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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A 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 COLUMBIA ST MARY'S HOSPITAL MILWAUKEE				D Employer identification number 39-0806315		
			Doing Business As				E Telephone number (414) 326-2230		
			Number and street (or P O box if mail is not delivered to street address) 4425 N Port Washington Road			Room/suite	G Gross receipts \$ 588,702,040		
			City or town, state or country, and ZIP + 4 Glendale, WI 53212						
		F Name and address of Principal Officer LEO BRIDEAU 4425 N Port Washington Road Glendale, WI 53212			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)				
		J Web site: ► columbia-stmarys.org			H(c) Group Exemption Number ► 0928				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►					L Year of Formation 1859		M State of legal domicile WI		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities 2 FULL-SERVICE HOSPITALS WITH MEDICAL, SURGICAL, ADVANCED CLINICAL AND OTHER COMMUNITY SERVICES		
	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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	4,417
	6	Total number of volunteers (estimate if necessary)	6	472
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	10,197,468
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-753,466
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,204,753	1,055,606
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	467,232,412	574,279,547
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,508,002	1,200,510
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,073,733	12,153,660
			482,018,900	588,689,323
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	239,170,921	263,084,898
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	268,427,764	311,557,122
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	507,598,685	574,642,020
	19	Revenue less expenses Subtract line 18 from line 12	-25,579,785	14,047,303
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	459,686,563	516,387,912
	21	Total liabilities (Part X, line 26)	258,780,941	341,994,459
	22	Net assets or fund balances Subtract line 21 from line 20	200,905,622	174,393,453

Part II Signature Block

Please Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2010-05-14</div> <div>Date</div> </div>	
	<div> <div></div> <div>RHONDA ANDERSON CHIEF FINANCIAL OFFICER</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's PTIN (See Gen Inst)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>		<div> <div>Deloitte Tax LLP</div> <div>555 E Wells SUITE 1400</div> <div>MILWAUKEE, WI 53202</div> </div>		<div> <div>EIN</div> <div></div> </div>
					<div> <div>Phone no</div> <div>(414) 271-3000</div> </div>

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

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 (4) organizations and 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 \$

444,085,811

including grants of \$

) (Revenue \$

575,065,988

)

CSM-M OPERATES 2 FULL-SERVICE HOSPITALS, COLUMBIA HOSPITAL, A 370-BED HOSPITAL, AND COLUMBIA ST MARY’S HOSPITAL MILWAUKEE, A 294-BED HOSPITAL, WHICH OFFER A COMPLETE RANGE OF MEDICAL, SURGICAL AND ADVANCED CLINICAL SPECIALITIES BOTH HOSPITALS OPERATE EMERGENCY DEPARTMENTS THAT ARE OPEN TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY DURING FISCAL 2009, CSM-M’S HOSPITALS PROVIDED CARE TO 16,711 INPATIENTS AND 108,050 OUTPATIENTS CSM-M’S ESTIMATED UNREIMBURSED COSTS OF SERVICES TO THE ELDERLY, UNINSURED, AND UNDERINSURED TOTALED \$97,836,179 CSM-M ALSO SPONSORS A NUMBER OF PROGRAMS DESIGNED TO IMPROVE THE HEALTH CARE IN ITS COMMUNITY REFER TO SCHEDULE O FOR A COPY OF THE CSM COMMUNITY BENEFIT REPORT, FOR MORE INFORMATION ON THESE PROGRAMS AND THE OTHER COMMUNITY BENEFITS CSM-M PROVIDES

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 \$
















444,085,811

Must equal Part IX, Line 25, column (B).









Form 990 (2008)

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 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
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 	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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 	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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 	9		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
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 	11	Yes	
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 	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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	14b		No
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	15		No
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	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
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	21		No
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 	25a		No
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 	25b		No
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 	26		No
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 	27		No

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> 		No
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> 		No
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> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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> 		No
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> 	Yes	
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> 	Yes	
36	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> 		No
37	Did the organization conduct more than 5 percent 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> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	354	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,417	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

1a

Enter the number of voting members of the governing body

1a

15

1b

Enter the number of voting members that are independent

1b

10

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?

2

No

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?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

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?

9b

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

10

Yes

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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

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

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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?

16a

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

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 Form 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. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
Rhonda Anderson
4425 N Port Washington Road
Glendale, WI 53212
(414) 326-2228

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(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				

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **246**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CG Schmidt-Barton Malow 2320 North Lake Drive Milwaukee, WI 53211	Project Mgmt	59,213,673
FW Madison Medical Asso SC 788 N Jefferson St Suite 300 Milwaukee, WI 53202	Third Party Med Service	9,946,744
Trimedx LLC 6325 Digital Way 400 Indianapolis, IN 46278	Equip Repair/Maint	7,107,102
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	RESIDENT AND INTERN PROGRAM	2,903,086
BLOOD CENTER OF WISCONSIN INC PO BOX 2178 MILWAUKEE, WI 532018207	LAB TESTING	2,383,602

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,055,606					
			1f					
g	Noncash contributions included in lines 1a-1f \$							
h	Total (Add lines 1a-1f)		1,055,606					
Program Service Revenue			Business Code					
	2a	Net Patient Services	621,990	513,196,853	513,196,853			
	b	From Affiliates	900,099	42,419,814	42,419,814			
	c	Diagnostic Lab Revenue	621,500	7,919,554		7,919,554		
	d	Retail Pharmacy Revenu	446,110	6,373,282	4,498,630	1,874,652		
	e	Rental income	531,120	2,672,263				
	f	All other program service revenue		1,697,781		1,697,781		
	g	Total. Add lines 2a-2f \$ 574,279,547						
	Other Revenue	3	Investment income (including dividends, interest other similar amounts)		1,213,227			1,213,227
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
		(i) Real	(ii) Personal					
6a		Gross Rents						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses	12,717					
c		Gain or (loss)	-12,717					
d		Net gain or (loss)		-12,717				-12,717
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
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						
		Miscellaneous Revenue	Business Code					
11a		CSM Intercompany Sales	900,099	2,202,873	2,202,873			
b	Sales to outside orgs	900,099	1,831,282	1,831,282				
c	Master Services	900,099	1,437,335	1,034,073	403,262			
d	All other revenue		6,682,170	5,512,419		1,169,751		
e	Total. Add lines 11a-11d \$ 12,153,660							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		588,689,323	573,368,207	10,197,468	4,068,042		

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,518,212		10,518,212	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	46,388,394		46,388,394	
7	Other salaries and wages	158,124,330	147,055,627	46,388,394	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,894,519	7,184,012	710,507	
9	Other employee benefits	26,136,755	24,568,550	1,568,205	
10	Payroll taxes	14,022,688	12,760,646	1,262,042	
11	Fees for services (non-employees)				
a	Management	13,491,078	10,792,862	2,698,216	
b	Legal	460,846	460,846		
c	Accounting	1,017,657	254,414	763,243	
d	Lobbying	179,277	179,277		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	60,637,468	47,865,952	12,771,516	
12	Advertising and promotion	1,082,674	270,668	812,006	
13	Office expenses	12,331,394	5,549,127	6,782,267	
14	Information technology	34,388,041	5,158,201	29,229,840	
15	Royalties				
16	Occupancy	17,802,200	17,490,661	311,539	
17	Travel	124,350	93,262	31,088	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,017,584	864,946	152,638	
20	Interest	2,058,085	1,883,148	174,937	
21	Payments to affiliates	3,957,996	3,957,996		
22	Depreciation, depletion, and amortization	29,796,275	27,114,610	2,681,665	
23	Insurance	2,123,174	2,017,015	106,159	
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	Patient Care Supplies	70,491,463	69,434,091	1,057,372	
b	Bad Debt Expense	44,466,518	44,466,518		
c	Hospital Tax Assessment	12,931,753	12,931,753		
d	Licenses and Permits	260,646	247,614	13,032	
f	All other expenses	2,938,643	1,484,015	1,454,628	
25	Total functional expenses. Add lines 1 through 24f	574,642,020	444,085,811	130,556,209	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	7,657,233	1 8,958,186
	2	Savings and temporary cash investments	15,441,636	2 19,855,446
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	70,619,288	4 76,077,640
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net		7 1,046,393
	8	Inventories for sale or use	7,896,553	8 6,657,271
	9	Prepaid expenses and deferred charges	26,142,246	9 13,081,583
	10a	Land, buildings, and equipment cost basis		
		10a 608,566,255		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 222,866,383	302,015,827	10c 385,699,872
	11	Investments—publicly traded securities		11
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	24,481,931	12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13 37,800
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	5,431,849	15 4,973,721	
16	Total assets. Add lines 1 through 15 (must equal line 34)	459,686,563	16 516,387,912	
Liabilities	17	Accounts payable and accrued expenses	35,293,037	17 47,194,177
	18	Grants payable		18
	19	Deferred revenue		19 5,000
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	223,487,904	25 294,795,282
	26	Total liabilities. Add lines 17 through 25	258,780,941	26 341,994,459
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	200,905,622	27 174,393,453
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	200,905,622	33 174,393,453
	34	Total liabilities and net assets/fund balances	459,686,563	34 516,387,912

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?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
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?	2c	
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?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	Employer identification number 39-0806315
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First 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						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% 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% 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		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	Employer identification number 39-0806315
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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 in 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 internal funds contributed to other organizations for section 527 exempt funtion 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 own internal 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 internal 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
1a 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— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

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 1a through 1f 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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		20,080
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		46,871
j	Total lines 1c through 1i			66,951
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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 the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
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.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	A key employee spends 10% of time (amount reported on line g) researching issues and preparing for meetings and presentations for County officials - funding and operational issues related to the General Assistance Medical Program State Legislators, other elected officials and staff - lobbying on Medical Assistance funding, public health initiatives, and provider regulations, Federal elected officials and staff - lobbying and Medicare and Medicaid funding and provider regulations "Other" expenses on line I represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Employer identification number
39-0806315

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 the 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

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	4,716,126			4,716,126
b Buildings	197,150,041		69,370,225	127,779,816
c Leasehold improvements	4,407,239		1,914,086	2,493,153
d Equipment	234,177,145		149,164,803	85,012,342
e Other	168,115,704		2,417,269	165,698,435
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				385,699,872

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Custodial	772,675
Pension/Deferred Compensation	54,380,496
Payable to third parties	5,212,484
payable to affiliates	115,214,247
Other long term liability	4,895,166
INTERCOMPANY DEBT TO ASCENSION HEALTH	114,320,214
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	294,795,282

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

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Identifier	Return Reference	Explanation
		PART X FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COLUMBIA ST MARY'S INC AND AFFILIATES (WHICH INCLUDE CSM-M) EFFECTIVE JUNE 30, 2008, CSM ADOPTED FASB INTERPRETATION NO 48 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" (FIN 48) THE ADOPTION OF FIN 48 DID NOT HAVE A MATERIAL IMPACT ON CSM'S FINANCIAL POSITION OR RESULTS OF OPERATIONS

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Employer identification number
39-0806315

Part I

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

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> 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"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	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 IVManagement 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				

Part V	Facility Information <i>(Required for 2008)</i>
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[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Employer identification number
39-0806315

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	<div><div>1b</div><div>Yes</div></div>	
<div><div>2</div><div>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?</div></div>	<div><div>2</div><div>Yes</div></div>	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div><div><div>a</div><div>Receive a severance payment or change of control payment?</div></div><div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div><div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div></div>	<div><div>4a</div><div></div></div> <div><div>4b</div><div>Yes</div></div> <div><div>4c</div><div></div></div>	<div><div></div><div>No</div></div>
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div><div><div>5</div><div>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</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div></div></div>	<div><div>5a</div><div></div></div> <div><div>5b</div><div></div></div>	<div><div></div><div>No</div></div> <div><div></div><div>No</div></div>
<div><div>6</div><div>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</div><div><div>a</div><div>The organization?</div></div><div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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 compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

[illegible]

Software ID:

Software Version:

EIN: 39-0806315

Name: COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 compensation				
David Hoogerland MD	(i) (ii)	372,561		44,704	55,299	50,047	522,611	
Kevin Goniu MD	(i) (ii)	574,267		48,365	31,222	55,378	709,232	
Leo P Brideau	(i) (ii)	720,545	54,628	185,661	67,458	55,985	1,084,277	
Brian Regan	(i) (ii)	218,577		69,522	28,709	10,359	327,167	
Amy Marquardt	(i) (ii)	202,160		24,020	28,343	13,232	267,755	
Cheryl Hill	(i) (ii)	181,880		36,547	25,289	28,260	271,976	
Constance Bradley	(i) (ii)	137,409		11,125	12,654	7,477	168,665	
David H Shapiro MD	(i) (ii)	261,496	62,500	70,150	42,467	11,305	447,918	
Geri Lietz-Staffileno	(i) (ii)	161,911		37,675	40,032	23,497	263,115	
Karol Marciano	(i) (ii)	219,465		58,149	30,338	21,633	329,585	
Mary Paul	(i) (ii)	297,943	57,925	98,052	20,910	16,200	491,030	
Sue Sanicola	(i) (ii)	146,999		44,790	12,650	29,846	234,285	
Therese Pandl	(i) (ii)	335,353	37,500	75,442	63,838	38,883	551,016	
William Hart	(i) (ii)	208,446		21,343	12,784	19,204	261,777	
Andrew Feiring	(i) (ii)	778,130	250,000	45,263	27,515	42,478	1,143,386	
David W Grambow MD	(i) (ii)	1,273,204	5,000	67,082	17,507	74,377	1,437,170	
Richard Pircon	(i) (ii)	1,036,446		19,493	20,573	56,141	1,132,653	
Robert Huxley MD	(i) (ii)	1,474,255		30,824	26,826	83,009	1,614,914	
Robert Roth MD	(i) (ii)	1,662,074		43,128	21,706	84,426	1,811,334	
Charles Dreher	(i) (ii)	269,572		74,913	41,831	29,881	416,197	

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	Employer identification number 39-0806315
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Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total										

Part III

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:

Software Version:

EIN: 39-0806315

Name: COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
R BRUCE MCDONALD	BOARD MEMBER	1,596,228	CFO OF JOHNSON CONTROLS, INC , A PUBLIC COMPANY WHICH PROVIDES SERVICES TO CSM AND ITS AFFILIATES ALL TRANSACTIONS ARE CONDUCTED AT ARMS' LENGTH		No
LINDA T MELLOWES	BOARD MEMBER	2,903,086	BOARD MEMBER OF MEDICAL COLLEGE OF WISCONSIN, WHICH PROVIDES MEDICAL RESIDENTS TO CSM AND ITS AFFILIATES ALL TRANSACTIONS ARE CONDUCTED AT ARMS' LENGTH		No
DAVID SHAPIRO MD	KEY EMPLOYEE	261,594	SPOUSE IS ALSO EMPLOYED BY CSM SYSTEM ALL COMPENSATION IS DETERMINED IN ACCORDANCE WITH PAYROLL POLICY GUIDELINES		No
ALL BOARD MEMBERS	BOARD MEMBER		THE BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP IN THAT THEY SERVE AS THE BOARD MEMBERS OF THE ORGANIZATION, AS WELL AS OTHER CSM AFFILIATES, INCLUDING COLUMBIA ST MARY'S INC , ST MARY'S HOSPITAL OF OZAUKEE, SACRED HEART REHABILITATION INSTITUTE, COLUMBIA COLLEGE OF NURSING, AND SETON CHIDLREN'S SCHOOL		No
OFFICERSKEY EMPLOYEES	OFFICER/KEY EMPLOYEE		THE OFFICERS AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP IN THAT THEY SERVE AS THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION AND OTHER RELATED CSM RELATED ORGANIZATIONS REFER TO FORM 990, PART VII FOR DISCLOSURE OF THEIR COMPENSATION PAID BY THE RELATED ORGANIZATIONS		No
KAROL MARCIANO	KEY EMPLOYEE	2,383,602	BOARD MEMBER OF THE BLOOD CENTER OF WISCONSIN, WHICH IS ALSO A SUPPLIER		No
James B Wigdale	Board MEmber		In addition to serving as a board member for columbia center and columbia health system, James B Wigdale serves on the board of Columbia St Mary's, a related organization No compensation for these roles is recieved		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	Employer identification number 39-0806315
---	--

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CSM-M HAS A SINGLE CORPORATE MEMBER, CSM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		CSM-M HAS A SOLE MEMBER, HAS A SINGLE CORPORATE MEMBER, CSM, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF CSM-M

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO CSM-M'S FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, CSM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		MANAGEMENT, INCLUDING CERTAIN KEY EMPLOYEES, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER. MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS. PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS QUESTIONS.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CSM HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		15A. IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO OTHER HOSPITALS IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES. THE CEO WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED. 15B. IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATIONS, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER HOSPITALS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST. CSM DOES PUBLISH AN ANNUAL REPORT AND FACT SHEETS ON THE EXTERNAL WEBSITE, WHICH IS AVAILABLE FOR PUBLIC VIEWING.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2	AUDITED FINANCIAL STATEMENTS/AUDIT COMMITTEE	THE FINANCIAL STATEMENTS OF CSM-M WERE AUDITED ON A CONSOLIDATED BASIS WITH CSM. AN AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL STATEMENT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT AUDITED THE FINANCIAL STATEMENTS.

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS	THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR CSM.

Identifier	Return Reference	Explanation
FORM 990, PART III	COMMUNITY BENEFIT REPORT	<p>Statement of Program Service Accomplishments Columbia St Mary's, Inc EIN 39-1834639 Columbia St Mary's Hospital Milwaukee EIN 39-0806315 St Mary's Hospital Ozaukee, Inc EIN 39-0807063 Sacred Heart Rehabilitation Institute, Inc EIN 39-0902199 Columbia St Mary's, Inc provides support for the affiliated acute care and rehab hospitals noted above This report illustrates the significant degree to which Columbia St Mary's, Inc and its affiliated acute care and rehab hospitals (collectively, "CSM") contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, CSM continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole The goal of CSM is to perpetuate the health mission of the church CSM furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay Organizational Commitment to Providing Community Benefit CSM has 607 acute care beds in three facilities and 49 rehab beds in one facility CSM seeks to improve the physical, mental, social, and spiritual health status of its surrounding community, in addition to providing health care services to all individuals who require medical attention During fiscal year ending June 30, 2009, a total of 24,468 inpatients and 149,293 outpatients received care at our facilities Totals for the various organizations were as follows Columbia St Mary's Hospital Milwaukee 16,711 Inpatients, 108,050 Outpatients, 124,761 Total Patients St Mary's Hospital Ozaukee 7,386 Inpatients, 40,419 Outpatients, 47,805 Total Patients Sacred Heart Rehabilitation Institute 371 Inpatients, 824 Outpatients, 1,195 Total Patients CSM Total Patient Visits 24,468 Inpatients, 149,293 Outpatients, 173,761 Total Patients The community benefit contribution of CSM includes programs and activities that improve access to health care and improve health in our communities In order to portray the full breadth of our contribution, our community benefit information is described below Section 1 Qualitative Description of Community Benefit describes the hospital's community benefit mission, how the mission is translated into a proactive approach designed to meet community needs, how the hospital meets tax-exempt requirements, and a description of community benefit programs and services that highlight the hospital's impact on community health Section 2 Quantitative Description of Community Benefit describes the hospital's community benefit contribution in financial terms presenting the amount of charity care, the unpaid shortfall from government health care for the indigent, and the net expense of community benefit services Section 1 Qualitative Description of Community Benefit I Organizational Commitment to Provide Community Benefit a In the spirit of principles adopted by Ascension Health, CSM has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved Our goal is to achieve 100 percent access to healthcare services for the uninsured and underinsured persons in the greater Milwaukee area b CSM provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2009, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totaled \$124,476,059 Columbia St Mary's Hospital Milwaukee contributed \$97,836,179, St Marys Hospital Ozaukee contributed \$23,389,055, and Sacred Heart Rehabilitation Institute contributed \$3,250,826 to this total Approximately 25% of the value of services rendered was to elderly patients under the Medicare program, and approximately 8% of the services were provided to patients who were deemed indigent under state, county, or Hospital Guidelines c CSM has a partnership model of service to the community and collaborates with many organizations Major partnerships include United Way of Greater Milwaukee, State of Wisconsin Infant Mortality Disparity Initiative, Milwaukee Health Care Partnership, City of Milwaukee Health Department, Susan G Komen Foundation, Healthcare for the Homeless, United Community Center, Milwaukee Public Schools, Ozaukee County Health Department, Medical College of Wisconsin, and the Wisconsin Dental Association d CSM has a dedicated Community Services staff to conduct community assessments, develop a Community Service Plan, create and support programs, budget for programs, monitor implementation of programs, and assist in fund-raising The CSM Foundation is a very active partner in fund-development for community programs e The Charity Care program is designed to ensure that all people have ready access to health care and to promote the equity of care and good health in our community All patients with income less than or equal to 200% of the Federal Poverty Level will be eligible for 100% Charity Care write-off of the charges for services that have been provided Patients with incomes above 200% of the Federal Poverty Level may be eligible for some level of discount based on a substantive assessment of their ability to pay The assessment will consider total income and dollar amount of patient responsibility based on a sliding scale and applied to both uninsured patients and patient responsibility after insurance Patients will be required to complete a Charity Care/Financial Assistance application and provide appropriate documentation Documentation requirements are waived for homeless patients Information for these programs is available at time of registration, with Financial Counselors and in the Emergency Rooms II Organizational Description for Tax Exemption a The CSM acute care hospitals operate an emergency department that is open to all persons, regardless of ability to pay CSM has an open medical staff with privileges available to all qualified physicians in the area CSM has a governing body in which independent persons representative of the community comprise a majority With the Medical College of Wisconsin and the Columbia College of Nursing, we engage in the training and education of health care professionals All entities participate in Medicaid, Medicare, CHAMPUS, and other government-sponsored health care programs</p>

Identifier	Return Reference	Explanation
		<p>III Description of Community Benefit Programs a CSM supports programs that are strategic, sustainable, and use the strengths of collaborative partners to improve health care in the community Responding to Ascension Health Systems Call to Action to provide health care that leaves no one behind, CSM sponsors many programs to improve access to care i St Ben's Clinic for the Homeless collaborates with Milwaukee Health Care for the Homeless to provide a primary care medical home to homeless adults ii The Madre Angela Dental Clinic serves as the urgent dental care provider for uninsured people in Milwaukee Additionally, the clinic provided dental hygiene care, dental sealants, and fluoride treatment for more than 2,500 children this year iii CSM employees three nurses to work in collaboration with churches and community organizations to offer health education, health screening, and care management support to parishioners and community members in a variety of outreach programs affiliated with churches iv Columbia College of Nursing students and faculty staff El Centro de Salud nursing center at the United Community Center, which provides immunizations, physicals, health education, health promotion, screening and support to students of United Community Center preschool, elementary and middle schools, as well as to adults in family programs and older adult services v The Huiras Family Ozaukee Community Health Clinic at the CSM Ozaukee campus is the only free clinic serving people without health insurance in Ozaukee County vi CSM collaborates with the Medical College of Wisconsin in sponsoring the following 1 The Family Health Center, a residency-based Family Medicine clinic that provides primary care to more than 9,000 individuals in the community 2 The OB/GYN Clinic, a residency-based program that serves over 150 patients, 250 OB appointments per month, and 325 deliveries per year 3 The Chronic Disease Management Clinic, which screens and manages hypertension, diabetes, obesity, and smoking for low income adults 4 The Saturday Clinic for the Uninsured, which uses medical students and volunteer physicians to serve hundreds of uninsured patients each year vii CSM co-sponsors the Blanket of Love program with Ebenezer Church of God in Christ, providing meals, prenatal education, and parental education to young pregnant women viii Housecalls for the Homebound provides high-quality primary care to approximately 90 elderly patients in their homes who are too frail to travel to physicians' offices ix The INROADS Program is a collaboration between CSM and the Milwaukee INROADS cooperative to provide culturally diverse college students an opportunity to experience the healthcare workplace x The Milwaukee GAMP program provided support for inpatient services to patients that did not qualify for Charity Care or Medicaid in FY09 b CSM has been an important collaborator in city and state efforts to improve birth outcomes and reduce infant mortality rates in Milwaukee CSM has financially supported the initiation of the Milwaukee Health Department's initiation of the Nurse Family Partnership (NFP), an evidence-based model of care management for women at-risk for poor birth outcomes Additionally, CSM has developed practices to support Safe Sleep environments in family homes through education regarding safe sleep practices and distribution of Pack and Play cribs to families without resources An improvement in infant mortality in the city was reported in the past two years as a result of city-wide collaborative efforts</p>

Identifier	Return Reference	Explanation
		<p>Section 2 Quantifiable Community Benefit I The financial information in this report was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following a Report charity care at cost, not charges b Do not include bad debt, contractual allowances, and quick pay discounts as part of charity care expense c Do not count Medicare shortfall as a community benefit d Report the net expense for community benefit services (i.e. the total community benefit expense less any associated revenue from patients, payors, and other external sources) II The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health For the fiscal year ended June 30, 2009, for CSM, including affiliated acute care and rehab hospitals Charity Care (at cost) \$11,412,580 Government-Sponsored Health Care Unpaid cost of public indigent care programs \$39,013,050 Community Benefit Programs Community Based Clinical Services \$1,230,869 Health Care Support Services 812,236 Health Professional Education 8,553,874 Community Health Education 515,409 Financial and In-Kind Contributions 1,474,926 Community Building 384,375 Community Benefit Operation 287,987 Research 94,893 Total Community Benefit Programs \$13,354,569 Total Quantifiable Community Benefit \$63,780,199 Supplemental Information Bad Debt \$6,303,710 Medicare Shortfall 5,979,882 Total Quantifiable Community Benefit, Including Bad Debt and Medicare Shortfall \$126,063,791</p>

Identifier	Return Reference	Explanation
FORM 990, PART VII	AVERAGE HOURS PER WEEK OF OFFICERS/KEY EMPLOYEES	THE KEY EMPLOYEES AND OFFICERS LISTED ON FORM 990, PART VII PROVIDE SERVICES TO THIS ORGANIZATION AS WELL AS OTHER RELATED CSM ORGANIZATIONS THE HOURS REPORTED IN COLUMN (B) REPRESENT THE ESTIMATED PERCENTAGE OF TIME THESE INDIVIDUALS DEVOTE TO THE REPORTING ORGANIZATION BASED ON A 40-HOUR WEEK THE TOTAL AVERAGE HOURS PER WEEK THESE INDIVIDUALS SPEND ON ALL CSM ORGANIZATIONS, INCLUDING THIS ORGANIZATION, EXCEED 40 HOURS

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 answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Employer identification number
39-0806315

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

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 Additional Data Table					

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) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
ORTHOPAEDIC HOSPITAL OF WISCONSIN LLC 575 RIVERWOODS PKWY GLENDALE, WI53212 39-2015655	HEALTHCARE	WI	N/A								

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
CSM STRATEGIC ALLIANCE 4425 NORTH PORT Washington Rd GLENDALE, WI53212 39-1871856	HEALTH CARE	WI	N/A	C			
MADISON MEDICAL AFFILIATES INC 4425 NORTH PORT Washington Rd GLENDALE, WI53212 39-1855720	HEALTH CARE	WI	COLUMBIA ST MARY'S HOSPITAL INC	C	-10,241,153	6,439,838	72 000 %
PROSPECT MEDICAL COMMONS CONDO ASSOCIATION 4425 NORTH PORT Washington Rd GLENDALE, WI53212 20-8042108	CONDO ASSOCIATION	WI	N/A	C			

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

No

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

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 Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 39-0806315

Name: COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Form 990, Schedule R, 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 501(c)(3))	(F) Direct Controlling Entity
ST MARY'S HOSPITAL OZAUKEE 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	N/A
SACRED HEART REHABILITATION INSTITUTE 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0902199	REHAB FACILITY	WI	501(c)(3)	3	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
COLUMBIA COLLEGE OF NURSING 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
SETON CHILDREN'S SCHOOL 4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1391245	SCHOOL	WI	501(c)(3)	9	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
ASCENSION HEALTH 4600 EDMUNDSON ROAD ST LOUIS, MO63136 31-1662309	HEALTH SYSTEM	MO	501(c)(3)	11	N/A
HORIZON HOME CARE & HOSPICE INC 8949 N DEERBROOK TRL MILWAUKEE, WI53223 39-1171298	HOME CARE/HOSPICE	WI	501(c)(3)	3	N/A
COLUMBIA ST MARY'S INC 4425 NORTH PORT WASHINGTON RD GLENDALE, WI53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	11	N/A
COLUMBIA HEALTH SYSTEM 4425 NORTH PORT WASHINGTON RD GLENDALE, WI53212 39-1494977	HEALTH SYSTEM	WI	501(c)(3)	11	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	ORTHOPAEDIC HOSPITAL OF WISCONSIN	K	806,523
(2)	SACRED HEART REHABILITATION INSTITUTE	K	1,871,559
(3)	ASCENSION HEALTH	E	114,320,214
(4)	ORTHOPAEDIC HOSPITAL OF WISCONSIN	I	991,344
(5)	COLUMBIA ST MARY'S INC	O	2,797,445
(6)	ASCENSION HEALTH	Q	3,957,996
(7)	ST MARY'S HOSPITAL OZAUKEE	P	52,652,145
(8)	SACRED HEART REHABILITATION INSTITUTE	P	1,439,561
(9)	COLUMBIA ST MARY'S INC	O	216,518,000
(10)	ORTHOPAEDIC HOSPITAL OF WISCONSIN	P	7,262,000
(11)	SETON CHILDREN'S SCHOOL	P	322,900
(12)	COLUMBIA COLLEGE OF NURSING	P	335,600
(13)	ST MARY'S HOSPITAL OZAUKEE	P	59,309,000
(14)	COLUMBIA HEALTH SYSTEM	Q	319,690
(15)	ASCENSION HEALTH	Q	319,690

Additional Data

Software ID:
Software Version:
EIN: 39-0806315
Name: COLUMBIA ST MARY'S HOSPITAL MILWAUKEE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Christopher Doerr , Chair	1 00	X						0	0	0
David Hoogerland MD , Board Member and CSM Phy	40 00	X						417,265	0	105,346
Kevin Goniu MD , Board Member and CSM Phy	1 00	X						0	622,632	86,600
George H Hoff , Board Member	1 00	X						0	0	0
James B Wigdale , Vice Chair	1 00	X						0	0	0
Leo P Brideau , President/CEO	30 00	X		X				960,834	0	123,443
Linda T Mellowes , SEC/TREAS	1 00	X						0	0	0
MASON G ROSS , Board Member	1 00	X						0	0	0
Michael Grebe , Board Member	1 00	X						0	0	0
R Bruce McDonald , Board Member	1 00	X						0	0	0
Randall Perry , Board Member	1 00	X						0	0	0
Robert Lyon MD , Board Member	1 00	X						0	0	0
Robert Venable , Board Member	1 00	X						0	0	0
Sister Theresa Sullivan , Board Member	1 00	X						0	0	0
Tina Chang , Board Member	1 00	X						0	0	0
Brian Regan , Exec VP Finance/CFO	20 00			X				288,099	0	39,068
RHONDA ANDERSON , Exec VP Finance/CFO	20 00			X				0	0	0
Amy Marquardt , VP Legal Services	20 00				X			226,180	0	41,575
Cheryl Hill , VP Human Resources	20 00				X			218,427	0	53,549
Constance Bradley , VP Hosp Operations	20 00				X			148,534	0	20,131
David H Shapiro MD , VP Medical Affairs	40 00				X			394,146	0	53,772
Gerri Lietz-Staffileno , VP Hosp Operations	1 00				X			0	199,586	63,529
Karol Marciano , Exec VP Business Develop	40 00				X			277,614	0	51,971
Mary Paul , VP/CIO	20 00				X			0	453,920	37,110
Sue Sanicola , VP CSM Comm Physicians	20 00				X			191,789	0	42,496
Therese Pandl , Exec VP Hosp Operations	20 00				X			448,295	0	102,721
William Hart , VP Support Services	20 00				X			0	229,789	31,988
Andrew Feiring , Physician	40 00					X		1,073,393	0	69,993
David W Grambow MD , Physician	40 00					X		1,345,286	0	91,884
Richard Pircon , Physician	40 00					X		1,055,939	0	76,714

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
Robert Huxley MD , Physician	40 00					X		1,505,079	0	109,835
Robert Roth MD , Physician	40 00					X		1,705,202	0	106,132
Charles Dreher , EXEC VP Finance/CFO	0 00						X	344,485	0	71,712

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Net Patient Services	621,990	513,196,853	513,196,853		
b From Affiliates	900,099	42,419,814	42,419,814		
c Diagnostic Lab Revenue	621,500	7,919,554		7,919,554	
d Retail Pharmacy Revenu	446,110	6,373,282	4,498,630	1,874,652	
e Rental income	531,120	2,672,263	2,672,263		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

COLUMBIA ST. MARY'S HOSPITAL MILWAUKEE ("CSM-M") IS PART OF COLUMBIA ST. MARY'S INC. ("CSM"), A HEALTHCARE PROVIDER FOUNDED IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, WHICH IS SPONSORED BY ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM, AND COLUMBIA HEALTH SYSTEM, A NON-SECTARIAN COMMUNITY HEALTH SYSTEM. CSM-M'S GOVERNING BODY HAS ADOPTED THE MISSION OF CSM. CSM EXISTS TO MAKE A POSITIVE DIFFERENCE IN THE HEALTH STATUS AND LIVES OF INDIVIDUALS AND OUR COMMUNITY, WITH SPECIAL CONCERN FOR THOSE WHO ARE VULNERABLE. CSM AND ITS AFFILIATES ARE COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE, VALUES-DRIVEN PROGRAMS AND SERVICES WITH EQUAL ATTENTION TO THE PHYSICAL, SPIRITUAL, AND EMOTIONAL DIMENSIONS OF HEALTH.