERFIELD COMMUNITY TAXABLE SUB. INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS HAVLAND, LLC	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 BON SECOURS PLACE AT WELLESLEY OWNE RS ASSOC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 TIDEWATER DIVERSIFIED, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS DEPAUL MEDICAL CENTER, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MARYVIEW HOSPITAL	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Total	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2008)

Part III Income Tax Apportionment (See Instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 ST. MARY'S MEDICAL MANAGEMENT SERVI CES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 BON SECOURS HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 BON SECOURS PREFERRED HEALTH CARE, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DUNITY HOUSING, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS-ST. JOSEPH HEALTH RESOU RCES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 ST. JOSEPH PREFERRED HEALTHCARE, IN C.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 BON SECOURS PERSONAL CARE SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS-FLORIDA INTEGRATED SERV ICES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 BON SECOURS VENICE HEALTH RESOURCES INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 BON SECOURS PHARMACY & HEALTH SERVI CES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Total								

Part III Income Tax Apportionment (See instructions)

	Income Tax Apportionment							
	(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1	SON SECOURS HEALTH CARE SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	200 LADY OF BELLEFONTE HOSPITAL, IN	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	C.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	3HEALTHCARE ENTERPRISES, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	GSH MEDICAL CARE, PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	500 SECOURS HOSPITAL BALTIMORE, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6	ST. FRANCIS HOSPITAL, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	FES ENTERPRISES, INC. & SUBS.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8								
9								
10								
	Total							

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments					(f) Other
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 BOW SECOURS VIRGINIA HEALTHSOURCE, INC & SUBS	NONE	NONE	NONE	NONE	NONE	NONE
2 CHESTERFIELD COMMUNITY HEALTHCARE CENTER, INC	NONE	NONE	NONE	NONE	NONE	NONE
3 ST. MARY'S HOSPITAL OF RICHMOND, INC	NONE	NONE	NONE	NONE	NONE	NONE
4 CHESTERFIELD COMMUNITY TABLE SUBS, INC	NONE	NONE	NONE	NONE	NONE	NONE
5 BOW SECOURS WYLAND, LLC	NONE	NONE	NONE	NONE	NONE	NONE
6 BOW SECOURS PLACE AT WELLSLEY OWNE RS ASSOC.	NONE	NONE	NONE	NONE	NONE	NONE
7 TIDEWATER DIVERSIFIED, INC.	NONE	12,189.	NONE	NONE	NONE	NONE
8 BOW SECOURS DEPAUL MEDICAL CENTER, INC.	NONE	NONE	NONE	NONE	NONE	NONE
9 PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES	NONE	NONE	NONE	NONE	NONE	NONE
10 MARYVIEW HOSPITAL	NONE	NONE	NONE	NONE	NONE	NONE
Total	NONE	38,082.	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2008)

Part IV Other Appointments (See instructions)

(a) Group member's name	Other Appointments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 ST. MARY'S MEDICAL MANAGEMENT SERVI CES, INC.	NONE	NONE	NONE	NONE	NONE
2 BON SECOURS HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE
3 BON SECOURS PREFERRED HEALTH CARE, INC.	NONE	NONE	NONE	NONE	NONE
4 UNITY HOUSING, INC.	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS-ST. JOSEPH HEALTH RESOU RCES, INC.	NONE	NONE	NONE	NONE	NONE
6 ST. JOSEPH PREFERRED HEALTHCARE, IN C.	NONE	NONE	NONE	NONE	NONE
7 BON SECOURS PERSONAL CARE SERVICES	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS-FLORIDA INTEGRATED SERV ICES, INC.	NONE	25,993.	NONE	NONE	NONE
9 BON SECOURS VEHIC HEALTH RESOURCES INC.	NONE	NONE	NONE	NONE	NONE
10 BON SECOURS PHARMACY & HEALTH SERVI CES	NONE	NONE	NONE	NONE	NONE
Total					

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments					
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1	BON SECOURS HEALTH CARE SERVICES	NONE	NONE	NONE	NONE	NONE	
2	OUR LADY OF BELLEFONTAINE HOSPITAL, IN C.	NONE	NONE	NONE	NONE	NONE	
3	HEALTHCARE ENTERPRISES, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	
4	GSH MEDICAL CARE, FC	NONE	NONE	NONE	NONE	NONE	
5	BON SECOURS HOSPITAL BALTIMORE, INC	NONE	NONE	NONE	NONE	NONE	
6	ST. FRANCIS HOSPITAL, INC.	NONE	NONE	NONE	NONE	NONE	
7	RHS ENTERPRISES, INC. & SUBS.	NONE	NONE	NONE	NONE	NONE	
8							
9							
10							
	Total						

Underpayment of Estimated Tax by Corporations

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to the corporation's tax return.

Form 990-T

2008

Name: Bon Secours Hospital Baltimore, Inc. Employer identification number: 52-0591555

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

Required Annual Payment

Table with 5 main rows and sub-rows (2a, 2b, 2c, 2d) for calculating the required annual payment. Includes instructions for each line item.

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

- 6 The corporation is using the adjusted seasonal installment method.
7 The corporation is using the annualized income installment method.
8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Figuring the Underpayment

Table with 4 columns (a, b, c, d) and 9 rows for calculating the underpayment. Includes instructions for each row regarding installment due dates and calculations.

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

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2008)

Part III Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)				
20 Number of days from due date of installment on line 9 to the date shown on line 19				
21 Number of days on line 20 after 4/15/2008 and before 7/1/2008				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{365}$	\$	\$	\$	\$
23 Number of days on line 20 after 08/30/2008 and before 10/1/2008				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\%}{365}$	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{365}$	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\%}{365}$	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 4\%}{365}$	\$	\$	\$	\$
31 Number of days on line 20 after 8/30/2009 and before 10/01/2009				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 4\%}{365}$	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 4\%}{365}$	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 4\%}{365}$	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns				\$ 0.

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

Deloitte.

TAXPAYER: BON SECOURS HOSPITAL BALTIMORE, INC.

**INSTRUCTIONS FOR FILING
MARYLAND CORPORATION INCOME TAX RETURN**

RETURN FOR THE YEAR ENDED

AUGUST 31, 2009

**To be signed
and dated by**

An officer of the Organization on page 2 of Form 500

**Mail the original signed tax
return to:**

Comptroller of Maryland
Revenue Administration Division
Annapolis, MD 21411-0001

Note: Remove this instruction sheet from the return before mailing the return.

**Return must be mailed on or
before**

July 15, 2010

Certified mail recommended, with return receipt. For metered mail, the meter date is not evidence of timely filing.

Special Instructions

The return should be signed and dated.

FORM 500 MARYLAND CORPORATION INCOME TAX RETURN
 OR FISCAL YEAR BEGINNING 09, 2008, ENDING 0809

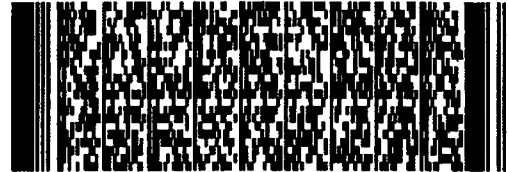


2008

Do not write on, staple or punch holes in barcode.

Please Print Using Blue or Black Ink

Name BON SECOURS HOSPITAL BALTIMORE, INC.	
Number and street 2000 WEST BALTIMORE STREET	
City or town BALTIMORE	State MD
Zip code 21223	
Federal Employer Identification No. (9 digits) 520591555	Do not write in this space ME ▶
FEBN Applied for date YE ▶	
Date of Organization or Incorporation (MMDDYY) 030320	Business Activity Code No. (6 digits) 531120



CHECK HERE IF: NAME OR ADDRESS HAS CHANGED INACTIVE CORPORATION FIRST FILING OF THE CORPORATION FINAL RETURN
 THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF PAGES 1 THROUGH 5 OF THE FEDERAL INCOME TAX RETURN.

1. Taxable income based on attached federal return from the Taxable Income Worksheet.
 (Check applicable box: 1120/1120A, 990T, 1120-REIT, Other _____ IF 1120S, FILE ON FORM 510) **1** -99

ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax **2a** _____
 b. Dividends and interest from another state, local or federal tax-exempt obligations **b** _____
 c. Net operating loss modification (Do not enter NOL carryover. See Instructions.) **c** _____
 d. Section 10-306.1 related party transactions **d** _____
 e. Domestic Production Activities Deduction **e** _____
 f. Deduction for Dividends paid by a captive REIT **f** _____
 g. Other additions (Enter code letter(s) from instructions and attach schedule.) **g** _____
 h. Total additions (Add lines 2a through 2g) **2h** _____
3. Total (Add lines 1 and 2h) 3 -99

SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits **4a** _____
 b. Dividends from related foreign corporations **b** _____
 c. Income from U.S. obligations **c** _____
 d. Section 10-306.1 related party transactions **d** _____
 e. Other subtractions (Enter code letter(s) from instructions and attach schedule.) **e** _____
 f. Total subtractions (Add lines 4a through 4e) **4f** _____
5. Maryland modified income (Subtract line 4f from line 3) 5 -99

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001) **6** _____
 7. Maryland apportioned income (Multiply line 5 by line 6) **7** _____

8. Maryland taxable income (from line 5 or line 7, whichever is applicable) **8** -99
 9. TAX (Multiply line 8 by 8.25%) **9** _____

PAYMENTS AND CREDITS

10. a. Estimated tax paid with Form 500DP, Form 500D, Form MWS06NRS and/or credited from 2007 overpayment **10a** _____
 b. Tax paid with an extension request (Form 500E) **b** _____
 c. Nonrefundable business income tax credits from Part T, line 26 of Form 500CR (Attach Form 500CR) **c** _____
 d. Refundable business income tax credits from Part V, line 3 of Form 500CR (Attach Form 500CR) **d** _____
 e. Heritage Structure Rehabilitation tax credit (Attach Form 502H) Check here if non-profit **e** _____
 f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach ScheduleK-1 or statement) **f** _____
 g. Total payments and credits (Add lines 10a through 10f) **10g** _____
 11. Balance of tax due (If line 9 exceeds line 10g, enter the difference) **11** _____
 12. Overpayment (If line 10g exceeds line 9, enter the difference) **12** _____
 13. Interest and/or penalty from Form 500UP _____ or late payment interest Total **13** _____
 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference) **14** _____
 15. Amount of overpayment to be applied to estimated tax for 2009 (not to exceed the net of line 12 less line 13) **15** _____
 16. Amount of overpayment TO BE REFUNDED (Add lines 13 and 15, and subtract the total from line 12) **16** _____

DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.
 17. To choose the direct deposit option, complete the following information: 17a. Type of account: Checking Savings
 17b. Routing number _____ 17c. Account number _____

COM/RAD-001 . 08-34

CODE NUMBERS (three digits per box)

FORM 500E **MARYLAND APPLICATION FOR EXTENSION TO FILE CORPORATION**
INCOME TAX RETURN



2008

OR FISCAL YEAR BEGINNING 09 2008, ENDING 0809

Please Print Using Blue or Black Ink

Federal employer identification number (9 digits) ▶ 520591555		
Name BON SECOURS HOSPITAL BALTIMORE, INC.		
Number and street 2000 WEST BALTIMORE STREET		
City or town BALTIMORE	State MD	ZIP code 21223



For Office Use Only			
ME	YE	EC	EC

IF NO TAX IS DUE WITH THIS EXTENSION, FILE THE EXTENSION AT: www.marylandtaxes.com
 OR CALL 410-280-7829 FROM CENTRAL MARYLAND OR 1-800-280-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

INSTRUCTIONS FOR TAX PAYMENT WORKSHEET

- Line 1 – **Tax liability** Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
- Line 2 – **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 500D or 500DP for the tax year. Include any overpayment from the prior period that was credited to the current tax year.
- Line 3 – **Allowable tax credits** Enter the allowable tax credits from Form 500CR, 502H or tax paid on the corporation's behalf by a pass-through entity.
- Line 4 – **Total payments and credits** Add lines 2 and 3 and enter the total on line 4.
- Line 5 – **Tax due** Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET	
1. Tax liability expected for the current tax year.	1. <u>0</u>
2. Estimated tax payments and amount credited from the prior period.	2. <u>0</u>
3. Allowable tax credits.	3. <u>0</u>
4. Total payments and credits. Add lines 2 and 3 and enter here.	4. <u>0</u>
5. Tax due – Subtract line 4 from line 1.	5. <u>0</u>

TAX PAID WITH THIS EXTENSION (If filing and paying electronically do not submit this form)	▶	\$	0
--	---	----	---

Make checks payable to and mail to:
COMPTROLLER OF MARYLAND
 REVENUE ADMINISTRATION DIVISION
 Annapolis, Maryland 21411-0001
 (Write federal employer identification number on check using blue or black ink)



SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate corporations - see instructions) NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. See instructions. Multistate manufacturer with more than 25 employees must complete Form 500MC. See instructions.

Table with 3 columns: Column 1 TOTALS WITHIN MARYLAND, Column 2 TOTALS WITHIN AND WITHOUT MARYLAND, Column 3 DECIMAL FACTOR (Column 1 + Column 2 rounded to six places). Rows include Receipts (1A, 1B), Property (2), Payroll (3), and Total of factors (4).

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- 1. Telephone number of corporation tax department: 410-362-4473
If a multistate operation, provide the following:
2. Address of principal place of business in Maryland (if other than indicated on page 1): N/A
3. Brief description of operations in Maryland: LAB SERVICES
4. Has the Internal Revenue Service made adjustments...
5. Did the corporation file employer withholding tax reports/forms...
6. Is this entity part of a federal consolidated filing?
7. Is this entity a multistate corporation that is a member of a unitary group?
8. Is this entity a multistate manufacturer with more than 25 employees?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here [X] if you authorize your tax preparer to discuss this return with us.

Officer's signature [Signature] Date 7/15/2010

P00364424 Preparer's SSN or PTIN Preparer's signature [Signature]

CFO Title Make checks payable to: COMPTROLLER OF MARYLAND. Write federal employer identification number on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Preparer's name, address and telephone number DELOITTE TAX LLP 1750 TYSONS BLVD, MCLEAN, VA 7032511000

Bon Secours Hospital Baltimore, Inc.

52-0591555

Year Ending: August 31, 2009

Net Operating Loss Carryforward Schedule - 2008 Form 500

Tax Year Ending	Amount Generated	Amount Utilized	Amount to Carryforward to Next Year
8/31/2005	20,439	-	20,439
8/31/2006	2,100	-	2,100
8/31/2007	2,096	-	2,096
8/31/2008	860	-	860
8/31/2009	99	-	99
Total	25,594	0	25,594

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

For calendar year 2008 or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

2008

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Bon Secours Hospital Baltimore, Inc. Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 2000 West Baltimore Street City or town, state, and ZIP code Baltimore, MD 21223-1558	52-0591555 E Unrelated business activity codes (See instructions for Block E on page 9.) 531120
C Book value of all assets at end of year 80,041,988.	F Group exemption number (See instructions for Block F.) 0928 G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **Lab Revenues From Nonpatients**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **See Statement 2**

J The books are in care of **Richard Jones** Telephone number **(410)362-4477**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	844.			
b Less returns and allowances	c Balance	1c 844.		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 844.		844.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13 844.		844.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	733.
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	See Statement 1	28	210.
29 Total deductions. Add lines 14 through 28		29	943.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-99.
31 Net operating loss deduction (limited to the amount on line 30)	See Statement 3	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-99.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)		33	0.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-99.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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 ▶
 - 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.

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

Type or print	Name of Exempt Organization	Employer identification number
	BON SECOURS HOSPITAL BALTIMORE, INC.	52-0591555
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2000 WEST BALTIMORE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BALTIMORE, MD 21223	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 |

CORPORATE OFFICERS

- The books are in the care of ▶ **2000 WEST BALTIMORE STREET - BALTIMORE, MD 21223**
 Telephone No. ▶ **(410) 362-3660** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JULY 15, 2010** , 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 **SEP 1, 2008** , and ending **AUG 31, 2009** .

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	\$	0.
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	\$	0.
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	\$	0.

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.

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

Form 8868 (Rev. 4-2009)

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0. (2) \$ 0. (3) \$ 0. b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0. (2) Additional 3% tax (not more than \$100,000) \$ 0. c Income tax on the amount on line 34 35c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36	
37 Proxy tax. See instructions 37	
38 Alternative minimum tax 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.	

Part IV Tax and Payments	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Attach Form 3800 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e	
41 Subtract line 40e from line 39 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 0.	
44a Payments: A 2007 overpayment credited to 2008 44a	
b 2008 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4138 <input type="checkbox"/> Other 44f Total	
45 Total payments. Add lines 44a through 44f 45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.	
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax 49 Refunded	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)		Yes	No
1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here			<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.			<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation		N/A	
1 Inventory at beginning of year 1		6 Inventory at end of year 6	
2 Purchases 2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7	
3 Cost of labor 3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 8	<input checked="" type="checkbox"/>
4a Additional section 263A costs 4a			
b Other costs (attach schedule) 4b			
5 Total. Add lines 1 through 4b 5			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign Here	<i>[Signature]</i> Signature of officer	17/15/2008 Date	Chief Financial Officer Title
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i> Firm's name (or yours if self-employed, address, and ZIP code) Deloitte Tax LLP 1750 Tysons Blvd McLean, VA 22102-4219	Date 7/14/08	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00364424 EIN 86-1065772 Phone no. (703) 251-1000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 19)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.		Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.	

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

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

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

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

Bon Secours Hospital Baltimore, Inc.

52-0591555

<u>Form 990-T</u>	<u>Other Deductions</u>	<u>Statement</u>	<u>1</u>
-------------------	-------------------------	------------------	----------

<u>Description</u>	<u>Amount</u>
Purchased Services	32.
Rent, Utilities, Other	25.
Supplies	153.
Total to Form 990-T, Page 1, line 28	210.

<u>Form 990-T</u>	<u>Parent Corporation's Name and Identifying Number</u>	<u>Statement</u>	<u>2</u>
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<u>Corporation's Name</u>	<u>Identifying No</u>
Bon Secours Health System, Inc.	52-1301088

Bon Secours Hospital Baltimore, Inc.
52-0591555
Year Ending: August 31, 2009

Net Operating Loss Carryforward Schedule - 2008 Form 990-T Line 31

Tax Year Ending	Amount Generated	Amount Utilized	Amount to Carryforward to Next Year
8/31/2005	20,439	-	20,439
8/31/2006	2,100	-	2,100
8/31/2007	2,096	-	2,096
8/31/2008	860	-	860
8/31/2009	99	-	99
Total	25,594	0	25,594

**SCHEDULE O
(Form 1120)**

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No. 1545-0123

Name

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Part I Apportionment Plan Information

- 1 Type of controlled group:
- a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only
- 2 This corporation has been a member of this group:
- a For the entire year.
 - b From _____, 20_____, until _____, 20_____.
- 3 This corporation consents and represents to:
- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on AUGUST 30, 2009, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
- 4 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20_____, and for all succeeding tax years.
- 5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20_____.
 - (ii) On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b No. The members may not adopt or amend an apportionment plan.
- 6 Elections under section 1561. See instructions.
- a The corporation will determine its tax liability by applying the maximum tax rate under section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the group's section 11(b)(1) additional tax.

For Privacy Act and Paperwork Reduction Act Notice, see instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2008)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year and (Y-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	BON SECOURS VIRGINIA HEALTHSOURCE, INC. & SUBS 54-1417686	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
2	CHESTERFIELD COMMUNITY HEALTHCARE C ENTER, INC. 54-1812738	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
3	ST. MARY'S HOSPITAL OF RICHMOND, IN C. 54-0793767	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
4	CHESTERFIELD COMMUNITY TAXABLE SUB. , INC. 54-1818555	2008-12	NONE	NONE	NONE	NONE	NONE	NONE
5	BON SECOURS WAYLAND, LLC 27-0468561	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
6	BON SECOURS PLACE AT WELLESLEY OFFICE RS ASSOC. 54-1938077	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
7	TIDEMAYER DIVERSIFIED, INC. 54-1431826	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
8	BON SECOURS DEPAUL MEDICAL CENTER, INC. 54-1820093	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
9	PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES 54-1241031	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
10	MARYVIEW HOSPITAL 54-0505463	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
Total			50,000.	25,000.	72,883	NONE	147,883	

Schedule O (Form 1120) (Rev. 12-2008)

Part III Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
		(c) 15%	(d) 25%	(e) 34%	(f) 35%	(f) 35%	
1 ST. MARY'S MEDICAL MANAGEMENT SERVI CES, INC. 54-1800652	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
2 BON SECOURS HEALTH SYSTEM, INC. 52-1301088	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
3 BON SECOURS PREFERRED HEALTH CARE, INC. 52-1909600	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
4 UNITY HOUSING, INC. 52-1952507	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS-ST. JOSEPH HEALTH RESOU RCES, INC. 65-0732816	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
6 ST. JOSEPH PREFERRED HEALTHCARE, IN C. 65-0530868	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
7 BON SECOURS PERSONAL CARE SERVICES 65-0682363	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS-FLORIDA INTEGRATED SERV ICES, INC. 65-0779777	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
9 BON SECOURS VENICE HEALTH RESOURCES , INC. 65-0732815	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
10 BON SECOURS PHARMACY & HEALTH SERVI CES 38-2554322	2009-08	NONE	NONE	NONE	NONE	NONE	NONE
Total							

Part III Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket						(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g)		
1	BON SECOURS HEALTH CARE SERVICES 38-3408014	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
2	LADY OF BELLEFONTE HOSPITAL, IN C. 61-1356023	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
3	HEALTHCARE ENTERPRISES, INC. & SUBS 57-1012852	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
4	GSH MEDICAL CARE, PC 22-3636986	2008-12	NONE	NONE	NONE	NONE	NONE	NONE	
5	BON SECOURS HOSPITAL BALTIMORE, INC 52-0591555	2009-08	NONE	NONE	NONE	NONE	NONE	NONE	
6	ST. FRANCIS HOSPITAL, INC. 58-2504530	2009-08	50,000.	25,000.	72,883	NONE	147,883		
7	BES ENTERPRISES, INC. & SUBS. 54-1211979	2009-08	NONE	NONE	NONE	NONE	NONE		
8									
9									
10									
Total									

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))	
RON SECOURS VIRGINIA HEALTHSOURCE, INC & SUBS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
CHRESTERFIELD COMMUNITY HEALTHCARE C ENTER, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ST. MARY'S HOSPITAL OF RICHMOND, IN C.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
CHRESTERFIELD COMMUNITY TAXABLE SUB. INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
5 RON SECOURS WAYLAND, LLC	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
6 RON SECOURS PLACE AT WELLESLEY OWNE RS ASSOC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
7 TIDEWATER INVESTIFIED, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
8 RON SECOURS DEPAUL MEDICAL CENTER, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
9 PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
10 MARYLENE HOSPITAL	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
Total	NONE	NONE	NONE	NONE	NONE	NONE	NONE	

Schedule O (Form 1120) (Rev. 12-2008)

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 ST. MARY'S MEDICAL MANAGEMENT SERVICES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 BON SECOURS HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 BON SECOURS PREFERRED HEALTH CARE, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 UNITY HOUSING, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS-ST. JOSEPH HEALTH RESOURCES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 ST. JOSEPH PREFERRED HEALTHCARE, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 BON SECOURS PERSONAL CARE SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS-FLORIDA INTEGRATED SERVICES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 BON SECOURS VEHICLE HEALTH RESOURCES, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 BON SECOURS PHARMACY & HEALTH SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Total								

Part III Income Tax Apportionment (See instructions)

	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1	BOW SECOURS HEALTH CARE SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	LADY OF BELLEFONTE HOSPITAL, IN	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	HEALTHCARE ENTERPRISES, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	GSH MEDICAL CARE, PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5	BOW SECOURS HOSPITAL BALTIMORE, INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6	ST. FRANCIS HOSPITAL, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	RBS ENTERPRISES, INC. & SUBS.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8								
9								
10								
	Total							

Schedule O (Form 1120) (Rev. 12-2008)

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments					(f) Other
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 BON SECOURS VIRGINIA HEALTHSOURCE, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	NONE
2 CHESTERFIELD COMMUNITY HEALTHCARE CENTER, INC	NONE	NONE	NONE	NONE	NONE	NONE
3 ST. MARY'S HOSPITAL OF RICHMOND, INC.	NONE	NONE	NONE	NONE	NONE	NONE
4 CHESTERFIELD COMMUNITY TAXABLE SUB., INC.	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS WAYLAND, LLC	NONE	NONE	NONE	NONE	NONE	NONE
6 BON SECOURS PLACE AT WELLESLEY COMMONS ASSOC.	NONE	NONE	NONE	NONE	NONE	NONE
7 TIDEMATER DIVERSIFIED, INC.	NONE	12,189.	NONE	NONE	NONE	NONE
8 BON SECOURS DEPAUL MEDICAL CENTER, INC.	NONE	NONE	NONE	NONE	NONE	NONE
9 PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES	NONE	NONE	NONE	NONE	NONE	NONE
10 MARYVIEW HOSPITAL	NONE	- NONE	NONE	NONE	NONE	NONE
Total	NONE	38,082.	NONE	NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2008)

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments					(f) Other
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 ST. MARY'S MEDICAL MANAGEMENT SERVICES, INC.	NONE	NONE	NONE	NONE	NONE	NONE
2 BON SECOURS HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE	NONE
3 BON SECOURS PREFERRED HEALTH CARE, INC.	NONE	NONE	NONE	NONE	NONE	NONE
4 UNITY HOUSING, INC.	NONE	NONE	NONE	NONE	NONE	NONE
5 BON SECOURS-ST. JOSEPH HEALTH RESOURCES, INC.	NONE	NONE	NONE	NONE	NONE	NONE
6 ST. JOSEPH PREFERRED HEALTHCARE, INC.	NONE	NONE	NONE	NONE	NONE	NONE
7 BON SECOURS PERSONAL CARE SERVICES	NONE	NONE	NONE	NONE	NONE	NONE
8 BON SECOURS-FLORIDA INTEGRATED SERVICES, INC.	NONE	25,993.	NONE	NONE	NONE	NONE
9 BON SECOURS VERICE HEALTH RESOURCES, INC.	NONE	NONE	NONE	NONE	NONE	NONE
10 BON SECOURS PHARMACY & HEALTH SERVICES	NONE	NONE	NONE	NONE	NONE	NONE
Total						

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments					(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax		
1	BON SECOURS HEALTH CARE SERVICES	NONE	NONE	NONE	NONE	NONE	
2	OUR LADY OF BELLEFONTE HOSPITAL, IN C.	NONE	NONE	NONE	NONE	NONE	
3	HEALTHCARE ENTERPRISES, INC. & SUBS	NONE	NONE	NONE	NONE	NONE	
4	GSH MEDICAL CARE, PC	NONE	NONE	NONE	NONE	NONE	
5	BON SECOURS HOSPITAL BALTIMORE, INC	NONE	NONE	NONE	NONE	NONE	
6	ST. FRANCIS HOSPITAL, INC.	NONE	NONE	NONE	NONE	NONE	
7	RHS ENTERPRISES, INC. & SUBS.	NONE	NONE	NONE	NONE	NONE	
8							
9							
10							
	Total						

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

Form 990-T

2008

Name **Bon Secours Hospital Baltimore, Inc.** Employer identification number **52-0591555**

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

Part III Required Annual Payment

1 Total tax (see instructions)			1
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		2d
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c			
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty			3
4 Enter the tax shown on the corporation's 2007 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5			4
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3			5

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

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

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

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see Instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2008 and before 7/1/2008	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 08/30/2008 and before 10/1/2008	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 6\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2008 and before 1/1/2009	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2008 and before 4/1/2009	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2009 and before 7/1/2009	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 6\%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2009 and before 10/1/2009	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 6\%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2009 and before 1/1/2010	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 6\%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2009 and before 2/16/2010	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 6\%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		0.

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