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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARTHA JEFFERSON HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
459 LOCUST AVENUE

City or town, state or country, and ZIP + 4
CHARLOTTESVILLE, VA 22902

D Employer identification number
54-0261840

E Telephone number
(434) 654-8198

G Gross receipts $ 230,633,362

F Name and address of Principal Officer
JAMES HADEN
459 LOCUST AVE
CHARLOTTESVILLE,VA 22902

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW MARTHAJEFFERSON ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1929

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF MARTHA JEFFERSON HOSPITAL IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY BY MAINTAINING, ENHANCING AND RESTORING PERSONAL HEALTH AND WELL BEING

2 Check this box ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	1,793
6	Total number of volunteers (estimate if necessary)	6	744
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	192,412
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-216,175

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,104,072	4,470,903
9	Program service revenue (Part VIII, line 2g)	200,933,927	219,996,078
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,886,393	1,221,717
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,730,714	2,534,241
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,655,106	228,222,939
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)	89,758,436	94,129,408
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)	108,957,006	125,268,999
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	198,715,442	219,398,407
19	Revenue less expenses Subtract line 18 from line 12	13,939,664	8,824,532

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	229,729,010	454,002,990
21	Total liabilities (Part X, line 26)	99,701,518	323,952,686
22	Net assets or fund balances Subtract line 21 from line 20	130,027,492	130,050,304

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-08-13

Joseph M Burris VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JODI BISHOP	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG LLP, 2100 EAST CARY STREET SUITE 201, RICHMOND, VA 232237078			EIN ▶
			Phone no ▶ (804) 344-6000

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

MARTHA JEFFERSON HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS OF OUR COMMUNITY WE HAVE A VISION TO SET THE STANDARD FOR CLINICAL QUALITY AND PERSONALIZED HEALTHCARE SERVICES AND ARE DEDICATED TO PROVIDING THE BEST CLINICAL QUALITY POSSIBLE WHILE MAINTAINING EXTRAORDINARY CUSTOMER SERVICE

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 $ 176,663,169 including grants of $) (Revenue $ 221,411,269)

AT THE HEART OF MARTHA JEFFERSON'S MISSION AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL IS OUR ROLE AND RESPONSIBILITY TO ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY MARTHA JEFFERSON IS ENTRUSTED WITH RESOURCES AND SKILLS THAT CAN HELP THE PEOPLE OF OUR COMMUNITY ACHIEVE AND MAINTAIN THEIR BEST POSSIBLE HEALTH THE HOSPITAL'S BOARD OF TRUSTEES IN 2009 REAFFIRMED THE FOLLOWING COMMITMENTS THAT ARE FUNDAMENTAL TO OUR ABILITY TO MEET THESE CHALLENGES AS AN INTEGRAL PART OF THE STRATEGIC PLANNING PROCESS, THE MISSION OF MARTHA JEFFERSON HOSPITAL WILL BE REVIEWED ALONG WITH SPECIFIC INITIATIVES, GOALS AND OBJECTIVES TO CONSIDER INCORPORATING SPECIFIC STATEMENTS AIMED AT HELPING TO RESOLVE COMMUNITY PROBLEMS ADVERSELY AFFECTING THE HEALTH STATUS OF THE COMMUNITIES WE SERVE MARTHA JEFFERSON WILL CONDUCT, OR GAIN ACCESS TO, COMMUNITY-NEEDS ASSESSMENTS TO IDENTIFY PROBLEMS ADVERSELY AFFECTING OUR COMMUNITIES' HEALTH STATUS MARTHA JEFFERSON WILL REGULARLY INVENTORY HOSPITAL-SPONSORED AND COMMUNITY PROGRAMS WORKING TO MEET THE IDENTIFIED NEEDS OF MEDICALLY UNDERSERVED OR DISADVANTAGED POPULATIONS AS APPROPRIATE, THESE PROGRAMS WILL BE TRACKED AND EVALUATED FOR THEIR IMPACT ON IDENTIFIED HEALTH STATUS ISSUES MARTHA JEFFERSON WILL REGULARLY ASSESS ITS ABILITY TO COMMIT RESOURCES, FINANCIAL AND HUMAN, TOWARD HELPING MEET IDENTIFIED NEEDS MARTHA JEFFERSON CONDUCTED MANY PROGRAMS BENEFITING THE COMMUNITY WHICH INCLUDED A COMMITMENT FOR ITS COMMUNITY HEALTH PARTNERSHIP PROGRAM WITH EMPHASIS ON CANCER PREVENTION/OUTREACH, IMPROVED PRIMARY CARE ACCESS THROUGH FREE CLINICS, OBESITY INITIATIVES, CHILD INDIGENT DENTAL CARE, HEALTH EDUCATION AND TRAINING PARTNERSHIPS ACCESS TO HEALTHCARE MARTHA JEFFERSON ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR HEALTHCARE SERVICES THE HOSPITAL ASSISTS PATIENTS WITH FINANCIAL NEEDS THROUGH THE MARTHA JEFFERSON HEALTHTRUST, A PROGRAM THAT PROVIDES A SLIDING FEE SCALE FOR HOSPITAL PATIENTS WHO QUALIFY BASED ON FAMILY INCOME UP TO 300 PERCENT OF POVERTY LEVEL FINANCIAL ASSISTANCE IS BASED ON A REVIEW OF THE PATIENT'S FINANCIAL CIRCUMSTANCES UPON ADMISSION OR THE SERVICE DATE BECAUSE MARTHA JEFFERSON DOES NOT PURSUE COLLECTION OF THE AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, SUCH AMOUNTS ARE NOT REPORTED AS A COMPONENT OF PATIENT SERVICE REVENUES MARTHA JEFFERSON DEFINES CHARITY CARE AS CARE FOR WHICH COLLECTION IS NOT ATTEMPTED (i e , INDIGENT CARE) AND OPERATING COSTS FOR SERVICES RENDERED FOR MEDICAID PATIENTS THAT ARE IN EXCESS OF REIMBURSEMENT FROM STATE AGENCIES THE FOLLOWING DEPICTS THE LEVEL OF CHARITY CARE PROVIDED FOR THE YEAR ENDED SEPTEMBER 30, 2009 (000S OMITTED) CHARGES FOREGONE, BASED ON ESTIMATED RATES $9,527ESTIMATED COSTS AND EXPENSES INCURRED TO PROVIDE CHARITY CARE $4,116UNPAID COSTS OF MEDICAID PROGRAMS $1,542PROVISION FOR BAD DEBTS $11,739COMMUNITY BENEFIT PROGRAMS $114TOTAL COSTS OF UNCOMPENSATED CARE $17,511PERCENTAGE OF PATIENTS RECEIVING SOME FORM OF CHARITY ASSISTANCE 9 55%IN ADDITION TO PROVIDING UNCOMPENSATED CARE, MARTHA JEFFERSON HAS ESTABLISHED SPECIAL ACCOUNTS TO PROVIDE FREE DIAGNOSTIC SERVICES FOR PATIENTS REFERRED BY THE CHARLOTTESVILLE FREE CLINIC AND THE FREE CLINIC OF GREENE COUNTY THROUGHOUT THE YEAR, COMMUNITY HEALTH SCREENINGS AND REDUCED-FEE SERVICES PROVIDED OTHER MEANS OF ACCESS TO HEALTHCARE FOR PEOPLE ACROSS CENTRAL VIRGINIA PHYSICIANS EMPLOYED BY MARTHA JEFFERSON HOSPITAL HAVE OFFICES THROUGHOUT CHARLOTTESVILLE AND IN SEVEN SURROUNDING COUNTIES INCLUDING ALBEMARLE, BUCKINGHAM, LOUISA, MADISON, GREENE, FLUVANNA AND NELSON, WHICH PROVIDE ACCESS TO HEALTHCARE IN MANY RURAL AREAS WITHOUT REGARD TO ONE'S ABILITY TO PAY DURING 2009, THE MEDICAL STAFF CONSISTED OF ALMOST 400 PHYSICIANS REPRESENTING 35 MEDICAL SPECIALTIES MARTHA JEFFERSON HOSPITAL ALSO OPERATES AN EMERGENCY DEPARTMENT, WHICH IS STAFFED 24-HOURS A DAY/7 DAYS A WEEK BY BOARD-CERTIFIED PHYSICIANS AND SPECIALLY TRAINED NURSES AND SUPPORT STAFF ADDITIONALLY, THE HOSPITAL OPERATES A FREE-STANDING EMERGENCY DEPARTMENT IN FISCAL YEAR 2009, MARTHA JEFFERSON HOSPITAL SERVED THE COMMUNITY BY WAY OF 11,652 INPATIENT ADMISSIONS, 248,225 OUTPATIENT ACCOUNTS, 48,100 EMERGENCY DEPARTMENT VISITS, 6,527 OPERATING ROOM VISITS AND 111,437 PHYSICIAN OFFICE VISITS IN ADDITION, MARTHA JEFFERSON OFFERED OR SUPPORTED MANY PROGRAMS AND SERVICES IN OUR COMMUNITY, WHICH ARE DETAILED BELOW EDUCATIONAL PROGRAMS AN IMPORTANT PART OF OUR COMMUNITY OUTREACH IS CENTERED ON EDUCATIONAL PROGRAMS AND TRAINING WHEN A FAMILY IS PREPARING TO DELIVER A BABY AT MARTHA JEFFERSON, SIBLING TOURS, BREASTFEEDING CLASSES AND PEDIATRIC AND INFANT CPR ARE OFFERED AS WELL AS CLASSES CENTERED ON PREPARING FOR CHILDBIRTH AND BECOMING A PARENT ONCE THE BABY HAS BEEN DELIVERED HOWEVER, THE EDUCATION DOESN'T STOP A BRUNCH IS HELD DAILY FOR NEW FAMILIES BEFORE THEY ARE DISCHARGED DURING THIS TIME FAMILIES LEARN HOW TO CALM THEIR CRYING BABY, THE DANGERS OF SUDDEN INFANT DEATH SYNDROME AND HOW TO GET A BIG BROTHER OR SISTER WARMED UP TO THE IDEA OF SHARING MOM AND DAD OTHER EDUCATIONAL CLASS OFFERINGS AT MARTHA JEFFERSON INCLUDE, POSTOPERATIVE BREAST REHABILITATION, PREPARING FOR A HYSTERECTOMY, POST-HYSTERECTOMY REHAB, ADVANCED MEDICAL PLANNING, STRESS MANAGEMENT, UNDERSTANDING VASCULAR DISEASE, WISDOM OF THE HEART, CARDIAC REHABILITATION AND PULMONARY REHABILITATION CONTINUED IN PROGRAM SERVICE TWO

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

CONTINUED FROM PROGRAM SERVICE ONEMARTHA JEFFERSON HOSPITAL UNDERSTANDS MANY OF THE HEALTH DECISIONS WE MAKE AS ADULTS ARE A RESULT OF THE SITUATIONS WE EXPERIENCE AS CHILDREN THROUGH OUR SCHOOLS PROGRAM WE ARE ABLE TO TEACH CHILDREN AND LEAVE AN IMPRESSION THAT WILL HOPEFULLY STAY WITH THEM AS THEY GROW UP IN OUR ELEMENTARY SCHOOL OUTREACH, AN EMPLOYEE OF MARTHA JEFFERSON ENGAGES STUDENTS IN THEIR CLASSROOM IN LESSONS ON HEALTH AND WELLNESS THAT DIRECTLY RELATE TO THE VIRGINIA STANDARDS OF LEARNING TEST "THE STUDENTS LOVE IT IN ONE INSTANCE, WE HAD A THIRD-GRADE CLASS WHO GOT TO EXPERIENCE WHAT IT WOULD BE LIKE TO BE IN A WHEEL CHAIR I HAD OTHER CLASSES SAY, 'WELL WHEN DO WE GET TO DO THE WHEEL CHAIRS?' SO, THE KIDS ARE REALLY EXCITED ABOUT IT," SAID GREENBRIER ELEMENTARY SCHOOL PRINCIPAL JAMES KYNER KYNER ADDED "MARTHA JEFFERSON IS FUNDING THIS PROGRAM, SO REALLY IT'S JUST A BENEFIT FOR US WE WERE ABLE TO WORK IT INTO OUR SCHEDULE, AND IT'S FREE OF COST FOR OUR SCHOOL, WHICH IS GOOD "FOR TEENAGERS, MARTHA JEFFERSON PROVIDES A COMMUNITY BASED VOCATIONAL EDUCATION TRAINING PROGRAM FOR ALBEMARLE HIGH SCHOOL GRADUATES IN ADDITION, WE HOSTED 60 LOCAL HIGH SCHOOL STUDENTS IN OUR SUMMER JUNIOR VOLUNTEER PROGRAM ONE PARTICIPANT SHARED THE FOLLOWING "NOW THAT I HAVE SEEN AND LEARNED THE THINGS YOU DO WHILE WORKING IN A HOSPITAL, I'M MORE INTERESTED IN NURSING THIS WAS AN AMAZING EXPERIENCE AND I WOULD RECOMMEND IT TO ANYONE INTERESTED IN HEALTHCARE "PROFESSIONAL EDUCATION SUPPORT IN RESPONSE TO THE CHALLENGING ECONOMIC SITUATION, IN 2009 MARTHA JEFFERSON SPONSORED A CERTIFIED NURSE AID (CNA) EXPO TO HELP STUDENTS PURSUE PROFESSIONAL EDUCATIONAL OPPORTUNITIES WE REGISTERED 110 PEOPLE FOR THE EXPO AND ONE CANDIDATE OFFERED TEH FOLLOWING AS PART OF HIS APPLICATION "I FEEL BECOMING A CNA IS A SPIRITUAL CALLING AT THIS POINT IN MY LIFE THIS WILL HELP GIVE ME THE OPPORTUNITY TO LEARN SOMETHING NEW AND GIVE BACK TO THE COMMUNITY I ENVISION MYSELF STARTING A NEW CAREER I WILL BECOME A GREAT CAREGIVER, COMFORTER, FRIEND AND CNA IF GIVEN THIS OPPORTUNITY " MARTHA JEFFERSON AWARDED 16 FULL CNA SCHOLARSHIPS TO CHARLOTTESVILLE ALBEMARLE TECHNICAL EDUCATION CENTER (CATEC) OF THESE 16 STUDENTS, 15 SUCCESSFULLY ADVANCED THROUGH THE PROGRAM AND GRADUATED FINALLY, AS A WAY TO PROVIDE CONTINUED PROFESSIONAL EDUCATION, MARTHA JEFFERSON FUNDS A UNIVERSITY OF VIRGINIA CLINICAL INSTRUCTOR FACULTY POSITION TO FACILITATE EIGHT UNDERGRADUATE BSN NURSING STUDENTS' CLINICAL EXPERIENCES EACH SEMESTER AT MARTHA JEFFERSON IN ADDITION, THE HOSPITAL SUPPORTS THE PIEDMONT VIRGINIA COMMUNITY COLLEGE REGISTERED NURSE AND CODING PROGRAMS, THE UNIVERSITY OF VIRGINIA SCHOOL OF NURSING CLINICAL FACULTY AND PROVIDES CLINICAL PLACEMENTS FOR NURSING STUDENTS OF UVA, JMU, PVCC AND CATEC HOSPITAL SERVICES MARTHA JEFFERSON HOSPITAL OFFERS MANY PROGRAMS THAT HELP PATIENTS BOTH GET ACCLIMATED WITH OUR SYSTEM, AND ALSO NAVIGATE THE HOSPITAL AS NEEDS ARISE HEALTH CONNECTION, OUR PHYSICIAN REFERRAL, PATIENT EDUCATION AND INFORMATION SERVICE TAKES 150 CALLS ON A DAILY BASIS THEY'RE ABLE TO HELP NEW MEMBERS OF THE COMMUNITY FIND A PHYSICIAN, ENROLL PEOPLE IN THE VARIOUS CLASSES THE HOSPITAL OFFERS AND PROVIDE SUPPORT FOR SPECIFIC MEDICAL NEEDS FOR PEOPLE UNDERGOING CANCER TREATMENTS AT MARTHA JEFFERSON HOSPITAL, WE PROVIDE A CANCER CARE CENTER THE CENTER SERVES AS A RESOURCE FOR PATIENTS FROM THE MOMENT THEY ARE DIAGNOSED THROUGH THEIR ENTIRE LINE OF INTERACTIONS AT THE HOSPITAL, AND IN MANY CASES EVEN CONTINUES AFTER THEY ARE ARE NO LONGER COMING FOR VISITS TWO STAFF MEMBERS ARE DEDICATED TO HELPING PATIENTS DEAL WITH THE EMOTIONS THAT GO ALONG WITH BEING DIAGNOSED WITH CANCER, FITTING THEM WITH COMPLIMENTARY WIGS AND SCARVES TO USE DURING TREATMENT AND JUST BEING FRIENDS THROUGHOUT THE PROCESS MARTHA JEFFERSON HOSPITAL ALSO OFFERS A PALLIATIVE CARE PROGRAM FOR PATIENTS IN NEED AT THE HOSPITAL WHEN A PERSON IS FACING A SERIOUS OR ADVANCING ILLNESS, THE ACCOMPANYING PHYSICAL, EMOTIONAL AND SPIRITUAL ISSUES CAN DRAMATICALLY AFFECT THE EXPERIENCE AND OFTEN QUALITY OF LIFE FOR PATIENTS AND LOVED ONES OVER THE PAST THREE YEARS MORE THAN 1 000 LOCAL FAMILIES HAVE BENEFITTED FROM CONSULTATIONS BY A MULTIDISCIPLINARY TEAM PROVIDING PALLIATIVE CARE AT MARTHA JEFFERSON HOSPITAL THE CAREGIVERS FOCUS ON DELIVERING A UNIQUE COMBINATION OF SPECIAL EXPERTISE IN PAIN AND SYMPTOM MANAGEMENT AND COORDINATE CARE AMONG A MULTIPLICITY OF PHYSICIANS INVOLVED WHEN AN INDIVIDUAL IS SERIOUSLY ILL AND DEDICATE THE TIME NEEDED FOR PATIENT-FAMILY COMMUNICATION ABOUT GOALS OF CARE AND THE EMOTIONAL AND SPIRITUAL STRUGGLES THAT OFTEN ACCOMPANY A LIFE-CHANGING ILLNESS PAGE AND DOUG EASTER, A LOCAL FAMILY, EXPERIENCED THE PROGRAM FIRST-HAND WHEN PAGE'S MOTHER WAS IN THE HOSPITAL "DOCTORS DON'T ALWAYS SPEAK YOUR LANGUAGE IT'S GREAT TO HAVE A TEAM THAT CAN COME IN AND HELP DECIPHER WHAT IT ALL MEANS," SAID DOUG EASTER "THEY HELPED US DEAL WITH THE EMOTIONAL IMPACT AND WERE CARING, COMFORTING AND SUPPORTIVE, BUT AT THE SAME TIME WERE STRAIGHTFORWARD WITH US," RECALLS PAGE IN ADDITION TO THE ABOVE MENTIONED PROGRAMS, WE ALSO OFFERS THE FOLLOWING CHAPLAINCY PROGRAM, PATIENT ADVOCATE PROGRAM, HEALTH INFORMATION PUBLICATIONS, WEBSITE WITH INTEGRATED HEALTH INFORMATION (WWW MARTHAJEFFERSON ORG), A HEALTH SOURCE LIBRARY AND A WOMEN'S MIDLFE RESOURCE CENTER MARTHA JEFFERSON HOSPITAL HELD 'UNWANTED MEDICATION TAKE BACK DAY' WHICH WAS A DRIVE-THROUGH EVENT ALLOWING ANY AND ALL IN OUR COMMUNITY TO DROP OFF UNWANTED MEDICATIONS AND MEDICAL SHARPS FOR PROPER DISPOSAL COMMUNITY EVENTS AND HEALTH SCREENINGS HEALTH SCREENINGS ARE AN IMPORTANT SERVICE OFFERED BY MARTHA JEFFERSON TO KEEP THE COMMUNITY WELL WE HAVE HELPED NEARLY 2,000 COMMUNITY MEMBERS GET A BETTER UNDERSTANDING OF THEIR HEALTH SITUATION AND HAVE MADE A DIFFERENCE IN THEIR LIVES OUR BREAST SCREENINGS RESULTED IN A 20% RISK FINDING RATE, OUR SKIN CANCER SCREENING RESULTED IN A 34 3% RISK FINDING RATE, OUR HIGH BLOOD PRESSURE SCREENING RESULTED IN A 69% RISK FINDING RATE AND OUR PROSTATE CANCER SCREENING RESULTED IN FINDING 6 7% OF THE MEN HAVE ELEVATED PSA LEVELS IN ADDITION TO THE SCREENING EVENTS, WE ALSO HAVE SEVERAL EVENTS FOR THE COMMUNITY THAT PROMOTE WELLNESS EACH SPRING THE CELEBRATION OF LIFE IS HELD FOR CANCER PATIENTS, SURVIVORS AND THEIR FAMILIES THE AFTERNOON IS FILLED WITH FOOD, SALSA DANCING, GAMES AND MUSIC AND PROVIDES A CHANCE FOR MEMBERS OF THE COMMUNITY TO CELEBRATE THEIR LIFE WE ALSO HOLD FOOD DRIVES AS WELL AS SHOE DRIVES TO HELP PROVIDE MUCH NEEDED ITEMS TO PEOPLE IN OUR COMMUNITY ANNUALLY, WE HOST THE MJ8K RUN AND WALK TO BENEFIT COMMUNITY EDUCATION SERVICES AND MARTHA'S MARKET, WHICH HELPS FUND CANCER SERVICES AND PARTICIPATE IN COMMUNITY ACTIVITIES TO HELP SUPPORT WELLNESS INITIATIVES NUTRITION PROGRAMS AS HEALTHCARE PROVIDERS, OUR GOAL IS TO KEEP THE MEMBERS OF OUR COMMUNITY HEALTHY AND FEELING WELL, AND A BIG PART OF THAT REVOLVES AROUND NUTRITION AT MARTHA JEFFERSON HOSPITAL WE OFFER A VARIETY OF PROGRAMS THAT ALLOW PEOPLE ACCESS TO INFORMATION THAT THEN HELPS THEM MAKE EDUCATED NUTRITION CHOICES FOR STARTERS, ONE OF OUR REGISTERED DIETICIANS TAKES LEARNING ON LOCATION THROUGH OUR SUPERMARKET SMARTS CLASSES THROUGH A PARTNERSHIP WITH GIANT FOOD, PEOPLE ARE ABLE TO GET HANDS-ON EXPERIENCE WHEN IT COMES TO MAKING HEALTHY DECISIONS AT THE GROCERY WE ALSO PROVIDE HEART HEALTHY NUTRITION, DIABETES NUTRITION AND NUTRITION TIPS FOR INDIVIDUALS WITH CANCER IN ADDITION TO OUR CLASSES, MARTHA JEFFERSON HAS A PRESENCE ACROSS THE LOCAL MEDIA AIRWAVES NUTRITION TIPS AND TIMELY INFORMATION IS GIVEN BY ONE OF OUR REGISTERED DIETICIANS THROUGH DAILY RADIO SPOTS, A WEEKLY TELEVISION SEGMENT, AND VARIOUS PRINT OPPORTUNITIES SUPPORT GROUPS MARTHA JEFFERSON HOSPITAL OFFERS SUPPORT GROUPS OF A WIDE VARIETY TO OUR PATIENTS AND MEMBERS OF THE COMMUNITY GROUPS MEET ON A REGULAR BASIS AND HELP PROVIDE A SAFE COMMUNITY WHERE PEOPLE CAN SHARE STORIES, REFLECT ON THEIR EXPERIENCES, AND GAIN KNOWLEDGE FROM WHAT OTHERS ARE GOING THROUGH THE FOLLOWING ARE JUST SOME OF THE TOPICS WE OFFER WELCOME TO MOTHERHOOD, BREAST CANCER SUPPORT, FAMILY CANCER SUPPORT, HODGKIN'S AND LYMPHOMA SUPPORT, LOOK GOOD FEEL BETTER, BETTER BREATHERS AND SLEEP APNEA SUPPORT CONTINUED IN PROGRAM SERVICE THREE

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

CONTINUED FROM PROGRAM SERVICE TWOPROGRAM SUPPORT/UNDERWRITING MARTHA JEFFERSON PROVIDES MEDICAL IMAGING, LABORATORY SERVICE AND OUTPATIENT DIAGNOSTIC SERVICE ACCESS TO THE CLIENTS OF THE CHARLOTTESVILLE FREE CLINIC (CFC) AND GREENE FREE CLINIC (GFC) THIS ACCESS SUPPORTS PRIMARY CARE SERVICES FOR THE WORKING UNINSURED MEMBERS OF OUR COMMUNITIES IN 2009, 1,232 PATIENTS WERE TREATED DURING 3,275 VISITS FOR THE CFC A $250,000 GIFT WAS MADE DIRECTLY TO THE CFC FOR THEIR CAPITAL EXPANSION CAMPAIGN TO UNDERWRITE THE CLINIC AT THE THOMAS JEFFERSON HEALTH DEPARTMENT AND ESTABLISH AN ADULT DENTAL CLINIC IN TOTAL, 949 DENTAL PATIENTS WERE SEEN AT THE CFC IN 2009 THE HOSPITAL IS ALSO DEDICATED TO SUPPORTING HEADSTART WHICH FOCUSES ON CHILD DENTAL SERVICES AND GIVES IN-KIND DONATIONS TO HABITAT FOR HUMANITY AND THE WOMEN'S INITIATIVE

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

4e Total program service expenses $ 176,663,169 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	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	Yes	
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	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	152		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,793		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	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		Yes	
b	If "Yes," enter the name of the foreign country CJ, OC 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, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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			
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			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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

			Yes	No
	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 12		
b	Enter the number of voting members that are independent . .	1b 12		
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		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	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
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	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		No
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

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	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	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed VA

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

MARTHA JEFFERSON HOSPITAL
459 LOCUST AVENUE
CHARLOTTESVILLE, VA 22902
(434) 654-8198

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			

Part VII Continued

(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			
1b Total ▶								4,346,186	0	984,154

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 87

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
MA MORTENSON COMPANY 17975 WEST SARAH LANE BROOKFIELD, WI 53045	CONSTRUCTION	45,185,665
KAHLERSLATER 111 W WISCONSIN AVENUE MILWAUKEE, WI 532032501	ARCHITECTS	6,852,970
INSCRIBE LLC PO BOX 1427 MURRAY, KY 42071	TRANSCRIPTION SERVICE	721,245
ON ASSIGNMENT NURSE TRAVEL FILE 50730 LOS ANGELES, CA 90074	TEMP PERSONNEL STAFFING	720,368
MEDFONE 3305 JERUSALEM AVENUE SUITE 100 WANTAGH, NY 11793	ANSWERING SERVICE	539,739

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 50

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 291,256				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,179,647				
	g	Noncash contributions included in lines 1a-1f $ 1,878,000				
	h	**Total (Add lines 1a-1f)**	4,470,903			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICES 621,500	219,996,078	219,864,267	131,811	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 219,996,078				
	3	Investment income (including dividends, interest other similar amounts)	834,410		60,601	773,809
	4	Income from investment of tax-exempt bond proceeds	333,266			333,266
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 1,996,842				
	b	Less rental expenses 2,168,191				
	c	Rental income or (loss) -171,349				
	d	Net rental income or (loss)	-171,349			-171,349
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 169,000				
	b	Less cost or other basis and sales expenses 114,959				
	c	Gain or (loss) 54,041				
	d	Net gain or (loss)	54,041			54,041
Other Revenue	8a	Gross income from fundraising events (not including $ 145,995 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 291,256				
	b	Less direct expenses b 127,273				
	c	Net income or (loss) from fundraising events	18,722			18,722
	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	CAFETERIA & GIFT SHOP 722,210	1,097,983			1,097,983
	b	PURCHASE DISCOUNTS 900,099	487,089	487,089		
	c	PHYSICIAN TELEPHONE SV 621,110	89,379	89,379		
	d	All other revenue	1,012,417	838,723		173,694
	e	**Total. Add lines 11a-11d** $ 2,686,868				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	228,222,939	221,279,458	192,412	2,280,166

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	2,608,334		2,608,334	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	67,922,875	64,191,494		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,952,707	3,755,072	197,635	
9 Other employee benefits	14,243,862	12,617,122	1,626,740	
10 Payroll taxes	5,401,630	4,951,275	450,355	
11 Fees for services (non-employees)				
a Management	1,131,300	1,131,300		
b Legal	419,808	94,032	325,776	
c Accounting	234,872		234,872	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	13,540,417	10,563,710	2,976,707	
12 Advertising and promotion	621,712	609,821	11,891	
13 Office expenses	40,971,577	40,405,493	566,084	
14 Information technology	4,414,622	3,157,575	1,257,047	
15 Royalties				
16 Occupancy	4,708,549	4,622,491	86,058	
17 Travel	273,873	201,718	72,155	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	201,951	141,500	60,451	
20 Interest	3,547,006		3,547,006	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,926,394	11,885,935	6,040,459	
23 Insurance	2,417,489	1,656,036	761,453	
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 INTEREST RATE SWAP	15,751,569		15,751,569	
b PROV FOR BAD DEBT	11,709,677	11,709,881	-204	
c EQUIPMENT MAINTENANCE	3,902,189	3,703,112	199,077	
d DUES & SUBSCRIPTIONS	1,095,225	536,685	558,540	
e RECRUITMENT	586,864	205,798	381,066	
f All other expenses	1,813,905	523,119	1,290,786	
25 **Total functional expenses.** Add lines 1 through 24f	219,398,407	176,663,169	42,735,238	0
26 **Joint Costs.** Check ☐ 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		30,138,762	1	43,201,091
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,682,613	4	20,011,584
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		21,730,958	7	5,263,815
	8	Inventories for sale or use		2,878,520	8	3,036,176
	9	Prepaid expenses and deferred charges		2,430,883	9	2,878,310
	10a	Land, buildings, and equipment cost basis	10a 336,930,096			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 155,167,372	80,454,894	10c	181,762,724
	11	Investments—publicly traded securities		41,221,853	11	52,760,119
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		30,190,527	15	145,089,171
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		229,729,010	16	454,002,990
Liabilities	17	Accounts payable and accrued expenses		50,744,232	17	89,633,867
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		47,657,286	20	232,718,819
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		1,300,000	25	1,600,000
	26	**Total liabilities.** *Add lines 17 through 25*		99,701,518	26	323,952,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		112,777,048	27	105,190,678
	28	Temporarily restricted net assets		16,734,942	28	24,362,359
	29	Permanently restricted net assets		515,502	29	497,267
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		130,027,492	33	130,050,304
	34	Total liabilities and net assets/fund balances		229,729,010	34	454,002,990

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ 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	Yes	
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	Yes	
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		

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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
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in 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** ▶

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 ▶

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 ▶

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 ▶

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 ▶

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 ▶

Part III Support 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Total of lines 7a and 7b						
8 **Public Support** (Substract 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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

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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	Employer identification number
MARTHA JEFFERSON HOSPITAL	54-0261840

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:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 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) Yes	(a) No	(b) 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)?		No	
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		234
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		10,249
j	Total lines 1c through 1i			10,483
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 ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	$8,249 REPRESENTS A PORTION OF MJH'S DUES PAID TO VIRGINIA HOSPITAL AND HEALHCARE ASSOCIATION (VHHA) ALLOCABLE TO LOBBYING ACTIVITIES CONDUCTED BY VHHA DUES TO VHHA TOTALED $82,330 THE REMAINING $2,000 REPRESENTS THE LOBBYING PORTION OF DUES PAID TO MEDICAL ASSOC ON BEHALF OF MJH EMPLOYEES

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

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

☐ 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

Part V Endowment Funds. Complete if 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		19,661,097		19,661,097
b Buildings		102,913,559	64,041,462	38,872,097
c Leasehold improvements				
d Equipment		115,651,795	87,768,157	27,883,638
e Other		98,703,645	3,357,753	95,345,892
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				181,762,724

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

(a) Description of security or cateory (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)* ▶		

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

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

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

(a) Description	(b) Book value
RESTRICTED CASH	39,091,978
MISCELLANEOUS ACCOUNTS RECEIVABLE	465,279
DEBT SERVICE RESERVE FUND	6,400,296
PREPAID BOND ISSUANCE COSTS	1,490,020
SINKING FUNDS	2,851,648
INTEREST FUNDS	89,632,066
CHARITABLE TRUSTS	1,268,194
DEPOSITS	244,280
OTHER ASSETS	3,645,410
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	145,089,171

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CLAIMS ACCRUAL	1,600,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,600,000

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	228,222,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	219,398,407
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,824,532
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	-8,801,720
9	Total adjustments (net) Add lines 4 - 8	9	-8,801,720
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,812

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	210,530,523
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	59,848		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-15,542,387		
e	Add lines **2a** through **2d**			2e	-15,482,539
3	Subtract line **2e** from line **1**			3	226,013,062
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	2,209,877		
c	Add lines **4a** and **4b**			4c	2,209,877
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	228,222,939

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

1	Total expenses and losses per audited financial statements			1	203,452,910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	59,848		
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	59,848
3	Subtract line **2e** from line **1**			3	203,393,062
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	16,005,345		
c	Add lines **4a** and **4b**			4c	16,005,345
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	219,398,407

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 XI, Line 8 - Other Adjustments		TRANSFER FROM MJH FOUNDATION NET UNREALIZED GAINS ON INVESTMENTS NET UNREALIZED GAINS ON CHARITABLE TRUSTS INCREASE IN ADDITIONAL MINIMUM PENSION LIABILITY TRANSFER PROPERTY FROM MJH FOUNDATION
Part XII, Line 2d - Other Adjustments		NET ASSETS RELEASED FROM RESTRICTIONS RESTRICTED EXPENSES INTEREST RATE SWAP VALUATION
Part XII, Line 4b - Other Adjustments		RESTRICTED CONTRIBUTIONS DEEMED DIVIDEND
Part XIII, Line 4b - Other Adjustments		RESTRICTED EXPENSES INTEREST RATE SWAP VALUATION DEEMED DIVIDEND

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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

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

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

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

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

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

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
Schedule F, Part IV	Other Information	MARTHA JEFFERSON HOSPITAL HAS A 20% OWNERSHIP IN VIRGINIA SOLUTION SPC LTD, AN INSURANCE CAPTIVE, WHICH OPERATES IN THE CAYMAN ISLANDS IN ACCORDANCE WITH MARTHA JEFFERSON HOSPITAL'S INTEREST RATE SWAP AGREEMENTS WITH UBS, MARTHA JEFFERSON HOSPITAL IS REQUIRED TO PROVIDE COLLATERAL WHEN THE FAIR VALUE OF THE SWAP AGREEMENTS EXCEEDS A PREDETERMINED THRESHOLD AMOUNT WHEN MARTHA JEFFERSON IS REQUIRED TO PROVIDE COLLATERAL, IT IS HELD BY UBS AND EARNS INTEREST

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MARTHA'S MARKET (event type)	(b) Event #2 IN THE PINK (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	409,892	27,359		437,251
	2 Less Charitable contributions	265,757	25,499		291,256
	3 Gross revenue (line 1 minus line 2)	144,135	1,860		145,995
Direct Expenses	4 Cash Prizes	0	0		
	5 Non-cash Prizes	0	0		
	6 Rent/Facility costs	33,012	0		33,012
	7 Other direct expenses	93,468	793		94,261
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				127,273
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				18,722

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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 ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
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 eligibile 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 Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

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

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

Part III Bad Debt, Medicare, and 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		

☐ Cost accounting system ☐ Cost to charge ratio ☐ 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 IV Management Companies and Joint Ventures *(Optional for 2008)*

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

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

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

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

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

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

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

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

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

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

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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
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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				
JAMES E HADEN	(i)	445,474	115,000		154,423	78,746	793,643	
	(ii)							
AMY BLACK	(i)	220,022	41,027		25,000	37,152	323,201	
	(ii)							
J MICHAEL BURRIS	(i)	216,066	48,802		25,000	63,756	353,624	
	(ii)							
ELLIOT H KUIDA	(i)	252,032	58,969		25,000	29,365	365,366	
	(ii)							
MARIJO LECKER	(i)	190,700	43,006		22,500	36,833	293,039	
	(ii)							
RONALD J COTTRELL	(i)	181,720	41,611		25,000	45,604	293,935	
	(ii)							
FINLAY M ASHBY	(i)	184,611	35,619		15,000	27,585	262,815	
	(ii)							
SUSAN CABELL MAINS	(i)	169,291	34,739		22,500	78,639	305,169	
	(ii)							
RAY R MISHLER	(i)	140,919	31,993		35,000	52,986	260,898	
	(ii)							
DEBORAH L THEXTON	(i)	136,738	19,995		25,000	20,363	202,096	
	(ii)							
SANDEEP TEJA	(i)	488,707	25,000			27,556	541,263	
	(ii)							
CHRISTOPHER D WILLMS	(i)	330,379	46,568			30,373	407,320	
	(ii)							
MICHAEL TRAHAN	(i)	308,212	12,000			27,171	347,383	
	(ii)							
LEE LITVINAS	(i)	242,246	21,989			35,181	299,416	
	(ii)							
KATHERINE TRAHAN	(i)	250,751	12,000			18,421	281,172	
	(ii)							
	(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

Identifier	Return Reference	Explanation
	Part I, Line 4a	JAMES E HADEN $154,423 AMY BLACK $25,000 J MICHAEL BURRIS $25,000 ELLIOT H KUIDA $25,000 MARIJO LECKER $22,500 RONALD COTTRELL $25,000 FINLAY M ASHBY $15,000 SUSAN CABELL MAINS $22,500 RAY R MISHLER $35,000 DEBORAH L THEXTON $25,000
	Part I, Line 6	THE MANAGEMENT AND SENIOR MANAGEMENT INCENTIVE PLANS RECOGNIZE INDIVIDUALS BASED ON SPECIFIC CRITERIA AND DEFINED ORGANIZATION PERFORMANCE STANDARDS THOSE PLANS ARE NOT ANNUALLY GUARANTEED AND IMPLEMENTATION WILL DEPEND ON ORGANIZATION-WIDE PERFORMANCE IF ORGANIZATION-WIDE GOALS ARE NOT MET, THE PRESIDENT/CEO WILL HAVE THE DISCRETION TO DETERMINE ANY VARIATIONS TO THE PLAN
	Part I, Line 7	FINANCIAL PLANNING THE CEO RECEIVES ANNUAL PAYMENTS UP TO $4,000, VICE PRESIDENTS RECEIVE UP TO $2,500 EVERY FOUR YEARS AT THE DISCRETION OF THE PRESIDENT/CEO LONG TERM CARE INSURANCE POLICY THE CEO RECEIVES ANNUAL PAYMENT OF PREMIUM FOR CEO AND SPOUSE SUPPLEMENTAL DISABILITY INSURANCE OFFERED TO THE CEO AND VICE PRESIDENTS ON A VOLUNTARY BASIS AND IS PAID FOR BY THE ORGANIZATION PREMIUM IS DETERMINED BY AGE AND SALARY COVERED, NOT ALL EXECUTIVES PARTICIPATE CAR ALLOWANCE PROVIDED FOR CEO AND VICE PRESIDENT, DEVELOPMENT ONLY COUNTRY CLUB MEMBERSHIP FEES AND DUES PROVIDED FOR CEO, COO AND VICE PRESIDENT, DEVELOPMENT ONLY SERVICE/COMMUNITY ORGANIZATION MEMBERSHIP PROFESSIONAL BUSINESS MEMBERSHIP EMPLOYER-PAID MALPRACTICE INSURANCE PROVIDED FOR VICE PRESIDENT, MEDICAL AFFAIRS ONLY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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				
JAMES E HADEN	(I) (II)	445,474	115,000		154,423	78,746	793,643	
AMY BLACK	(I) (II)	220,022	41,027		25,000	37,152	323,201	
J MICHAEL BURRIS	(I) (II)	216,066	48,802		25,000	63,756	353,624	
ELLIOT H KUIDA	(I) (II)	252,032	58,969		25,000	29,365	365,366	
MARIJO LECKER	(I) (II)	190,700	43,006		22,500	36,833	293,039	
RONALD J COTTRELL	(I) (II)	181,720	41,611		25,000	45,604	293,935	
FINLAY M ASHBY	(I) (II)	184,611	35,619		15,000	27,585	262,815	
SUSAN CABELL MAINS	(I) (II)	169,291	34,739		22,500	78,639	305,169	
RAY R MISHLER	(I) (II)	140,919	31,993		35,000	52,986	260,898	
DEBORAH L THEXTON	(I) (II)	136,738	19,995		25,000	20,363	202,096	
SANDEEP TEJA	(I) (II)	488,707	25,000			27,556	541,263	
CHRISTOPHER D WILLMS	(I) (II)	330,379	46,568			30,373	407,320	
MICHAEL TRAHAN	(I) (II)	308,212	12,000			27,171	347,383	
LEE LITVINAS	(I) (II)	242,246	21,989			35,181	299,416	
KATHERINE TRAHAN	(I) (II)	250,751	12,000			18,421	281,172	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF ALBEMARLE COUNTY VIRGINIA	52-1297503	012677CE8	09-25-2003	34,070,000	REFUNDED BONDS ISSUED JULY 1, 1993		X		X
B	ECONOMIC DEVELOPMENT AUTHORITY OF ALBEMARLE COUNTY VIRGINIA	52-1297503	012663AD2	10-30-2008	160,795,000	CONSTRUCT REPLACEMENT HOSPITAL		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue	34,983,550	160,910,173			
2	Gross Proceeds in Reserve Funds	3,029,493				
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds	87,544,456	87,544,456			
5	Issuance Costs from Proceeds	405,262	1,623,978			
6	Working Capital Expenditures from Proceeds	956,677				
7	Capital Expenditures from Proceeds	30,758,485	71,741,739			
8	Year of Substantial Completion	2003	2011			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X			X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X	X							
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?		X	X							
b	Name of provider	UBS AG STAMFORD BRANCH		UBS AG STAMFORD BRANCH							
c	Term of hedge	0 40000		0 40000							
4a	Were gross proceeds invested in a GIC?	X			X						
b	Name of provider	WACHOVIA BANK									
c	Term of GIC	0 16500									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			X						
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X			X						

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	26,055	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial	X	2	1,815,653	
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Gifts in Kind)	X	75	36,292	
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE NUMBER OF CONTRIBUTIONS FOR EACH TYPE OF PROPERTY RECEIVED IS CALCULATED USING THE NUMBER OF CONTRIBUTIONS RECORDED WHICH MAY INCLUDE MULTIPLE ITEMS RECEIVED CONTRIBUTIONS FROM DONORS WHO GIVE ITEMS THROUGHOUT THE YEAR ARE COUNTED AS A SEPARATE CONTRIBUTION ON EACH NEW DATE RECEIVED
Third Party Use	Part I, Line 32b	MARTHA JEFFERSON HOSPITAL USES EXTERNAL PARTIES TO COORDINATE AN ARMS-LENGTH SALE OF NON-CASH CONTRIBUTIONS FOR EXAMPLE, A LICENSED STOCK BROKER WAS USED THIS YEAR TO SELL GIFTS OF STOCK

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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
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE ANNUAL FINANCIALS OF MARTHA JEFFERSON HOSPITAL ARE REVIEWED BY THE AUDIT AND FINANCE COMMITTEES OF MARTHA JEFFERSON HEALTH SERVICES CORPORATION IN ADDITION TO THE MARTHA JEFFERSON HOSPITAL BOARD'S REVIEW MARTHA JEFFERSON HOSPITAL WILL SUBMIT THE INTERNAL REVENUE SERVICE FORM 990 FOR THE PRECEEDING FISCAL YEAR TO THE CEO EVALUATION COMMITTEE OF THE MARTHA JEFFERSON HEALTH SERVICES BOARD OF DIRECTORS IN THE RESPECTIVE MEETING FOLLOWING THE FILING OF THE FORM 990 IN ADDITION, THE FORM 990 WILL BE PROVIDED TO THE MARTHA JEFFERSON HOSPITAL BOARD OF TRUSTEES AND THE MARTHA JEFFERSON HEALTH SERVICES BOARD OF DIRECTORS AT EACH RESPECTIVE MEETING FOLLOWING THE FILING OF THE FORM 990 MARTHA JEFFERSON HOSPITAL WILL ALSO ADVISE BOARD MEMBERS OF THE WEBSITE ADDRESS AT WHICH THE FILED FORM 990 WILL BE POSTED (WWW GUIDESTAR ORG/990)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MARTHA JEFFERSON HOSPITAL'S CONFLICT OF INTEREST POLICY IS ADMINISTERED BY THE CORPORATE COMPLIANCE OFFICER ON AN ANNUAL BASIS ALL DIRECTORS, TRUSTEES, OFFICERS, KEY EMPLOYEES, MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES AND OTHER EMPLOYEES COMPLETE A DETAILED CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY REPORTABLE ACTIVITIES AND INVESTMENTS THESE QUESTIONNAIRES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER IN ADDITION, ALL PERSONS LISTED ABOVE ARE ANNUALLY PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY IF CHANGES TO PERSONNEL OCCUR BETWEEN ANNUAL COMPLETION OF THE CONFLICT OF INTEREST QUESTIONNAIRE, NEW PERSONNEL ARE ALSO REQUIRED TO COMPLETE THE QUESTIONNAIRE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION HAS AN ESTABLISHED CEO EVALUATION COMMITTEE MADE UP OF HOSPITAL BOARD MEMBERS AND COMMITTEE MEMBERS ON AN ANNUAL BASIS, A THIRD PARTY COMPENSATION CONSULTING FIRM PROVIDES AN INDEPENDENT REVIEW AND ANALYSIS OF BASE AND TOTAL COMPENSATION AND EXECUTIVE PERQUISITES USING MARKET COMPARABILITY DATA THE CONSULTING FIRM RENDERS AN OPINION ON THE FAIR MARKET VALUE OF COMPENSATION PAID AND BENEFITS PROVIDED WITH RESPECT TO THE IRS INTERMEDIATE SANCTIONS REGULATIONS THE PROCESS IS FOLLOWED FOR THE FOLLOWING POSITIONS CEO, VICE PRESIDENTS, EMPLOYED PHYSICIANS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, PART XI, Line 2c	Financial Statements and Reporting	THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
Form 990, Part I, Line 6	Summary	MARTHA JEFFERSON HOSPITAL VOLUNTEER SERVICES IS RESPONSIBLE FOR THE RECRUITMENT, TRAINING, TRACKING AND RETENTION OF VOLUNTEERS THROUGHOUT THE HOSPITAL VOLUNTEERS ARE RECRUITED THROUGH A VARIETY OF COMMUNITY NETWORKS INCLUDING THE UNITED WAY, MADISON HOUSE AT THE UNIVERSITY OF VIRGINIA AND MEMBERSHIP IN THE CHARLOTTESVILLE AREA ASSOCIATION OF VOLUNTEER ADMINISTRATORS IN ADDITION, VOLUNTEER OPPORTUNITIES ARE POSTED ON THE MJH WEBSITE TO PROVIDE FURTHER EXPOSURE TO THE COMMUNITY VOLUNTEER INFORMATION SESSIONS AND NEW VOLUNTEER ORIENTATION SESSIONS ARE CONDUCTED ON A MONTHLY BASIS AT THE HOSPITAL VOLUNTEERS ARE PLACED ACCORDING TO THEIR INDIVIDUAL SKILLS AND STRENGTHS AS COMPARED TO THE NEEDS OF THE SPECIFIC DEPARTMENTS MJH VOLUNTEERS SUPPORT MORE THAN 45 DEPARTMENTS WITH GENERAL JOB DUTIES SUCH AS CUSTOMER SERVICE, CLERICAL JOBS, AND PATIENT ESCORT AND TRANSPORTATION RESPONSIBILITIES SERVICES ARE DETERMINED THROUGH INDIVIDUAL INTERVIEWS WITH DEPARTMENTAL MANAGERS AND REQUESTS MADE BY MANAGERS FOR SPECIFIC PROJECTS WE ALSO HAVE VOLUNTEERS WITH ADVANCED SKILLS AND TRAINING THAT SERVE AS PATIENT ADVOCATES AND CHAPLAINS THE HOSPITAL USES VOLUNTEERS ON SPECIAL PROJECTS SUCH AS PREPARING STROKE PATIENTS AWARENESS FOLDERS OR SPECIAL EVENTS SUCH AS THE CELEBRATION OF LIFE, A COMMUNITY EVENT FOR CANCER PATIENTS, PAST AND PRESENT, THEIR FAMILY AND FRIENDS OUTSIDE OF VOLUNTEER ROLES AVAILABLE INSIDE THE HOSPITAL, COMMUNITY LEADERS ALSO SERVE IN OTHER CAPACITIES, INCLUDING OUR BOARD OF DIRECTORS, A CONSULTING AND GOVERNING BODY FOR OUR ORGANIZATION IN ADDITION TO VOLUNTEERS WHO PROVIDE DIRECT SERVICES IN THE HOSPITAL SETTING AND MANAGED BY THE DEPARTMENT OF VOLUNTEER SERVICES, THE FUNDRAISING FUNCTION OF THE HOSPITAL IS ALSO SUPPORTED BY A CADRE OF VOLUNTEERS, ESPECIALLY IN SUPPORT OF SPECIAL EVENTS THE WOMEN'S COMMITTEE OF MARTHA JEFFERSON HOSPITAL, WITH 140 ACTIVE MEMBERS, COORDINATE TWO ANNUAL FUNDRAISER IN ADDITION, THE MARTHA JEFFERSON GOLF CLASSIC IS SUPPORTED BY A 10-MEMBER VOLUNTEER ORGANIZING COMMITTEE AND MORE THAN 30 VOLUNTEERS WORK THE DAY OF THE EVENT EACH YEAR THE HOSPITAL ALSO PUTS ON THE MJ8K ROAD RACE/WALK FUNDRAISER, THAT ENGAGES MORE THAN 75 DAY-OF VOLUNTEERS WHILE VOLUNTEER SCHEDULES ARE MANAGED BY THE INDIVIDUAL DEPARTMENTS, A MASTER LIST OF VOLUNTEERS IS MAINTAINED BY VOLUNTEER SERVICES VOLUNTEER HOURS ARE TRACKED THROUGH TIMESHEETS AND COLLECTED ON A MONTHLY BASIS

Identifier	Return Reference	Explanation
SCHEDULE K PART II LINE 6 ISSUE A		PURSUANT TO THE BOND INDENTURE, INVESTMENT EARNINGS FROM THE DEBT SERVICE RESERVE FUND, IN EXCESS OF THE DEBT SERVICE REQUIREMENT, ARE SWEPT INTO THE INTEREST ACCOUNT AND USED TO PAY INTEREST ON THE BONDS ON EACH INTEREST PAYMENT DATE UNEXPECTED EXCESS AMOUNTS FROM COST OF ISSUANCE FUND WERE DEPOSITED INTO THE PRINCIPAL ACCOUNT

Identifier	Return Reference	Explanation
SCHEDULE K PART II LINE 7 ISSUE A		$30,758,485 WAS USED TO REFUND BONDS ORIGINALLY ISSUED ON JULY 1, 1993

Identifier	Return Reference	Explanation
SCHEDULE K PART II LINE 5 ISSUE B		COST OF ISSUANCE $1,424,688 FEES FOR CREDIT ENHANCEMENT $199,290

Identifier	Return Reference	Explanation
SCHEDULE K PART III ISSUE A		IN ACCORDANCE WITH THE SPECIAL RULES FOR REFUNDING PRE-2003 ISSUES, PART III DOES NOT NEED TO BE COMPLETED FOR ISSUE A ISSUE A WAS ISSUED AFTER 12/31/02 TO REFUND BONDS ISSUED BEFORE 1/1/03

Identifier	Return Reference	Explanation
SCHEDULE K PART III LINES 2 THROUGH 6 ISSUE B		THE PROJECT HAS NOT BEEN PLACED INTO SERVICE YET

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 16b	Policies	AT SEPTEMBER 30, 2009 MARTHA JEFFERSON HOSPITAL DID NOT HAVE A SPECIFIC JOINT VENTURE PARTICIPATION POLICY ANY PROPOSED JOINT VENTURE PARTICIPATION IS EVALUATED WITHIN THE CONTEXT OF THE ADMINISTRATIVE POLICY ENTITLED "AUTHORITY TO COMMIT AND EXPEND FUNDS" THIS POLICY DEPICTS THE TYPES AND LEVELS OF EXPENDITURES AND COMMITMENTS THAT MANAGEMENT CAN UNDERTAKE ALL PROPOSED JOINT VENTURES ARE REVIEWED BY EXTERNAL LEGAL COUNSEL TO ENSURE COMPLIANCE WITH THE APPROPRIATE FEDERAL, STATE AND REGULATORY LAW ANY JOINT VENTURE PARTICIPATION MUST BE EVALUATED AND APPROVED BY THE MARTHA JEFFERSON HOSPITAL BOARD OF TRUSTEES AND THE MARTHA JEFFERSON HEALTH SERVICES' BOARD OF DIRECTORS A SPECIFIC JOINT VENTURE PARTICIPATION POLICY IS CURRENTLY IN PROCESS OF DEVELOPMENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MARTHA JEFFERSON HOSPITAL

Employer identification number
54-0261840

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
MARTHA JEFFERSON MEDICAL GROUP LLC 459 LOCUST AVENUE CHARLOTTESVILLE, VA 22902 26-1126956	PHYSICIAN PRACTICES	VA	14,327,214	2,347,119	N/A

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
MARTHA JEFFERSON HEALTH SERVICES CORPORATION 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 54-1401355	COMMUNITY HEALTHCARE	VA	501(C)(3)	11 TYPE I	N/A
MJH FOUNDATION 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 54-1401357	INVESTMENT & MANAGEMENT SERVICES FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11 TYPE II	MARTHA JEFFERSON HEALTH SERVICES CORPORATION
MARTHA JEFFERSON HOSPITAL FOUNDATION 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 30-0041113	FUNDRAISING	VA	501(C)(3)	11 TYPE II	MARTHA JEFFERSON HEALTH SERVICES CORPORATION
MJH ENTERPRISES 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 54-1403114	NON-HOSPITAL PATIENT CARE SERVICES	VA	501(C)(3)	11 TYPE I	MARTHA JEFFERSON HEALTH SERVICES CORPORATION

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) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
MARTHA JEFFERSON OUTPATIENT SURGERY CENTER LLC 595 PETER JEFFERSON PARKWAY CHARLOTTESVILLE, VA22911 11-3656095	OUTPATIENT SURGERY CENTER	VA	N/A	RELATED	925,289	1,552,504		No			No
PHYSICAL THERAPY ACAC LLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA22901 26-0080717	PHYSICAL THERAPY	VA	N/A	N/A				No			No

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
MARTHA JEFFERSON PHYSICIAN HOSPITAL ORGANIZATION INC 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 54-1719463	PHYSICIAN HOSPITAL ORGANIZATION	VA	N/A	C	86,803	439,771	50 000 %
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 459 LOCUST AVENUE CHARLOTTESVILLE, VA22902 54-1841528	MEDICAL BILLING SERVICE	VA	N/A	C			

Part V Transactions with Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization 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	**1a**		Yes	
b Gift, grant, or capital contribution to other organization(s)	**1b**			No
c Gift, grant, or capital contribution from other organization(s)	**1c**			No
d Loans or loan guarantees to or for other organization(s)	**1d**		Yes	
e Loans or loan guarantees by other organization(s)	**1e**			No
f Sale of assets to other organization(s)	**1f**			No
g Purchase of assets from other organization(s)	**1g**			No
h Exchange of assets	**1h**			No
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**			No
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**			No
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**			No
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**			No
n Sharing of paid employees	**1n**			No
o Reimbursement paid to other organization for expenses	**1o**			No
p Reimbursement paid by other organization for expenses	**1p**		Yes	
q Other transfer of cash or property to other organization(s)	**1q**			No
r Other transfer of cash or property from other organization(s)	**1r**		Yes	

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)	MARTHA JEFFERSON OUTPATIENT SURGERY CENTER	I	417,033
(2)	MARTHA JEFFERSON PHYSICIAN HOSPITAL ORGANIZATION	P	142,771
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: MARTHA JEFFERSON HOSPITAL

EIN: 54-0261840

Description	Amount
RELATED PARTY PREMIUMS	-6,258,945
RELATED PARTY UNDERWRITING EXP	5,204,247

Additional Data

Software ID:
Software Version:
EIN: 54-0261840
Name: MARTHA JEFFERSON HOSPITAL

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			
JOHN P CHAMALES , BOARD MEMBER	2 00	X						0	0	0
JAMES P CRAIG , BOARD MEMBER	2 00	X						0	0	0
DR GREGORY G DEGNAN , BOARD MEMBER	2 00	X						0	0	0
DR CHRISTOPHER D FRIEN , BOARD MEMBER	2 00	X						0	0	0
MARK GILES , BOARD MEMBER	2 00	X						0	0	0
CAROL B HURT , VICE CHAIR	2 00	X						0	0	0
ARTHUR KISER , BOARD MEMBER	2 00	X						0	0	0
DR R HUNT MACMILLAN II , BOARD MEMBER	2 00	X						0	0	0
DR KEVIN R MCCONNELL , CHAIR	2 50	X						0	0	0
DR JOSEPH ORLICK , BOARD MEMBER	2 00	X						0	0	0
KATHRYN B PARKER , BOARD MEMBER	2 00	X						0	0	0
DR BURKHARD SPIEKERMANN , BOARD MEMBER	2 00	X						0	0	0
BRYD LEAVELL JR MD , PRES-MED STAFF NON-VOTIN	2 00	X						0	0	0
JAMES E HADEN , PRESIDENT (NON-VOTING)	65 00			X				560,474	0	233,169
AMY BLACK , SECRETARY (NON-VOTING)	65 00			X				261,049	0	62,152
J MICHAEL BURRIS , TREASURER (NON-VOTING)	65 00			X				264,868	0	88,756
ELLIOT H KUIDA , VP, COO	65 00				X			311,001	0	54,365
MARIJO LECKER , VP, CLINICAL SUPPORT SVS	65 00				X			233,706	0	59,333
RONALD J COTTRELL , VP, PLANNING, MKTG, CORP	65 00				X			223,331	0	70,604
FINLAY M ASHBY , VP, MEDICAL AFFAIRS	65 00				X			220,230	0	42,585
SUSAN CABELL MAINS , VP, HR, RETAIL, COMPLIAN	65 00				X			204,030	0	101,139
RAY R MISHLER , VP, DEVELOPMENT	65 00				X			172,912	0	87,986
DEBORAH L THEXTON , FINANCE DIRECTOR	65 00				X			156,733	0	45,363
SANDEEP TEJA , PHYSICIAN	40 00					X		513,707	0	27,556
CHRISTOPHER D WILLMS , PHYSICIAN	40 00					X		376,947	0	30,373
MICHAEL TRAHAN , PHYSICIAN	40 00					X		320,212	0	27,171
LEE LITVINAS , HOSPITALIST	65 00					X		264,235	0	35,181
KATHERINE TRAHAN , PHYSICIAN	40 00					X		262,751	0	18,421