

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>ST. JOSEPH MEDICAL CENTER, INC</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>7601 OSLER DRIVE</u> City or town, state or country, and ZIP + 4 <u>TOWSON, MD 21204</u>	D Employer identification number <u>52-0591461</u> E Telephone number <u>(410) 337-1503</u>	
	F Name and address of principal officer: <u>JEFFERY NORMAN, CEO</u> <u>7601 OSLER DRIVE TOWSON, MD 21204</u>		G Gross receipts \$ <u>386,818,283.</u> H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see instructions)</small>	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ <u>0928</u>	
	J Website: ▶ <u>WWW.SJMCMC.ORG</u>		L Year of formation: <u>1946</u> M State of legal domicile: <u>MD</u>	

K Type of organization: Corporation Trust Association Other ▶ **N State of legal domicile:** MD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF ST. JOSEPH MEDICAL CENTER IS TO NUTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY, THUS CREATING HEALTHIER COMMUNITIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of employees (Part V, line 2a)	5	2,869
	6	Total number of volunteers (estimate if necessary)	6	299
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	142,940.
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,064,284.	2,993,199.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,174,770.	360,739,092.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,951,101.	11,041,502.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	362,190,155.	379,229,417.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,594,037.	8,986,133.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,881,230.	139,086,365.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25 ▶ <u>128,685.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	208,998,377.	241,356,637.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	369,473,644.	389,429,135.
19	Revenue less expenses. Subtract line 18 from line 12	-7,283,489.	-10,199,718.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	298,719,546.	284,221,857.
	22	Net assets or fund balances. Subtract line 21 from line 20.	184,034,432.	182,208,548.
			114,685,114.	102,013,309.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____ Type or print name and title _____
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Paid Preparer's Use Only	Preparer's signature <u><i>[Signature]</i></u> Date <u>5/17/10</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CATHOLIC HEALTH INITIATIVES</u> <u>9780 MT. PYRAMID COURT ENGLEWOOD, CO 80112</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>P00638233</u> EIN ▶ <u>47-0617373</u> Phone no. ▶ <u>720-874-1500</u>
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May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 323,848,299. including grants of \$ 8,986,133.) (Revenue \$ 360,739,092.)

SEE SCHEDULE O

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 ► \$ 323,848,299. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b 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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c 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:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?	X	
16a	Describe the process in Schedule O. (see instructions)		
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	b 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 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: ► JANICE DUNN, 7601 OSLER DRIVE, TOWSON, MD 21204
410-337-1602

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	2,606,937.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	386,262.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f			2,993,199.		
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	900099	356,958,919.	356,958,919.		
	b EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	3,780,173.	3,780,173.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			360,739,092.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,870,076.		164.	6,869,912.
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)			NONE		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		11,760,293.			
	b Less: cost or other basis and sales expenses	1,109,807.	6,479,059.			
	c Gain or (loss)	-1,109,807.	5,281,234.			
	d Net gain or (loss)			4,171,426.		4,171,427.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events			NONE		
	9a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue		Business Code				
11a RENTAL INCOME	900099		1,825,155.		33,675.	1,791,480.
b PARKING LOT	812930		1,619,657.			1,619,657.
c GUEST ROOM FEES	721310		212,778.			212,778.
d All other revenue	900099		798,034.		109,101.	688,933.
e Total. Add lines 11a-11d			4,455,624.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			379,229,417.	360,739,092.	142,940.	15,354,187.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 . . .	8,986,133.	8,986,133.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,211,280.		2,087,325.	123,955.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	108,267,319.	85,068,521.	23,198,798.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	5,946,102.	4,578,498.	1,367,604.	
9 Other employee benefits	14,122,519.	10,874,339.	3,248,180.	
10 Payroll taxes	8,539,145.	6,575,141.	1,964,004.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	769,235.		769,235.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	66,214,422.	50,985,108.	15,229,314.	
12 Advertising and promotion	NONE			
13 Office expenses	90,700,502.	88,597,704.	2,102,798.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	5,401,147.	4,158,883.	1,242,264.	
17 Travel	184,720.	142,234.	42,486.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	76,709.	59,065.	17,644.	
20 Interest	6,750,769.	6,750,769.		
21 Payments to affiliates	7,670,240.		7,670,240.	
22 Depreciation, depletion, and amortization	18,115,965.	13,553,853.	4,557,382.	4,730.
23 Insurance	3,441,021.	2,649,586.	791,435.	
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 UNRELATED BUSINESS TAXES	614,260.	472,980.	141,280.	
b IMPAIRMENT LOSSES	24,821,100.	24,821,100.		
c BAD DEBTS	12,152,369.	12,152,369.		
d DUES & SUBSCRIPTIONS	1,125,955.	866,985.	258,970.	
e REPAIRS & MAINTENANCE	2,757,385.	2,123,186.	634,199.	
f All other expenses	560,838.	431,845.	128,993.	
25 Total functional expenses. Add lines 1 through 24f	389,429,135.	323,848,299.	65,452,151.	128,685.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing		169,859.	197,587.
	2	Savings and temporary cash investments		1,644,548.	21,668,348.
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net		55,768,936.	52,612,017.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			
	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			
	7	Notes and loans receivable, net			
	8	Inventories for sales or use		8,738,703.	6,399,374.
	9	Prepaid expenses and deferred charges		554,713.	127,791.
	10a	10a	Land, buildings, and equipment: cost basis	394,682,393.	
	b	10b	Less: accumulated depreciation. Complete Part VI of Schedule D.	219,915,401.	
				175,185,044.	174,766,992.
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 11		20,738,607.	17,481,542.
	13	Investments - program-related. See Part IV, line 11			
	14	Intangible assets			1,868,483.
15	Other assets. See Part IV, line 11		35,919,136.	9,099,723.	
16	Total assets. Add lines 1 through 15 (must equal line 34)		298,719,546.	284,221,857.	
Liabilities	17	Accounts payable and accrued expenses		50,703,325.	49,923,829.
	18	Grants payable			
	19	Deferred revenue			
	20	Tax-exempt bond liabilities			
	21	Escrow account liability. Complete Part IV of Schedule D			
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
	23	Secured mortgages and notes payable to unrelated third parties		13,852,734.	14,006,205.
	24	Unsecured notes and loans payable.		105,573,978.	101,631,455.
	25	Other liabilities. Complete Part X of Schedule D		13,904,395.	16,647,059.
	26	Total liabilities. Add lines 17 through 25.		184,034,432.	182,208,548.
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		114,340,456.	101,577,476.
	28	Temporarily restricted net assets		344,658.	435,833.
	29	Permanently restricted net assets			
	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			
	31	Paid-in or capital surplus, or land, building, or equipment fund			
	32	Retained earnings, endowment, accumulated income, or other funds			
	33	Total net assets or fund balances		114,685,114.	102,013,309.
	34	Total liabilities and net assets/fund balances.		298,719,546.	284,221,857.

Part XI Financial Statements and Reporting

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

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the organizations the organization supports.

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

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 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) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule of Contributors

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

2008

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

Special Rules

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

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

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

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

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	<u>CATHOLIC HEALTH INITIATIVES</u> <u>1999 BROADWAY, SUITE 4000</u> <u>DENVER, CO 80202</u>	\$ <u>197,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>NATIONAL CANCER INSTITUTE</u> <u>6116 EXECUTIVE BLVD.</u> <u>BETHESDA, MD 20892</u>	\$ <u>329,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>ST. JOSEPH MEDICAL CENTER FOUNDATION</u> <u>7601 OSLER DRIVE</u> <u>TOWSON, MD 21204</u>	\$ <u>2,409,687.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>ABBOTT LABORATORIES</u> <u>200 ABBOTT PARK ROAD PO BOX 177</u> <u>ABBOTT PARK, IL 60064</u>	\$ <u>17,475.</u>	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.)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

- Section 501(c)(3) or 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(cy)(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 To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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 To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- 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"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </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. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		7,821.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			7,821.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

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.

FORM 990 SCH C. PART II-B

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES

THE AMOUNTS OF \$7,821 REPORTED ON LINE 1F ARE ORGANIZATION DUES RELATED

TO LOBBYING.

Part IV Supplemental information *(continued)*

Area with horizontal dashed lines for supplemental information.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

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.

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

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

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

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

Table with 2 columns: Revenues, Assets. Rows include: Questions about reporting art and historical treasures, and amounts required to be reported under SFAS 116.

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		444,986.		444,986.
b Buildings		182,045,037.	60,011,944.	122,033,093.
c Leasehold improvements		3,950,648.	3,220,154.	730,494.
d Equipment		206,918,418.	156,683,303.	50,235,112.
e Other		1,323,307.		1,323,307.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				174,766,992.

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue is 376,577,576; Total expenses is 389,429,135; Excess or (deficit) for the year is -10,199,718; Net unrealized gains (losses) on investments is -2,651,841; Total adjustments (net) is -2,472,087; Excess or (deficit) for the year per financial statements is -12,671,805.

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, gains, and other support per audited financial statements is 1. Subtotal 2e is 3. Total revenue, Add lines 3 and 4c, is 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 and losses per audited financial statements is 1. Subtotal 2e is 3. Total expenses, Add lines 3 and 4c, is 5.

Part XIV Supplemental Information

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

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

OTHER CHANGES IN NET ASSETS

SCH. D. PART XI, LINE 8

CAPITAL RESOURCE POOL \$(632,970)

CHI DEPRECIATION \$812,724

SCHEDULE D PART XIV

FOOTNOTE RE; UNCERTAIN TAX POSITIONS

CHI FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION

NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF

FASB STATEMENT NO. 109 (FIN 48), WHICH PRESCRIBES CRITERIA FOR THE

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES GUIDANCE ON

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURE AND TRANSITION.

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.

Part IV Supplemental Information

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

SCH F, PART I, LINE 3

METHOD FOR ACCOUNTING FOR EXPENDITURES

EXPENDITURES WERE CALCULATED BY A METHOD CONSISTENT WITH THE ORGANIZATION'S ACCOUNTING PROCEDURES.

SCHEDULE H

(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

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

Part IV, line 20.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

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

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

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

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

Schedule H (Form 990) 2008

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

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

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

Section A. Bad Debt Expense

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

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

Section B. Medicare

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

Section C. Collection Practices

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
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?		X
b Any related organization?		X
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	X	
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		X

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEE SCHEDULE J-1	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental information

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

SCH. J. PART I, Q. 4B
SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION
DURING THE 2008 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHIL), A
RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED
COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE, THE FOLLOWING ST.
JOSEPH MEDICAL CENTER REPORTABLE INDIVIDUALS WERE ELIGIBLE TO
PARTICIPATE: JOHN TOLMIE AND BETH O'BRIEN.

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED PAYMENTS FROM THE
SUPPLEMENTAL NON-QUALIFIED PLAN DURING THE 2008 CALENDAR YEAR:
TOLMIE - \$212,872
O'BRIEN - \$19,230

DURING THE 2008 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, MICHELLE MAHAN, SYLVIA MOORE, LUCY SHANASH, CRAIG CARMICHAEL.

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.

PATRICIA GUNTHER, DAVID PETERSON, PAMELA JAMIESON, CARMEL TAIBI, LEHN AND

RON WOOD.

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED PAYMENTS FROM THE

SUPPLEMENTAL NON-QUALIFIED PLAN DURING THE 2008 CALENDAR YEAR: MAHAN

\$12,112, BOEHLER \$16,895, CARMICHAEL \$758, GUNTHER \$5,666, WOOD \$212,872

AND PETERSON \$10,750.

ALL SUPPLEMENTAL NONDEFERRED COMPENSATION PAYMENTS WERE INCLUDED IN THE REPORTABLE INDIVIDUAL'S TAXABLE COMPENSATION.

SCH J PART 1 Q4A

SEVERANCE PAYMENT

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, THESE INDIVIDUALS MUST EXECUTE A GENERAL

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.

RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

NO REPORTABLE INDIVIDUAL RECEIVED A SEVERANCE/POST-TERMINATION PAYMENT DURING THE 2008 CALENDAR YEAR.

SCH J PART I Q7

BONUS

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.

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.

SCH 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-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

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

▶ Attach to Form 990 to list additional information regarding compensation.

Employer identification number

52-0591461

OMB No. 1545-0047

2008

**Open to Public
Inspection**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(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	333,444.		25,989.	16,388.	36,180.	412,001.	197,223.
CRAIG CARMICHAEL	180,410.		11,742.	9,039.	24,489.	225,680.	102,602.
PATRICIA GUNTHER	186,429.		12,268.	4,362.	31,865.	234,924.	110,001.
R FINNEY	126,304.	126,000.	520.		12,017.	138,841.	126,824.
PAMELA JAMIESON	294,643.		1,338.		24,033.	446,014.	205,312.
MARK KRASNA	223,079.		8,082.	8,580.	35,853.	275,594.	123,612.
SYLVIA MOORE	254,160.	150,000.	520.		10,854.	415,534.	404,680.
MICHELLE MAHAN	532,278.	123,000.	1,338.		25,326.	681,941.	148,227.
MARK MIDEI MD	306,952.		10,313.	11,890.	31,436.	360,590.	162,580.
MARY ELIZABETH O'BRIEN	107,754.		14,902.	7,195.	4,823.	134,675.	127,685.
DAVID PETERSON	1,172,936.	60,000.	1,635.		32,963.	1,267,533.	626,149.
STEPHEN POLLOCK MD	515,186.	64,150.	149,063.		30,114.	758,513.	319,026.
JOHN TOLMIE	218,221.	38,700.	32,435.		36,552.	325,908.	136,285.
LUCY SHAMASH	182,552.	60,000.	556.		10,988.	254,095.	243,107.
MICHAEL SCHULTZ	378,377.		2,501.		21,975.	402,852.	105,799.
CARMEL TAIBI-LEHN	496,932.	69,480.	234,877.		44,839.	846,129.	477,127.
	191,488.		6,388.		30,737.	228,613.	104,103.
	221,402.		1,493.		18,090.	240,984.	172,884.
	273,108.		3,838.		18,090.	295,036.	76,929.
	165,298.		3,554.	7,404.	32,172.	208,428.	92,690.

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

Schedule J-1 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Employer Identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SR. ESTHER ANDERSON, OSF TRUSTEE	1.	X								
HARRY BRANDT TRUSTEE	1.	X								
WILLIAM DEFONTES TRUSTEE	1.	X								
CARMEN DEYESU CHAIR	1.	X		X						
HARMED FARIDI TRUSTEE	1.	X								
EDWARD GILLISS TRUSTEE	1.	X								
PATRICK GOLES TRUSTEE	1.	X								
DAVID GONANO TRUSTEE	1.	X								
CAROLINE GRIFFIN SECRETARY	1.	X		X						
DONALD FRY TRUSTEE	1.	X								
SR. PATRICIA KANE TRUSTEE	1.	X								
WILLIAM MCCARTHY VICE CHAIR	1.	X		X						
MARY ELIZABETH O'BRIEN VP	1.	X						728,399.	30,114.	
JAMES O'CONNOR TRUSTEE	1.	X								
MARY SEURKAMP TRUSTEE	1.	X								
MARC SIEGLEBAUM TRUSTEE	1.	X								
MONSIGNOR DENNIS TINDER TRUSTEE	1.	X								
JOHN TOLMIE PRESIDENT/CEO	40.	X		X				801,290.	44,839.	
LARRY WALTON TRUSTEE	1.	X								
RUSSELL WRIGHT, JR. MD PHYSICIAN	1.	X								
JANICE DUNN CFO	40.			X						

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

Schedule J-2 (Form 990) 2008

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

FORM 990, PART VI, Q. 12C

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY

ANNUAL DISCLOSURE FORMS ARE REQUIRED TO BE COMPLETED BY BOARD MEMBERS,

AND ADMINISTRATION. THESE ARE REVIEWED BY VP FINANCE/CFO.

THE FOLLOWING ACTIONS MAY BE 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 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 A RELATED ORGANIZATION, ST. JOSEPH

MEDICAL CENTER, WILL IMPLEMENT THE REQUIRED ACTIONS. A RANDOM SAMPLE OF

EMPLOYEE FILES WILL BE REVIEWED ANNUALLY TO ENSURE COMPLIANCE WITH THIS

POLICY.

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

FORM 990, PART VI, Q. 10

PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW FORM 990

THE CFO WILL REVIEW THE 990 AND REQUEST THAT STAFF TIE OUT THE NUMBERS TO

THE AUDITED FINANCIAL STATEMENTS. IN ADDITION, THE CFO WILL REVIEW ALL

QUESTIONS AND ANSWERS, ALL SUPPORTING SCHEDULES AND DOCUMENTATION. THE

CFO WILL PROVIDE THE RETURN TO THE FINANCE COMMITTEE OF THE BOARD FOR A

HIGH LEVEL REVIEW AND UNDERSTANDING OF THE SUBMISSION. THAT PRESENTATION

MAY OCCUR AFTER THE FILING OF THE RETURN.

THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL

AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO REFLECT

E-FILING.

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990 PART III, Q 4A

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 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 GREATER BALTIMORE AREA IN MARYLAND.

OUR EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY 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.

Name of the organization

Employer identification number

ST. JOSEPH MEDICAL CENTER, INC

52-0591461

COMMUNITY SERVICE HAS ALWAYS BEEN AT THE CORE OF ST. JOSEPH MEDICAL 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 IS PROUD TO PARTICIPATE IN A THREE-YEAR PILOT PROGRAM TO EXTEND THE REACH OF NATIONAL CANCER INSTITUTE (NCI) RESEARCH AND STATE-OF-THE-ART TREATMENT INTO COMMUNITY HOSPITALS ACROSS THE COUNTRY. ST. JOSEPH 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 FOR THE HEALTH CARE PROFESSIONALS, BOTH CLINICAL AND NON-CLINICAL THROUGH SMALL AND LARGE GROUP TRAININGS AS WELL AS NATIONAL AND LOCAL ONLINE 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.

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QUANTITATIVE DESCRIPTION OF COMMUNITY BENEFIT:

COMMUNITY BENEFIT SUMMARY

FISCAL YEAR 2009 (IN THOUSANDS)

	ESTIMATED NUMBER	COMMUNITY
	NUMBER OF	BENEFIT
	PEOPLE SERVED	COST

COMMUNITY BENEFIT PROVIDED

TO THE POOR:

COST OF CHARITY CARE PROVIDED	2,630	\$5,840,953
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UNPAID COST OF PUBLIC PROGRAMS,

MEDICAID, AND OTHER INDIGENT

CARE PROGRAMS	0	0
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COMMUNITY HEALTH SERVICES	5,132	\$609,837
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SUBSIDIZED HEALTH SERVICES	6	\$909
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FINANCIAL CONTRIBUTIONS	7	\$35
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OTHER BENEFIT PROVIDED TO THE POOR	0	0
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COST OF COMMUNITY BENEFIT PROVIDED

TO THE POOR	7,775	\$6,451,734
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COMMUNITY BENEFIT PROVIDED TO

THE BROADER COMMUNITY

COMMUNITY HEALTH SERVICES	24,807	\$728,596
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HEALTH PROFESSIONS EDUCATION	354	\$10,993
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SUBSIDIZED HEALTH SERVICES	0	0
RESEARCH	0	0
FINANCIAL CONTRIBUTIONS	1,321	\$56,000
COMMUNITY BUILDING ACTIVITIES	24	\$657
COMMUNITY BENEFIT OPERATIONS	0	0
OTHER BENEFIT PROVIDED TO THE		
BROADER COMMUNITY	0	0
TOTAL BENEFIT FOR THE		
BROADER COMMUNITY	26,506	\$796,246
TOTAL COST OF COMMUNITY BENEFIT	34,281	\$7,247,980

UNPAID COSTS OF MEDICARE*	0	0
TOTAL COST OF COMMUNITY BENEFIT		
AND THE UNPAID COST OF MEDICARE	34,281	\$7,247,980

* THE UNPAID COST OF MEDICARE IS NOT INCLUDED IN TOTAL COMMUNITY BENEFIT.

COMMUNITY BENEFIT APPROACH

LOCATED IN TOWSON, MD, ST. JOSEPH MEDICAL CENTER SERVES THE BALTIMORE
 -TOWSON METROPOLITAN AREA, MARYLAND WHICH AS OF 2004, WAS ESTIMATED TO
 HAVE A POPULATION DENSITY OF 8,058 PEOPLE PER SQUARE MILE. THERE WERE
 257,995 HOUSEHOLDS, OUT OF WHICH 25.5% HAD CHILDREN UNDER THE AGE OF 18
 LIVING WITH THEM. THE AVERAGE HOUSEHOLD SIZE WAS 2.42, AND THE AVERAGE

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FAMILY SIZE WAS 3.16. ABOUT 18.8% OF FAMILIES AND 22.9% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 30.6% OF THOSE UNDER AGE 18 AND 18.0% OF THOSE AGES 65 OR OVER. ST. JOSEPH MEDICAL CENTER HAS A PSA (PRIMARY SERVICE AREA) THAT INCLUDES AREAS WHERE SJMC CAPTURES APPROXIMATELY 60% OF INPATIENT CASES.

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 PLANS FOR IMPROVEMENT. ST. JOSEPH CONTINUES OUR DEEP COMMITMENT AND INVOLVEMENT IN THE COMMUNITY HEALTH COLLABORATIVE TODAY.

ST. JOSEPH MEDICAL CENTER'S COMMUNITY BENEFIT PLAN IS BASED ON OUR UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE NEEDS ASSESSMENTS, FOCUS GROUPS, AND SURVEYS CONDUCTED WITH OUR COMMUNITY PARTNERS. IN FY09, THE MEDICAL CENTER SPENT TIME REACHING OUT TO COMMUNITY PARTNERS IN THE GREATER BALTIMORE-TOWSON AREA AND WILL BE COLLABORATING ON A COMMUNITY NEEDS ASSESSMENT IN FY11.

UNCOMPENSATED CARE FOR THE POOR AS DESCRIBED IN THE ABOVE TABLE, ST. JOSEPH MEDICAL CENTER PROVIDES A SIGNIFICANT LEVEL OF FREE CARE EACH YEAR. IN FISCAL YEAR 2009, THE COST OF CHARITY CARE PROVIDED BY THE ORGANIZATION WAS \$5.8 MILLION.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

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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 \$529,453 FOR

OPERATIONAL COSTS. LAST FISCAL YEAR, AFTER ALMOST ELEVEN YEARS OF

TRAVELING AND PROVIDING CARE IN A 38-FOOT RECREATIONAL VEHICLE OUTFITTED

WITH TWO EXAM ROOMS, A MEDICATION ROOM AND A CENTRAL AREA FOR LABORATORY

DRAWNS AND PATIENT EDUCATION, THE BILINGUAL STAFF OF PHYSICIANS, NURSE

PRACTITIONERS, REGISTERED NURSES, AND OTHER ANCILLARY STAFF MOVED THEIR

CARE DELIVERY AT THE HISPANIC APOSTOLATE (REDEDICATED THE ESPERANZA

CENTER) INSIDE IN 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. THE COACH

CONTINUES TO TRAVEL TO THE FRANCISCAN CENTER ON THE THIRD CLINIC DAY EACH

WEEK. IN FY09, AN ESTIMATED 2188 PERSONS WERE PROVIDED PRIMARY CARE

VISITS WHICH INCLUDED DIAGNOSTIC TESTING AND STARTER SUPPLIES OF

MEDICATIONS, WHERE APPROPRIATE.

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

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PROGRAM (VWP) SERVES 70,000 VILLAGERS IN 21 VILLAGES OF THE KARATU DISTRICT OF TANZANIA, EAST AFRICA. THE VWP IS A COMPREHENSIVE INITIATIVE AND INCLUDES A VARIETY OF SUSTAINABLE PROJECTS DESIGNED TO WORK IN TANDEM TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF THE VILLAGERS. ST. JOSEPH PARTNERS WITH KARATU LUTHERAN HOSPITAL AND LOCAL COMMUNITY LEADERS TO ASSIST WITH THE IDENTIFICATION OF 4 CANDIDATES FOR MEDICAL SCHOLARSHIPS TO ASSIST AT THE HOSPITAL, THE VILLAGE'S HEALTH DISPENSARIES AND HEALTH CENTERS.

ADDRESSING THE ROOT CAUSE OF ILLNESS IS A KEY COMPONENT OF THE VWP AND TO THAT END ST. JOSEPH SPONSORS CAPACITY BUILDING PROJECTS (MAMA STOVES, PIT LATRINES), ANIMAL PROJECTS AND MICRO LOANS. ADDITIONAL VWP PROJECTS INCLUDE WATER COLLECTION AND FILTRATION, SCHOLARSHIPS AND TRAININGS FOR MEDICAL OFFICERS, IN 2009, THE VWP LAUNCHED A MALARIA PREVENTION INITIATIVE WITH THE DELIVERY OF 62,000 INSECTICIDE TREATED BED NETS AND A FOLLOW UP SURVEY TO BEGIN MEASURING PROGRESS. WITH SUPPORT FROM FRIENDS AND DONORS, ST. JOSEPH MEDICAL CENTER IS ABLE TO EXTEND OUR HEARTS AND HANDS AROUND THE GLOBE TO OUR BROTHERS AND SISTERS IN TANZANIA. TO LEARN MORE ABOUT THE VILLAGE WELLNESS PROGRAM, PLEASE VISIT WWW.SJMCMD.ORG -TANZANIA MISSION.

COMMUNITY OUTREACH FOR THE BROADER COMMUNITY
HARP THERAPY

HARP THERAPY IS PROVIDED AS A SERVICE TO OUR PATIENTS. ONE OF OUR

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HARPISTS PLAYS CALMING MUSIC FOR THE PATIENTS IN OUR INFUSION CENTER AND
 NICU. OUR OTHER HARPIST OFFERS MUSIC TO OUR PATIENTS AND THEIR FAMILIES
 IN THESE AREAS. APPROXIMATELY 20 PATIENTS ARE SEEN BY ONE OF OUR
 HARPISTS EACH MONTH.

POWERED BY ME!

THE POWERED BY ME!SM IS A COMMUNITY BASED CAMPAIGN AND EDUCATION PROGRAM
 IS TO EDUCATE CHILDREN TO PLAY FAIR, SAFE AND SOBER. 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 MISSION AND MINISTRY FUND OF
 CATHOLIC HEALTH INITIATIVES.

THE CAMPAIGN EDUCATES MARYLAND'S COMMUNITIES IN PARTNERSHIP WITH 10 PLUS
 COMMUNITY AGENCIES BY USE OF 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

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THIS PROGRAM WAS A GREAT SUCCESS AND WAS FEATURED IN NATIONAL AND INTER-NATIONAL MEDIA STORIES. THIS IS JUST ONE EXAMPLE OF HOW POWERED BY ME! HAS GAINED THE RESPECT OF NATIONAL ORGANIZATIONS FOR THE WORK THAT IT HAS ACCOMPLISHED IN A VERY SHORT TIME.

POWERED BY ME! HAS BEEN ABLE TO FORM PARTNERSHIPS AND RELATIONSHIPS WITH BOTH THE PUBLIC AND PRIVATE SECTOR, PRIMARILY IN THE MARYLAND REGION. THESE 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.

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 THE 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 SCHOOLS, WITH A LONG TERM PILOT PROGRAM AT RIVER HILL HIGH SCHOOL IN HOWARD COUNTY.

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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 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 WERE IN THE SHAPE OF A BASKETBALL, BASEBALL, SOCCER BALL, FOOTBALL AND LACROSSE STICK AND 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.

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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 DAY-LONG CONFERENCE FOR AREA HIGH SCHOOL ATHLETES AND COACHES. THE PLAYING SAFE, FAIR & SOBER CONFERENCE HAS BEEN 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 INTER ACTIVE 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. IN 2009, THE MARYLAND COMMISSION FOR WOMEN HELPED TO SUPPORT THIS PAST YEAR'S 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 PROGRAM AND SERVICES OFFERED:

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

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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, PREGNANCY LOSS,
OSTOMY AND MOTHERING MATTERS.

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FORM 990, PART VI, Q. 19

GOVERNING DOCUMENTS - COI POLICY - FINANCIAL STATEMENTS AVAILABLE

THE ORGANIZING DOCUMENTS 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

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990 PART VI, Q. 15A

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI. THE HAY GROUP HAS

SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF

STEWARDSHIP TRUSTEES ("BOST"). HAY REVIEWED ALL MBO CEO COMPENSATION

LEVELS WITH THE HR COMMITTEE OF THE CHI BOST IN SEPTEMBER, 2009 AND

PROVIDED A REPORT TO THE FULL CHI BOARD AT THEIR DECEMBER MEETING,

CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHI'S

COMPENSATION PHILOSOPHY.

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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.

Multiple horizontal dashed lines for data entry.

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990 PART VI LINE 6

MEMBERS OR STOCKHOLDERS

THE SOLE MEMBER OF ST. JOSEPH MEDICAL CENTER IS CATHOLIC HEALTH

INITIATIVES, A COLORADO NONPROFIT CORPORATION (THE "CORPORATE MEMBER").

Multiple horizontal dashed lines for text entry.

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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.

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990 PART VI LINE 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

- * 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.

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* 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."

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FORM 990 PART VI, Q.1A

EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY

PURSUANT TO ARTICLE VIII, SECTION 8.6 OF THE BYLAWS OF THE ST. JOSEPH

MEDICAL CENTER THE 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.

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FORM 990, PART VI, Q. 15B

PROCESS FOR DETERMINING COMPENSATION

FOR THE YEAR ENDED 12/31/08, SJMC STAFF ACCUMULATED MARKET COMPARABILITY

DATA THAT WAS USED TO DETERINE APPROPRIATE COMPENSATION LEVELS FOR SJMC

MANAGEMENT. SJMC PROVIDED ITS RECOMMENDATIONS TO THE SJMC BOARD FOR FINAL

COMPENSATION DETERMINATION AND APPROVAL.

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FORM 990, PART XI, Q. 2C

FINANCIAL STATEMENTS COMPILED OR REVIEWED:

THE ST. JOSEPH MEDICAL CENTER'S FINANCIAL STATEMENTS WERE AUDITED BY AN

INDEPENDENT ACCOUNTANT AND ARE INCLUDED IN THE CONSOLIDATED AUDITED

FINANCIAL STATEMENTS OF THE SYSTEM PARENT, CATHOLIC HEALTH INITIATIVES.

CATHOLIC HEALTH INITIATIVE'S AUDIT AND FINANCE COMMITTEES ASSUME

RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS

AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization

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ST. JOSEPH MEDICAL CENTER, INC

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FORM 990, PART VI, Q 16B

JOINT VENTURE POLICY

THE 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 MAXIMATATION 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

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Name of the organization

ST. JOSEPH MEDICAL CENTER, INC

Employer identification number
52-0591461

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
SEE SCHEDULE R-1					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SEE SCHEDULE R-1					

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

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

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

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

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	X	
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r	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(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	SEE SCHEDULE R-1		
(2)			
(3)			
(4)			
(5)			
(6)			

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 COMMUNITY HEALTH SERVICES 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	COMMUNITY	NM	501 (C) (3)	11A	CHI
ST. JOSEPH COMMUNITY HEALTH FOUNDATION 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	FOUNDATION	NM	501 (C) (3)	7	SJCHS
ST. JOSEPH HEALTHCARE SYSTEM 500 COPPER NW, SUITE 102 ALBUQUERQUE, NM 87102	HEALTHCARE	NM	501 (C) (3)	11A	CHI
ST. ELIZABETH HEALTH SERVICES, INC. 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HOSPITAL	OR	501 (C) (3)	3	CHI
ST. ELIZABETH HEALTH CARE FOUNDATION 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	FOUNDATION	OR	501 (C) (3)	7	SEHS
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC. 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	FUNDRAISING	KY	501 (C) (3)	11A	FH
FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	HOSPITAL	KY	501 (C) (3)	3	CHI
LAKEMOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	LTERM CARE	MN	501 (C) (3)	3	CHI
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501 (C) (3)	9	SFH
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	FOUNDATION	MN	501 (C) (3)	11A	SFMC
ST. FRANCIS HOME 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	LTERM CARE	MN	501 (C) (3)	9	CHI
ST. FRANCIS MEDICAL CENTER 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501 (C) (3)	3	CHI
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND 58421	HEALTHCARE	ND	501 (C) (3)	3	CHI
SAINTE CLARE'S COMMUNITY CARE 66 FORD ROAD DENVERVILLE, NJ 07834	HEALTHCARE	NJ	501 (C) (3)	11B	SCHS
SAINTE CLARE'S FOUNDATION, INC. 66 FORD ROAD DENVERVILLE, NJ 07834	FUNDRAISING	NJ	501 (C) (3)	7	SCHS

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
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH CARE, INC. 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, INC. 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FOUNDATION	OH	501(C)(3)	11A	GSH
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI 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, CO 80202 22-3319886	HOSPITAL	CO	501(C)(3)	3	CHI
ST. FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVER, CO 80202 22-2536017	ELDERLY CARE	CO	501(C)(3)	9	SCHS
UNIVERSAL HEALTH CORPORATION 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206 31-1074519	PHYSICIANS	OH	501(C)(3)	11A	GSH
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903 84-0902211	FOUNDATION	CO	501(C)(3)	7	CHI COLORAD
S.E.T. OF COLORADO SPRINGS, INC. 825 E. PIKES PEAK AVENUE, BLDG COLORADO SPRINGS, CO 80903 84-1183335	LTERM CARE	CO	501(C)(3)	7	CHI COLORAD
CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 4000 DENVER, CO 80202 47-0617373	HEALTHCARE	CO	501(C)(3)	9	CHI
CATHOLIC HEALTH CARE FEDERATION 1999 BROADWAY, SUITE 4000 DENVER, CO 80202 20-8473567	JURDIC PERSO	CO	501(C)(3)	11A	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
GLOBAL HEALTH INITIATIVES 1999 BROADWAY, SUITE 4000 DENVER, CO 80202 20-1536108	MINISTRIES	CO	501(C)(3)	11A	CHI
HEALTH S.E.T. 4200 WEST CONEJOS PLACE, #436 DENVER, CO 80204 84-1102943	LOW INC.CARE	CO	501(C)(3)	7	CHI COLORAD
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP
MERCY MEDICAL CENTER - DES MOINES A/K/A 1111 6TH AVENUE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	7	CHI-IA CORP
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP
MERCY CLINICS, INC. 1111 6TH AVENUE DES MOINES, IA 50314 42-1193699	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP
MERCY FOUNDATION OF DES MOINES, IA 1111 6TH AVENUE DES MOINES, IA 50314 23-7358794	FOUNDATION	IA	501(C)(3)	7	CHI-IA CORP
MERCY MEDICAL CENTER - CENTERVILLE F/K/A 1 ST. JOSEPH'S DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
MERCY PROFESSIONAL PRACTICE ASSOCIATES, 1111 6TH AVENUE DES MOINES, IA 50314 42-1470935	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY HOSPITAL OF DEVILS LAKE 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	3	CHI
ST. JOSEPH'S LIFECARE FOUNDATION 30 WEST 7TH STREET DICKINSON, ND 58601 36-3418207	FOUNDATION	ND	501(C)(3)	11A	SJHHC
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	3	CHI
MERCY REGIONAL MEDICAL CENTER OF DURANGO 1010 THREE SPRINGS BLVD DURANGO, CO 81301 84-0405515	HOSPITAL	CO	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
CHI KENTUCKY, INC 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11A	CHI
VILLIA NAZARETH, INC. 801 PAGE DRIVE FARGO, ND 58103 45-0226714	LT CARE	ND	501(C)(3)	9	CHI
ST. CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(C)(3)	3	CHI
ST. CATHERINE HOSPITAL DEVELOPMENT FOUND 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FOUNDATION	KS	501(C)(3)	11A	SCH
SAINT FRANCIS MEDICAL CENTER FOUNDATION P.O. BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FOUNDATION	NE	501(C)(3)	7	SFMC
SAINT FRANCIS MEDICAL CENTER P.O. BOX 9804 GRAND ISLAND, NE 68802 47-0376601	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	HOSPITAL	KS	501(C)(3)	3	CHI
CENTRAL KANSAS MEDICAL CENTER FOUNDATION 3515 BROADWAY GREAT BEND, KS 67530 48-6120330	FUNDRAISING	KS	501(C)(3)	11C	N/A
ST. JOSEPH MEMORIAL HOSPITAL 923 CARROLL AVE LARNED, KS 67550 48-1253246	HOSPITAL	KS	501(C)(3)	3	CKMC
MNMCH, INC. 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725 48-1216238	HOSPITAL	KS	501(C)(3)	3	SJRCM
MERCY LIFECARE SYSTEMS 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1305163	PROPERTY MGMT	MO	501(C)(3)	11A	SJRCM
ST. JOHN'S MEDICAL GROUP 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1882377	PHYS PRACTIC	MO	501(C)(3)	9	SJRCM
ST. JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1308084	FOUNDATION	MO	501(C)(3)	7	SJRCM
ST. JOHN'S REGIONAL MEDICAL CENTER 2727 MCCLELLAND BLVD JOPLIN, MO 64804 44-0545809	HOSPITAL	MO	501(C)(3)	3	CHI
GOOD SAMARITAN HEALTH SYSTEMS, INC. P.O. BOX 1990 KEARNEY, NE 68848 47-0659441	COMMUNITY	NE	501(C)(3)	11A	CHI NEBRASK

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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
GOOD SAMARITAN HOSPITAL P.O. BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
GOOD SAMARITAN HOSPITAL FOUNDATION P.O. BOX 1810 KEARNEY, NE 68848 47-0659443	FOUNDATION	NE	501(C)(3)	7	GSH
BACHMANN REALTY CORPORATION 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603 23-3019013	REAL ESTATE	DE	501(C)(3)	11A	SJHM
ST JOSEPH HEALTH MINISTRIES 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603 23-2342997	HEALTH	PA	501(C)(3)	11A	SJHM
ST JOSEPH HEALTH MINISTRIES FOUNDATION 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603 23-2605579	FUNDRAISING	PA	501(C)(3)	11A	SJHM
ST JOSEPH HEALTH SERVICES, INC. 2135 NOLL DRIVE, SUITE C LANCASTER, PA 17603 20-1425375	DENTAL CARE	PA	501(C)(3)	11A	SJHM
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LTACH	KY	501(C)(3)	3	SJHS
SAINT JOSEPH BEREА HOSPITAL FOUNDATION, 305 ESTILL STREET BEREA, KY 40403 26-0152877	FOUNDATION	KY	501(C)(3)	7	SJHS
SAINT JOSEPH HEALTH SYSTEM, INC. 150 N. EAGLE CREEK DR. LEXINGTON, KY 40509 61-1334601	HOSPITAL	KY	501(C)(3)	3	CHI
ST JOSEPH HOSPITAL FOUNDATION, INC. ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAINT JOSEPH MEDICAL FOUNDATION, INC. ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504 31-1539059	PHY PRACTICE	KY	501(C)(3)	3	SJHS
VISITING NURSE ASSOCIATION OF SAINT CLAR 191 WOODPORT ROAD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	9	SCHS
SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0625523	FOUNDATION	NE	501(C)(3)	7	SERMC
SAINT ELIZABETH HEALTH SERVICES 555 SOUTH 70TH STREET LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	3	SERMC
SAINT ELIZABETH HEALTH SYSTEMS 555 SOUTH 70TH STREET LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	11A	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
SAINTE ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
THE PHYSICIAN NETWORK 8055 O STREET, SUITE 300 LINCOLN, NE 68510 47-0780857	HEALTHCARE	NE	501(C)(3)	11A	CHI NEBRASK
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	3	CHI
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN 56345 41-1351177	TERM CARE	MN	501(C)(3)	9	CHI
UNITY FAMILY HEALTHCARE 815 2ND STREET SE LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	3	CHI
ST. ANTHONY'S HOSPITAL ASSOCIATION 4 HOSPITAL DRIVE MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	3	SVIMC
ST. VINCENT INFIRMARY MEDICAL CENTER #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	3	CHI
ST. VINCENT MEDICAL GROUP #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	9	SVIMC
MARIA-JOSEPH CENTER 4830 SALEM AVENUE DAYTON, OH 45416 31-0935118	HEALTHCARE	OH	501(C)(3)	9	SHP
MARYMOUNT MEDICAL CENTER FOUNDATION 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

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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. 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
HOLY ROSARY MEDICAL CENTER DBA: THE DOMI 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
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

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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 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 LIVING	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, INC. 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
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	3	CHI

Schedule R-1 (Form 990) 2008

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	OP DIAGNOSTICS	NE	SERMIC	RELATED		2,091,929.		X			X
CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE	PHYSICAL THERAPY	NE	CHI	RELATED	15,827,712.	4,183,006.		X			X
MERCY WEST ENDOSCOPY, LLC 20-01 1601 NW 114TH ST, SUITE 244	AMBULATORY SURG	IA	CHI-IA CORP	RELATED	1,690,849.	2,016,353.		X			X
AUDUBON LAND COMPANY, LLC 84-15 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED		9,259,533.		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	314,771.	9,836,292.		X			X
ST ANTHONY REGIONAL MTN CANCER 4231 W 16TH AVENUE	CANCER CENTER	CO	THC	RELATED	-242,741.	546,966.		X			X
ST FRANCIS LAND COMPANY 26-313 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-66,738.	15,439,923.		X			X
ORTHOLOGORADO, LLC 37-1571105 11650 WEST 2ND PLACE	ORTHO HOSPITAL	CO	THC	RELATED		2,821,680.		X			X
MERCY OUTPATIENT SURGERY CENTE 1512 12TH AVENUE ROAD	SURGERY CENTER	ID	MMC	RELATED	-484,585.	1,129,360.		X			X
PENINSULA RADIATION ONCOLOGY 8 314 MARTIN LUTHER KING JR. WAY	HEALTHCARE SRVC	WA	FHS	RELATED	282,899.	2,387,702.		X			X
HEALTHCARE SUPPORT SERVICES, LL P.O. BOX 9804	LAUNDRY	NE	CHI	RELATED	73,817.	3,912,695.		X	-88,608.		X
BLUEGRASS REGIONAL IMAGING CEN 1218 SOUTH BROADWAY, SUITE 310	DIAGNOSTIC	KY	SJ HOSPITAL, LEX	RELATED	260,714.	4,317,057.		X			X
AMBULATORY SURGERY CTR, RSRG, LL 2750 W HARVARD	DAY SURGERY	OR	MERCY MEDICAL	RELATED	190,224.	2,092,370.		X			X
NORTH RIVER SURGERY CENTER, LL 2209 WILLOW AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	-42,795.	1,650,592.		X			X
CHI OPERATING INVESTMENT PROGR 9780 MT. PYRAMID COURT, 3RD FL	INVESTMENTS	CO	CHI	INVESTMENT	58,022.	4,069,968.		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
MERCY HEALTH SERVICES CORP 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORP	-17,953.	2,093,683.	100.0000
MOUNTAIN MANAGEMENT SERVICES 62-1570739 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORP	383,360.	11,783,040.	100.0000
MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MHOF WILLISTON	C CORP	38,645.	921,119.	100.0000
ST ANTHONY DEVELOPMENT COMPA 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORP	17,998.	3,142,823.	100.0000
HEALTHCARE MANAGEMENT, INC 47-0662703 555 SOUTH 70TH STREET LINCOLN, NE 68510	BILLING SERVICES	NE	N/A	C CORP			
GOOD SAMARITAN OUTREACH SERV 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	GSHS	C CORP			100.0000
HEALTH SYSTEMS ENTERPRISES 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	GSHS	C CORP	17,676.	1,769,891.	100.0000
MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP	23,229.	1,878,898.	100.0000
DES MOINES MEDICAL CENTER IN 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP	-56,189.	1,093,386.	91.1300
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 83666	OUTPAT PHARMACY	ID	MERCY MED CTR	C CORP	4,534,408.	5,348,476.	100.0000
SAINTE CLARE'S PRIMARY CARE 22-2441202 66 FORD ROAD DENVERVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORP	-483,820.	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
SAINTE CLARE'S HEALTH CARE SO 20-4969477 66 FORD ROAD DENVERVILLE, NJ 07834	NURSING	NJ	SCHCS	C CORP	-81,617.		100.0000
MERCY SERVICES CORP 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	MERCY MEDICAL	C CORP	-276,939.	1,649,984.	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	100.	-309,321.	100.0000

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-f)	(C) Amount involved
(7) ST. JOSEPH PHYSICIAN ENTERPRISES	A	131,261.
(8) CATHOLIC HEALTH INITIATIVES	R	34,400,996.
(9) ST. JOSEPH MEDICAL CENTER FOUNDATION	O	869,912.
(10) ST. JOSEPH MEDICAL CENTER FOUNDATION	C	2,409,687.
(11) CATHOLIC HEALTH INITIATIVES	O	6,179,487.
(12) CATHOLIC HEALTH INITIATIVES	Q	30,398,841.
(13) CATHOLIC HEALTH INITIATIVES	C	197,250.
(14) CATHOLIC HEALTH INITIATIVES	E	6,000,000.
(15) ST. JOSEPH PHYSICIAN ENTERPRISES	B	8,116,121.
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

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

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES COMPENSATION -----
CHI WELFARE BENEFIT 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018	EMPLOYEE BENEFIT PAY 13,125,288.
SJMC RA LLC 9105 FRANKLING SQUARE DRIVE BALTIMORE, MD 21237	JOINT VENTURE 9,451,586.
NISC NATL INFO SOLUTIONS COOP PO BOX 728 MANDAN, MD 58554	UTILITIES 2,238,723.
PARTNERS IN PRACTICE 6501 S. FIDDERS GREEN CR. GREENWOOD VILLIAGE, CO 80111	TEMP SERVICE 1,962,052.
BEACON & FEY LLC 1108 KENILWORTH DR., SUITE 307 BALTIMORE, MD 21204	MARKETING 1,527,473.
TOTAL COMPENSATION	----- 28,305,122. =====