

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Form header section containing organization name (JEFFERSON HEALTH SYSTEM), EIN (23-2814503), address (259 NORTH RADNOR-CHESTER ROAD), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, Current Year, and Net Assets or Fund Balances. Includes rows for mission statement, revenue, expenses, and net assets.

Part II Signature Block

Signature block section with declaration text, signature lines for officer and preparer, and preparer information (PRICEWATERHOUSECOOPERS LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
JHS' PRIMARY EXEMPT PURPOSE IS TO PROVIDE, THROUGH ITS CONTROLLED
AFFILIATES ("MEMBERS"), INPATIENT, OUTPATIENT, EMERGENCY AND OTHER
HEALTH SERVICES TO RESIDENTS OF SOUTHEASTERN PA, SOUTHERN NJ AND DE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 38,418,737. including grants of \$ _____) (Revenue \$ 14,992,474.)
ATTACHMENT 3

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶ 38,418,737.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?	X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on prohibited tax shelter transactions, contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (10), 1b Enter the number of voting members that are independent (9), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X), 15b Other officers or key employees of the organization (X), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KIRK E. GORMAN 259 N. RADNOR CHESTER RD. SUITE 290 RADNOR, PA 19087 610-225-6200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT S. ADELSON TRUSTEE	2.00	X						0.	0.	0.
ROBERT L. BARCHI, M.D., PH.D. TRUSTEE	2.00	X						0.	0.	0.
IRA BRIND, ESQ. TRUSTEE	2.00	X						0.	0.	0.
ALFRED J. D'ANGELO JR., ESQ. TRUSTEE	2.00	X						0.	0.	0.
GEORGE W. GEPHART, JR. TRUSTEE	2.00	X						0.	0.	0.
FREDERICK C. HAAB, JR. TRUSTEE	2.00	X						0.	0.	0.
WILLIAM A. LANDMAN TRUSTEE	2.00	X						0.	0.	0.
ALFRED W. PUTNAM, JR., ESQ. TRUSTEE	2.00	X						0.	0.	0.
FRANK P. SLATTERY, JR. TRUSTEE	2.00	X						0.	0.	0.
MARK L. TYKOCINSKI, M.D. TRUSTEE - NONVOTING	2.00	X						0.	0.	0.
JOSEPH T SEBASTIANELLI PRESIDENT & CEO	40.00			X				0.	1,305,328.	0.
KIRK E. GORMAN SVP & CFO	40.00			X				0.	533,816.	0.
DAVID F. SIMON SVP & GENERAL COUNSEL	40.00			X				0.	516,656.	0.
PATRICIA HOLT SECRETARY	40.00			X				0.	121,162.	0.
STANTON SMULLENS SVP & CHIEF MEDICAL OFFICER	40.00					X		0.	389,603.	0.
DEBRA TAYLOR VP PAYER CONTRACTING	40.00					X		0.	291,732.	0.

Part VIII Statement of Revenue

23-2814503

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			0.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP FEES			9,296,846.	9,296,846.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			9,296,846.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5 ▶			26,921,491.		128,095.	26,793,396.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue		Business Code					
11a OTHER				2,823,723.	2,823,723.		
b CONTRACTUAL SETTLEMENT				3,000,000.	3,000,000.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				5,823,723.			
12 Total Revenue. See instructions ▶				42,042,060.	15,120,569.	128,095.	26,793,396.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members . <u>ATCH. 6.</u>	26,575,613.	26,575,613.		
5 Compensation of current officers, directors, trustees, and key employees	3,522,740.	3,346,603.	176,137.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	3,398,920.	3,228,974.	169,946.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	1,908,271.	1,812,857.	95,414.	
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	346,478.	329,154.	17,324.	
c Accounting	198,437.	188,515.	9,922.	
d Lobbying	325,100.	308,845.	16,255.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	877,761.	833,873.	43,888.	
12 Advertising and promotion	0.			
13 Office expenses	23,786.	22,597.	1,189.	
14 Information technology	69,455.	65,982.	3,473.	
15 Royalties	0.			
16 Occupancy	676,098.	642,293.	33,805.	
17 Travel	38,382.	36,463.	1,919.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	28,535.	27,108.	1,427.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	129,154.	122,696.	6,458.	
23 Insurance	752,463.	714,840.	37,623.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>OTHER FOOD PRODUCTS</u> -----	170,867.	162,324.	8,543.	
b <u>PRINTING AND COPPYING</u> -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	39,042,060.	38,418,737.	623,323.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,753,974.	1	7,901,909.
	2 Savings and temporary cash investments	14,126,697.	2	15,118,862.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	354,855,050.	7	344,590,144.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,360,528.	9	3,685,268.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,095,259.		
	b Less: accumulated depreciation	10b 965,880.	222,433.	10c 129,379.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	377,318,682.	16	371,425,562.	
Liabilities	17 Accounts payable and accrued expenses	3,320,408.	17	3,340,337.
	18 Grants payable		18	
	19 Deferred revenue	127,090.	19	526,315.
	20 Tax-exempt bond liabilities	354,855,050.	20	344,590,144.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,309,471.	25	4,612,379.
	26 Total liabilities. Add lines 17 through 25	362,612,019.	26	353,069,175.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,706,663.	27	18,356,387.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,706,663.	33	18,356,387.	
34 Total liabilities and net assets/fund balances	377,318,682.	34	371,425,562.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1									
Total									0.

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 June 30, 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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
MAIN LINE HEALTH, INC.	23-2331531	03	X		X		X		0.
TJUH SYSTEM, INC.	23-2829095	03	X		X		X		0.
MAGEE REHABILITATION HOSPITAL	23-1476328	03	X		X		X		0.
TOTAL AMOUNT OF SUPPORT									<u>0.</u>

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	325,100.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	325,100.	0.												
d	Other exempt purpose expenditures	38,716,960.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	39,042,060.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-		0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-		0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	396,852.	394,436.	352,322.	325,100.	1,468,710.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	877.	0.	877.

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XI V.

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	1,095,259.	0.	965,880.	129,379.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				129,379.

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

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

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

Part XIV Supplemental Information

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

UNCERTAIN TAX POSITIONS

PART X LINE 2

THERE ARE NO UNCERTAIN TAX POSITIONS, THEREFORE THERE IS NO DISCLOSURE IN THE AUDITED FINANCIAL STATEMENTS.

Part XIV Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | First-class or charter travel | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOSEPH T SEBASTIANELLI	(i)	0.	0.	0.	0.	0.	0.
	(ii)	950,626.	341,422.	13,280.	0.	29,168.	1,334,496.
KIRK E. GORMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	476,464.	57,352.	0.	0.	22,738.	556,554.
DAVID F. SIMON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	432,511.	53,084.	31,061.	0.	26,930.	543,586.
STANTON SMULLENS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	338,946.	50,657.	0.	0.	23,185.	412,788.
DEBRA TAYLOR	(i)	0.	0.	0.	0.	0.	0.
	(ii)	265,432.	26,300.	0.	0.	28,235.	319,967.
DIANNE SALTER	(i)	0.	0.	0.	0.	0.	0.
	(ii)	264,231.	31,859.	11,028.	0.	19,760.	326,878.
RUSSELL RAPHAELY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	253,744.	12,875.	10,979.	0.	27,764.	305,362.
MARK RICHARDS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	245,161.	12,072.	0.	0.	22,328.	279,561.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

Part I Bond Issues

(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 CHESTER COUNTY HEALTH AND EDUCATION FACILITIES AUT	23-2265260	16557HCJ2	05/17/2004	40,270,000.	SERIES 2004A FOR REFUND 1994		X	X	
B CHESTER COUNTY HEALTH AND EDUCATION FACILITIES AUT	23-2265260	16557HCK9	05/17/2004	26,870,000.	SERIES 2004B FOR REFUND 1994		X	X	
C PENNSYLVANIA ECONOMIC DEVELOPMENT FINANCING AUTHOR	23-6003102	70868WAA1	04/07/2005	26,720,000.	SERIES 2005A FOR HOSPITAL CAPI		X	X	
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		40,270,000.		26,870,000.		26,720,000.				
2 Gross proceeds in reserve funds		0.		0.		0.				
3 Proceeds in refunding or defeasance escrows		39,946,505.		26,654,337.		0.				
4 Other unspent proceeds		0.		0.		0.				
5 Issuance costs from proceeds		323,495.		215,663.		381,913.				
6 Working capital expenditures from proceeds		0.		0.		0.				
7 Capital expenditures from proceeds		0.		0.		26,388,087.				
8 Year of substantial completion		2005		2005		2006				
9 Were the bonds issued as part of a current refunding issue?		X		X		X				
10 Were the bonds issued as part of an advance refunding issue?	X		X		X					
11 Has the final allocation of proceeds been made?	X		X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

	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				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?						X				

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

Schedule K (Form 990) 2009

JSA

9E1295 2.000

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				
b Are there any research agreements with respect to the financed property which may result in private business use?						X				
c 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				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%	0.0000	%		%		%
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 section 501(c)(3) organization, or a state or local government ▶		%		%	0.0000	%		%		%
6 Total of lines 4 and 5		%		%	0.0000	%		%		%
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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X					
2 Is the bond issue a variable rate issue?	X		X		X					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X				
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X		X				

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

ATTACHMENT 2

CONFLICT OF INTEREST POLICY

FORM 990 PART VI SECTION B QUESTION 12C

IN THE FOURTH QUARTER OF EACH FISCAL YEAR, JEFFERSON HEALTH SYSTEM, INC. ("JHS") SENDS ITS CONFLICT OF INTEREST POLICY ALONG WITH ITS CONFLICT OF INTEREST AND DISCLOSURE FORM TO EACH TRUSTEE, BOARD COMMITTEE MEMBER, OFFICER AND CERTAIN OTHER EXECUTIVES. EACH PERSON WHO RECEIVES THE POLICY AND DISCLOSURE FORM IS REQUIRED TO (I) COMPLETE IT, (II) CERTIFY THAT THEY RECEIVED, READ AND UNDERSTAND THE POLICY, THAT THE INFORMATION IN THE DISCLOSURE FORM IS ACCURATE AND THAT THEY WILL NOTIFY JHS PROMPTLY OF ANY SITUATION THAT WOULD MATERIALLY CHANGE THE INFORMATION PROVIDED IN THE DISCLOSURE FORM AND (III) RETURN THE SIGNED DISCLOSURE FORM TO JHS. THE INFORMATION PROVIDED IN THE DISCLOSURE STATEMENTS IS REPORTED TO THE JHS AUDIT COMMITTEE, AND ANY CONFLICTS IDENTIFIED IN THE ANNUAL DISCLOSURE PROCESS OR OTHERWISE ARE HANDLED IN ACCORDANCE WITH THE POLICY.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

FORM 990 PART VI SECTION C QUESTION 19

JHS MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND QUARTERLY UNAUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY POSTING THEM ON ITS WEBSITE. JHS'S ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST.

DETERMINATION OF COMPENSATION

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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ATTACHMENT 2 (CONT'D)

FORM 990 PART VI SECTION B QUESTION 15B

USING THE SERVICES OF AN INDEPENDENT CONSULTING FIRM, JHS UTILIZED NO FEWER THAN THREE EXECUTIVE COMPENSATION SURVEYS IN DETERMINING THE COMPENSATION OF JHS'S CEO, SENIOR VICE PRESIDENT AND CFO, AND SENIOR VICE PRESIDENT - PAYER RELATIONS AND GENERAL COUNSEL. JHS USED MARKET DATA REPRESENTING FUNCTIONALLY COMPARABLE JOBS WITHIN SIMILARLY-SITUATED ORGANIZATIONS IN MAKING THESE COMPENSATION DETERMINATIONS. AFTER THE REVIEW AND DELIBERATION OF THE EXECUTIVE COMMITTEE OF THE JHS BOARD, WHICH HAS THE RESPONSIBILITIES OF A COMPENSATION COMMITTEE, COMPENSATION RECOMMENDATIONS WERE REVIEWED AND APPROVED BY THE FULL JHS BOARD. THE JHS CEO DOES NOT PARTICIPATE IN THE DELIBERATIONS OR VOTE REGARDING HIS COMPENSATION AND IT WAS DETERMINED THAT NO VOTING MEMBERS OF THE COMMITTEE OR BOARD HAD A CONFLICT OF INTEREST AS DEFINED BY APPLICABLE LAW. SUCH SURVEYS, DATA AND PROCESSES WERE ALSO USED IN DETERMINING THE COMPENSATION OF THE CEOS OF THE MAGEE MEMORIAL HOSPITAL FOR CONVALESCENTS, D/B/A MAGEE REHABILITATION HOSPITAL ("MAGEE"), MAIN LINE HEALTH, INC. ("MLH") AND TJUH SYSTEM INC. ("TJUH") (THE THREE "MEMBERS" OF JHS). ONE CUSTOM SURVEY IS USED FOR THE MAGEE CEO, AS THREE SURVEYS WERE NOT AVAILABLE. THE THREE MEMBER CEOS ARE EMPLOYEES OF EACH RESPECTIVE JHS MEMBER, AND THEIR COMPENSATION IS REPORTED ANNUALLY IN THE FORM 990 OF EACH RESPECTIVE JHS MEMBER. EACH JHS MEMBER CEO'S COMPENSATION IS DETERMINED BY THE JHS BOARD, AND THEY ARE APPOINTED AND MAY BE REMOVED BY THE JHS BOARD. THEY REPORT TO THE JHS CEO AND THEIR RESPECTIVE MEMBER BOARD. THE ABOVE DECISIONS WERE DOCUMENTED CONTEMPORANEOUSLY IN THE RESPECTIVE MINUTES.

EMPLOYEES AND FORM W3

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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ATTACHMENT 2 (CONT'D)

FORM 990 PART I LINE 5 AND FORM 990 PART V LINE 2A

ALL FEDERAL EMPLOYMENT TAX RESPONSIBILITIES FOR INDIVIDUALS EMPLOYED BY JHS (INCLUDING W-3 AND W-2 FILINGS) ARE HANDLED BY MAIN LINE HEALTH, INC.

JHS' EMPLOYEES ARE INCLUDED IN THE W-2 AND W-3 FLINGS OF MAIN LINE HEALTH, INC WITH MAIN LINE HEALTH, INC.'S EMPLOYEES. W-3 AND W-2 FORMS ARE NOT FILED UNDER THE JHS TAX IDENTIFICATION NUMBER.

ORGANIZATION OPERATION OF HOSPITALS

FORM 990 PART IV LINE 20

MAGEE, MLH AND TJUH OPERATE THE HOSPITALS WITHIN THEIR RESPECTIVE SYSTEMS AS NOTED ON FORM 990 SCHEDULE R. JHS, AS PARENT ORGANIZATION OF MAGEE, MLH AND TJUH, DOES NOT OPERATE ANY HOSPITALS DIRECTLY.

SIGNIFICANT CHANGE TO ORGANIZATION DOCUMENTS

FORM 990 PART VI SECTION A LINE 4

JHS' BYLAWS WERE AMENDED ON JUNE 9, 2010 TO MODIFY THE NUMBER OF DESIGNEES JHS' MEMBER ORGANIZATIONS MAY PROPOSE FOR ELECTION TO THE JHS BOARD OF TRUSTEES (5 VOTING MEMBERS BY EACH OF MAIN LINE HEALTH, INC. AND TJUH SYSTEM, INC. AND 1 NON-VOTING MEMBER BY MAGEE REHABILITATION HOSPITAL) AND INCREASE THE TOTAL NUMBER OF VOTING JHS TRUSTEES FROM 10 TO 11. THE BYLAWS WERE ALSO AMENDED TO PROVIDE THAT, (1) UPON A 2/3 SUPERMAJORITY OF THE BOARD OF TRUSTEES, TWO ADDITIONAL BOARD MEMBERS WHO WERE NOT AFFILIATED WITH ANY MEMBER ORGANIZATION MAY BE ADDED TO THE BOARD AS VOTING TRUSTEES AND (2) TO ESTABLISH A BOARD COMMITTEE EXCLUSIVELY DEDICATED TO EXECUTIVE COMPENSATION ISSUES, A FUNCTION THAT HAD BEEN PERFORMED BY THE JHS EXECUTIVE COMMITTEE. ALL SUCH AMENDMENTS WERE EFFECTIVE JULY 1, 2010.

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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ATTACHMENT 2 (CONT'D)

NOTES AND LOANS RECEIVABLE

FORM 990 PART X

JHS IS CURRENTLY THE ONLY MEMBER OF THE OBLIGATED GROUP. JHS ALSO ACTS AS THE OBLIGATED GROUP REPRESENTATIVE UNDER THE MASTER INDENTURE AND HAS DESIGNATED ITSELF AS THE CONTROLLING MEMBER FOR EACH OBLIGATED GROUP AFFILIATE. THE MASTER INDENTURE REQUIRES THAT JHS, AS CONTROLLING MEMBER, SHALL EITHER (I) MAINTAIN, DIRECTLY OR INDIRECTLY, CORPORATE CONTROL OF THE OBLIGATED GROUP AFFILIATE OR (II) ENTER INTO A CONTRACT WITH THE OBLIGATED GROUP AFFILIATE, WHICH, IN EITHER CASE (I) OR (II), SHALL BE SUFFICIENT TO CAUSE THE OBLIGATED GROUP AFFILIATE TO COMPLY WITH THE TERMS OF THE MASTER INDENTURE. AS OBLIGATED GROUP REPRESENTATIVE, THE CORPORATION ALSO DESIGNATES EACH OBLIGATED GROUP AFFILIATE.

IN CONNECTION WITH THE ISSUANCE OF DEBT, JHS WILL ENTER INTO A CONTRIBUTION AGREEMENT, WITH JEFFERSON HOSPITAL, MAIN LINE HEALTH, MAIN LINE HOSPITALS, TJUH, MIRMONT AND RIDDLE MEMORIAL HOSPITAL.

UNDER THE CONTRIBUTION AGREEMENT, THE OBLIGATED GROUP AFFILIATES AGREE TO TRANSFER TO JHS, OR SUCH PERSON AS JHS DESIGNATES, SUCH AMOUNTS AS JHS MAY REQUIRE OF THEM TO PAY THE PRINCIPAL OF AND INTEREST ON THE MASTER OBLIGATIONS SECURING THE OUTSTANDING BONDS.

IN ADDITION, EACH OBLIGATED GROUP AFFILIATE AGREES, IN THE CONTRIBUTION AGREEMENT, TO TAKE ALL ACTION WHICH JHS MAY REQUIRE OF THEM TO COMPLY WITH THE PROVISIONS OF THE MASTER INDENTURE AND THE MASTER OBLIGATIONS, INCLUDING WITHOUT LIMITATION, COMPLIANCE WITH ALL REQUESTS OF JHS PURSUANT TO THE PROVISIONS OF THE MASTER INDENTURE THAT REQUIRE JHS TO

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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ATTACHMENT 2 (CONT'D)

CAUSE THE OBLIGATED GROUP AFFILIATES TO TAKE, OR REFRAIN FROM TAKING, SPECIFIED ACTIONS. TO THE EXTENT THAT THE OBLIGATED GROUP AFFILIATE CONTROLS OTHER ENTITIES (WHETHER DIRECTLY OR INDIRECTLY THROUGH THE OWNERSHIP OF VOTING STOCK, CORPORATION MEMBERSHIP, RESERVED POWERS, INCLUDING, WITHOUT LIMITATION, THE POWER TO ELECT OR APPROVE MEMBERS OF BOARDS OF DIRECTORS OR TRUSTEES, OR THROUGH CONTRACT), THE OBLIGATED GROUP AFFILIATE AGREES TO CAUSE SUCH ENTITIES TO TRANSFER TO (OR UPON THE ORDER OF) THE OBLIGATED GROUP AFFILIATE, AMOUNTS, AND TO TAKE OR REFRAIN FROM TAKING SUCH ACTIONS, AS WILL ENABLE THE OBLIGATED GROUP AFFILIATE TO COMPLY WITH THE PROVISIONS OF THE CONTRIBUTION AGREEMENT.

ATTACHMENT 34A PROGRAM SERVICE

JHS, A PENNSYLVANIA NONPROFIT CORPORATION HEADQUARTERED IN RADNOR, PENNSYLVANIA, IS THE PARENT AND SOLE CORPORATE MEMBER OF A SYSTEM OF HEALTH CARE ORGANIZATIONS COMPRISED OF: MAGEE, MLH AND TJUH. MAGEE, MLH AND TJUH ARE COLLECTIVELY REFERRED TO AS "MEMBERS". MAGEE, MLH AND TJUH OPERATE THE HOSPITALS WITHIN THEIR RESPECTIVE SYSTEMS AS NOTED ON FORM 990 SCHEDULE R. JHS DOES NOT OPERATE ANY HOSPITALS.

IN ACCORDANCE WITH JHS' PRIMARY EXEMPT PURPOSE, JHS, THROUGH ITS MEMBERS, PROVIDES CHARITY CARE AND OTHER COMMUNITY BENEFITS, PROVIDES ACCESS TO HEALTH CARE SERVICES BY MEDICAL ASSISTANCE BENEFICIARIES, AND ENHANCES THE QUALITY OF CARE THAT IS DELIVERED TO THE COMMUNITY. JHS' EXPENSES RELATED TO THESE COMMUNITY BENEFIT

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

ACTIVITIES ARE INCLUDED IN THE TOTAL EXPENSES REPORTED ABOVE.

(1) ACCESS TO HEALTH CARE SERVICES BY THE UNINSURED AND OTHER
COMMUNITY BENEFITS

JHS HAS ESTABLISHED AND MAINTAINS MINIMUM STANDARDS FOR CHARITY CARE ("MINIMUM STANDARDS"), WHICH REQUIRE JHS' MEMBERS TO PROVIDE FREE AND DISCOUNTED HEALTH CARE SERVICES, I.E., CHARITY CARE, TO INDIVIDUALS WHO DO NOT HAVE HEALTH INSURANCE, INCLUDING INSURANCE PROVIDED THROUGH GOVERNMENT PROGRAMS. THE MINIMUM STANDARDS REQUIRE THE MEMBERS TO PROVIDE FREE CARE TO UNINSURED INDIVIDUALS WHO HAVE FAMILY INCOMES OF LESS THAN 200% OF THE FEDERAL POVERTY LEVEL. DISCOUNTS OF NO LESS THAN 65% PERCENT OF BILLED CHARGES ARE REQUIRED TO BE OFFERED TO UNINSURED PATIENTS WHO HAVE FAMILY INCOMES OF BETWEEN 200% AND 300% OF THE FEDERAL POVERTY LEVEL. ADDITIONAL DISCOUNTS ARE REQUIRED TO BE GIVEN TO UNINSURED INDIVIDUALS WHO HAVE FAMILY INCOMES BETWEEN 300% AND 500% OF THE FEDERAL POVERTY LEVEL.

THE MEMBERS MAINTAIN RECORDS TO IDENTIFY THE LEVEL OF CHARITY CARE PROVIDED. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED. SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE REPORTED IN THE JHS MEMBERS' FORM 990. MANAGEMENT ESTIMATES THAT THE CHARGES CONVERTED TO THE COST ASSOCIATED WITH THESE SERVICES AND SUPPLIES PROVIDED AS CHARITY

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

CARE BY THE MEMBERS OF JHS APPROXIMATED \$12.8 MILLION AND \$11.5 MILLION FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, RESPECTIVELY. THESE AMOUNTS DO NOT INCLUDE THE PROVISION FOR BAD DEBTS, WHICH WAS \$76.1 MILLION AND \$95.7 MILLION FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, RESPECTIVELY. JHS PERIODICALLY AUDITS THE MEMBERS' RECORDS TO DETERMINE WHETHER THE MEMBERS ARE DELIVERING FREE AND DISCOUNTED CARE TO INDIVIDUALS IN THE COMMUNITY IN COMPLIANCE WITH THE MINIMUM STANDARDS.

JHS NEGOTIATES AND ENTERS INTO ALL PAYOR CONTRACTS WITH RESPECT TO THE HEALTH CARE SERVICES PROVIDED BY ITS MEMBERS. REVENUE EARNED BY THE MEMBERS AS A RESULT OF JHS' PAYOR CONTRACTING AND ADMINISTRATION ACTIVITIES IS SPENT PROVIDING VARIOUS COMMUNITY BENEFITS, SERVICES SUCH AS EDUCATION, SCREENINGS AND SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES, HEALTH WELLNESS FESTIVALS, CONTINUUM OF INDEPENDENT LIVING AND SENIOR HEALTH PROGRAMS, HEART DISEASE SCREENINGS, MATERNITY CARE AND CHILDBIRTH PROGRAMS, AND OTHER RELATED COMMUNITY HEALTH PROGRAMS AND LECTURES. THE MEMBERS ARE ALSO INVOLVED WITH SCHOOL PARTNERSHIPS AND HELP ORGANIZE EDUCATIONAL PROGRAMS FOR CHILDHOOD AND ADOLESCENT HEALTH ISSUES, INCLUDING UNDERAGE DRINKING AND SMOKING. ASSOCIATED AMOUNTS EXPENDED FOR THE ABOVE COMMUNITY SERVICES APPROXIMATED \$52.4 MILLION AND \$56.0 MILLION FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, RESPECTIVELY.

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

(2) ACCESS TO HEALTH CARE SERVICES BY MEDICAID BENEFICIARIES

JHS NEGOTIATES AND ENTERS INTO BELOW COST PAYER CONTRACTS WITH MEDICAID MANAGED CARE ORGANIZATIONS ("MEDICAID MCOS") UNDER PENNSYLVANIA'S MEDICAID MANAGED CARE PROGRAM, HEALTHCHOICES, AND ADMINISTERS THE MEMBERS' RELATIONSHIPS WITH THE MEDICAID MCOS IN THE HEALTHCHOICES PROGRAM. THESE SERVICES ENHANCE ACCESS TO THE MEMBERS' HEALTH CARE SERVICES BY INDIGENT AND DISABLED INDIVIDUALS WHO ARE BENEFICIARIES OF THE MEDICAID PROGRAM. THE COST OF PROVIDING SERVICES TO MEDICAID BENEFICIARIES IN BOTH HEALTHCHOICES AND THE MEDICAID FEE-FOR-SERVICE PROGRAM EXCEEDED REIMBURSEMENT BY \$63.7 MILLION IN 2010 AND \$60.8 MILLION IN 2009.

(3) ENHANCING THE QUALITY OF CARE

JHS, THROUGH ITS QUALITY IMPROVEMENT STAFF AND OTHER DEPARTMENTS AND COMMITTEES, WORKS TO IMPROVE THE MEMBERS' PATIENT SAFETY AND SATISFACTION, PROVIDES EXPERTISE TO ASSESS THE QUALITY OF THE MEMBERS' SERVICES IN COMPARISON TO RECOGNIZED BENCHMARKS AND COORDINATES AND ESTABLISHES SYSTEMS THAT ARE INTEGRAL TO THE ENHANCEMENT OF THE QUALITY OF THE MEMBERS' SERVICES.

JHS IS THE FOCAL POINT FOR QUALITY AND PATIENT SAFETY INITIATIVES INCLUDING ADVERSE EVENT AND QUALITY DATA REPORTING, BENCHMARKING, QUALITY IMPROVEMENT PROJECTS DIRECTED AT SPECIFIC DISEASES OR

Name of the organization JEFFERSON HEALTH SYSTEM	Employer identification number 23-2814503
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

ASPECTS OF CARE, INITIATIVES RELATED TO HEALTH INFORMATION TECHNOLOGY AND THE MEANINGFUL USE OF ELECTRONIC MEDICAL RECORDS AND DISASTER PREPAREDNESS.

JHS COORDINATES THE NATIONALLY RECOGNIZED "BOARDS ON BOARD" PROGRAM FOR MEMBERS. IN CONSULTATION WITH THE MEMBERS' MEDICAL STAFFS, BOARD INVOLVEMENT INCLUDES REVIEWING AND APPROVING QUALITY IMPROVEMENT PLANS, SETTING QUALITY IMPROVEMENT GOALS, BRIEFINGS ON SERIOUS ADVERSE EVENTS, THE USE OF QUALITY AND SAFETY DATA AS FACTORS IN DETERMINING MANAGEMENT COMPENSATION, AND OVERALL BOARD EDUCATION ON QUALITY AND SAFETY. FURTHER, JHS COORDINATES PAY FOR PERFORMANCE INCENTIVES TO PROMOTE THE CONTINUOUS IMPROVEMENT OF THE QUALITY OF CARE DELIVERED BY MEMBERS. FOR EXAMPLE, HOSPITALS ARE ELIGIBLE FOR AN INCREASE IN SPECIFIC FEES FOR PARTICIPATION IN LOCAL AND NATIONAL PATIENT SAFETY INITIATIVES, IMPLEMENTING PROCESS CHANGE, AND IMPROVEMENT ON MEASURES OF PATIENT SAFETY AND PUBLICLY REPORTED RATES OF HOSPITAL-ACQUIRED INFECTIONS. THESE PROGRAMS ENHANCE THE QUALITY AND EFFICIENCY OF CARE DELIVERED TO THE COMMUNITY AND PERMIT MEMBERS TO DEVOTE MORE RESOURCES TO SERVING UNINSURED, UNDERINSURED AND UNDERSERVED PATIENTS.

THE JHS QUALITY IMPROVEMENT PROGRAM HAS RESULTED IN MEASURABLE REDUCTIONS IN: THE OCCURRENCES OF SKIN BREAKDOWN (DECUBITUS); THE INCIDENCE OF INFECTIONS OF THE BLOOD STREAM AND THE URINARY TRACT, PNEUMONIAS ASSOCIATED WITH BREATHING MACHINES (VENTILATORS); AND

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

THE NUMBER OF FALLS WITH INJURY. ADDITIONALLY, IT HAS RESULTED IN THE MEASURABLE IMPROVEMENT IN THE PROCESSES OF CARE OF PATIENTS WITH HEART ATTACK, HEART FAILURE AND PNEUMONIA, AND IN THE PROCESSES OF CARE IN PREVENTING POST OPERATIVE SURGICAL COMPLICATIONS.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PREMIER INC 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	QUALITY BENCHMARKING	797,821.
PRESS GANEY ASSOCIATES, INC. P.O. BOX 88335 MILWAUKEE, WI 53288-0335	BENCHMARKING	784,598.
FACTORY MUTUAL INSURANCE COMPANY P.O. BOX 7500 270 CENTRAL AVE JOHNSTOWN, RI 02919	INSURANCE CARRIER	1,394,341.
MARSH USA INC. P.O. BOX 371237 PITTSBURGH, PA 15251	INSURANCE BROKER	742,514.
ELLIOT GREENLEAF & SIEDZIKOWSKI P.O. BOX 3010 BLUE BELL, PA 19422	LEGAL SERVICES	569,603.
TOTAL COMPENSATION		<u>4,288,877.</u>

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

ATTACHMENT 5 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
MEMBER BOND INTEREST PAYMENTS TO JHS	26,575,613.			26,575,613.
INTEREST INCOME	217,783.			217,783.
PARTNERSHIP GAIN	128,095.		128,095.	
TOTALS	<u>26,921,491.</u>		<u>128,095.</u>	<u>26,793,396.</u>

ATTACHMENT 6

FORM 990, PART IX - BENEFITS PAID TO OR FOR MEMBERS

MEMBER BOND INTEREST EXPENSE	26575613.
TOTALS	<u>26575613.</u>

ATTACHMENT 7

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:	ALL MEMBERS	
ORIGINAL AMOUNT:	354,855,050.	
BEGINNING BALANCE DUE	354,855,050.
ENDING BALANCE DUE	<u>344,590,144.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE		<u>354,855,050.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES		<u>344,590,144.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

JEFFERSON HEALTH SYSTEM

Employer identification number

23-2814503

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FOR FISCAL YEAR 2010 JEFFERSON HEALTH SYSTEM, INC. ("JHS"), A NOT-FOR-PROFIT CORPORATION, WAS THE SOLE MEMBER OF THE FOLLOWING NON-PROFIT ENTITIES ("MEMBER")					N/A
MAIN LINE HEALTH INC 23-2331531 950 HAVERFORD ROAD SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3)	11	JHS
TJUH SYSTEM INC 26-3026795 111 SOUTH 11 ST. PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3)	11	JHS
MAGEE REHABILITATION HOSPITAL 23-1476328 1513 RACE STREET PHILADELPHIA, PA 19102	HEALTHCARE	PA	501 (C) (3)	3	JHS
FIVE POINTE PROFESSIONAL LIABILITY INSUR 20-4191006 1105 N. MARKET ST. SUITE 1300 WILMINGTON, DE 19899	INSURANCE	DE	501 (C) (3)		JHS

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MAIN LINE HEALTH IMAGING LP 23- 100 MATSONFORD RD. SUITE 400	HEALTH CARE	PA	ML REALTY	INVESTMENT	4,851,297.	5,653,739.		X			X
RMH HEALTH CARE CENTER II 23-2- 950 HAVERFORD RD. SUITE 110	OFFICE RENTAL	PA	RIDDLE MEMORIAL	OTHER	2,755.	245,015.		X			X
RIDDLE SURGICAL CENTER LLC 26- 1121 ROE AVENUE SUITE 300	HEALTH CARE	PA	RIDDLE MEMORIAL	INVESTMENT	418.	538,407.		X			X
BMHR ASSOCIATES 23-2311589 100 MATSONFORD ROAD, SUITE 400	HEALTHCARE	PA	ML REALTY	INVESTMENT	292,947.	1,091,325.		X			X
RIDDLE MEMORIAL H CENTER III A 950 HAVERFORD ROAD, SUITE 110	OFFICE RENTAL	PA	RIDDLE MEMORIAL	OTHER	138,673.	-258,932.		X			X
RIDDLE IMAGING ASSOCIATES LP 2- 1068 WEST BALTIMORE PIKE	HEALTH CARE	PA	RHCS	RELATED	164,117.	3,670,103.		X			X
RIVERVIEW SURGRY CENTER 26-391 THREE CRESENT DRIVE	HEALTHCARE	PA	TJUH INC.	RELATED	51.	51.		X	0.		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
WHITHALL STATION INSURANCE COMPANY LTD 68 WEST BAY ROAD KY1-1102 GRAND CAYMAN, GRAND CAYMAN	INSURANCE	CJ	JHS	C CORP			100.0000
JEFFERSON HEALTH NETWORK INC 23-2859149 259 N. RADNOR CHESTER RD. SUITE 290 RADNOR, PA 19087	INACTIVE	PA	JHS	PARTNERSHI			100.0000
MOUNTAIN LAUREL RISK RETENTION GROUP 14-1868175 259 N. RADNOR CHESTER RD SUITE 290 RADNOR, PA 19087	INSURANCE	VT	JHS	C CORP	408,019.	218,394,104.	100.0000
SEPA HEALTHCARE ALLIANCE INC 20-3855830 259 N. RADNOR CHESTER RD SUITE 290 RADNOR, PA 19087	INACTIVE	PA	JHS	C CORP			100.0000
LIMR DEVELOPMENT INC 26-0442830 100 LANCASTER AVE. WYNNEWOOD, PA 19096	PRODUCT DEVEL	PA	LIMR	C CORP	-1,446.	754,859.	100.0000
LIMR CHEMICAL GENOMICS CENTER INC 26-0442929 100 LANCASTER AVE. WYNNEWOOD, PA 19096	SERVICE ORG	PA	LIMR	C CORP	-506,670.	412,916.	100.0000
RIDDLE ENTERPRISES INC 23-2359873 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	FACILITY SUPP	PA	RMH	C CORP	-12,043.	85,949.	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) MAGEE REHABILITATION	OPERATIONS	224,008.
(2) MAIN LINE HEALTH	OPERATIONS	4,463,570.
(3) THOMAS JEFFERSON UNIVERSITY HOSPITAL	OPERATIONS	4,609,268.
(4) MAIN LINE HEALTH	DEBT INTER	6,850,024.
(5) THOMAS JEFFERSON UNIVERSITY HOSPITAL	DEBT INTER	19,725,589.
(6)		

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FOR FISCAL YEAR 2010, MAIN LINE HEALTH, INC. WAS THE SOLE MEMBER OR OWNER (EXCEPT WHERE NOTED) OF THE FOLLOWING ENTITIES:					N/A
MAIN LINE HOSPITALS INC D/B/A 23-1352160 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3) 3		MAIN LINE H
THE BRYN MAWR HOSPITAL 23-1352160 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3) 3		MAIN LINE H
THE LANKENAU HOSPITAL 23-1352160 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3) 3		MAIN LINE H
PAOLI HOSPITAL 23-1352160 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3) 3		MAIN LINE H
LANKENAU INSTITUTE FOR MEDICAL RESEARC 23-2175659 100 LANCASTER AVENUE WYNEWOOD, PA 19096	MEDICAL RESE	PA	501 (C) (3) 4		MAIN LINE H
RIDDLE MEMORIAL HOSPITAL 23-1529076 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTH CARE	PA	501 (C) (3) 3		MAIN LINE H
RIDDLE SYSTEM SERVICES 22-2606542 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	MANAGEMENT S	PA	501 (C) (3) 11B		MAIN LINE H
MIRMONT ALCOHOL REHABILITATION CENTE 23-2215243 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTHCARE	PA	501 (C) (3) 3		MAIN LINE H
RMH PHYSICIAN SERVICES 22-2606540 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	PROFESSIONAL	PA	501 (C) (3) 11A		MAIN LINE H
RIDDLE HEALTH CARE SERVICES 22-2606545 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTH CARE	PA	501 (C) (3) 11 TYPE II		RIDDLE MEMO
RIDDLE HEALTHCARE ASSOCIATES 23-2900844 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	PHYSICIAN PR	PA	501 (C) (3) 9		MAIN LINE H
MAIN LINE DIVERSIFIED SERVICES, INC. 23-2859148 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTH CARE	PA	501 (C) (3) 11A		MAIN LINE H
MID-COUNTY SENIOR SERVICES 23-2257114 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	ELDER CARE	PA	501 (C) (3) 9		MAIN LINE D
JEFFERSON HOME CARE NETWORK 23-2308028 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTH CARE	PA	501 (C) (3) 9		MAIN LINE D
THE HOSPICE AND HOME CARE FOUNDA 23-2306936 100 MATSONFORD RD. SUITE 400 RADNOR, PA 19087	FUNDRAISING	PA	501 (C) (3) 11 TYPE III		JEFFERSON H
MAIN LINE SERVICES 23-2359402 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	HEALTH CARE	PA	501 (C) (3) 11 TYPE II		MAIN LINE D

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MAIN LINE HEALTH LABORATORIES 23-2774744 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	LABORATORY S	PA	501 (C) (3)	11 TYPE II	MAIN LINE D
MAIN LINE AFFILIATES 23-2308668 100 MATSONFORD RD. SUITE 400 RADNOR, PA 19087	HEALTH CARE	PA	501 (C) (3)	9	MAIN LINE D
BRYN MAWR REHABILITATION HOSPITAL 23-2110812 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	REHABILITATI	PA	501 (C) (3)	3	MAIN LINE H
MAIN LINE REALTY CORPORATION 22-2440273 100 MATSONFORD RD. SUITE 400 RADNOR, PA 19087	REAL ESTATE	PA	501 (C) (3)	11 TYPE I	MAIN LINE H
MAIN LINE HEALTHCARE 23-2359401 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	PHYSICIAN MG	PA	501 (C) (3)	11 TYPE I	MAIN LINE H
BRYN MAWR HOSPITAL SELF-INSURANCE TRU 23-2096652 950 HAVERFORD RD. SUITE 110 BRYN MAWR, PA 19010	SELF INSURAN	PA	501 (C) (3)	11A	MAIN LINE H
THE LANKENAU HOSPITAL MALPRACTICE TRU 23-2172021 950 HAVREFORD RD. SUITE 110 BRYN MAWR, PA 19010	SELF INSURAN	PA	501 (C) (3)	11A	MAIN LINE H
THE BRYN MAWR HOSPITAL FOUNDATION 23-2179020 130 SOUTH BRYN MAWR AVE. BRYN MAWR, PA 19010	FUNDRAISING	PA	501 (C) (3)	11 TYPE III	N/A
THE LANKENAU HOSPITAL FOUNDATION 23-2176723 100 LANCASTER AVE. WYNNEWOOD, PA 19096	FUNDRAISING	PA	501 (C) (3)	11 TYPE III	N/A
PAOLI HOSPITAL FOUNDATION 23-2359407 255 WEST LANCASTER AVE. PAOLI, PA 19301	FUNDRAISING	PA	501 (C) (3)	11 TYPE III	N/A
BRYN MAWR REHABILITATION FOUNDATION 23-2507348 414 PAOLI PIKE MALVERN, PA 19355	FUNDRAISING	PA	501 (C) (3)	11 TYPE III	N/A
RIDDLE HEALTH SYSTEM (INACTIVE) 22-2606535 1068 WEST BALTIMORE PIKE MEDIA, PA 19063	INACTIVE	PA	INACTIVE		N/A
THE SHARPE - STRUMIA RESEARCH FOUNDATION 20-0106546 100 LANCASTER AVE. WYNNEWOOD, PA 19096	HOSP SUPPORT	PA	501 (C) (3)	11C	NONE
THE RIDDLE HEALTHCARE FOUNDATION 04-3601189 1068 WEST BALTIMORE PIKE MEDIA, PA 19063	FUNDRAISING	PA	501 (C) (3)	11 TYPE III	NONE
MAIN LINE HEALTH HEART CENTER 23-2119720 100 LANCASTER AVE. SUITE 558 WYNNEWOOD, PA 19096	HEALTH CARE	PA	501 (C) (3)	11 TYPE IV	MLH
FOR FISCAL YEAR 2010 TJUH SYSTEM INC WAS THE SOLE MEMBER					N/A
OR OWNER (EXCEPT WHERE NOTED) OF THE FOLLOWING ENTITIES:					N/A
JEFFEX INC 23-2622009 100 MATSONFORD RD. RADNOR, PA 19087	HEALTHCARE	PA	501 (C) (3)	11	TJUH SYSTEM

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EMERGENCY TRANSPORT ASSOCIATES INC 232622004 414 NORTH 5TH ST. PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3) 9		TJUH SYSTEM
JEFFQUIP INC 23-2622001 100 MATSONFORD RD. SUITE 400 RADNOR, PA 19087	HEALTHCARE	PA	501 (C) (3) 9		TJUH SYSTEM
WALNUT HOME THERAPEUTICS 23-2622006 919 WALNUT ST. 5TH FLOOR PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3) 9		TJUH SYSTEM
SUTHBREIT PROPERTIES LTD 23-2214351 2301 SOUTH BROAD ST. PHILADELPHIA, PA 19148	HEALTHCARE	PA	501 (C) (3) 11		TJUH SYSTEM
TJUH HEALTH AFFILIATES 23-3026939 SCOTT BUILDING 1020 WALNUT ST. PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3) 11		TJUH SYSTEM
METHODIST ASSOCIATES IN HEALTHCARE 23-2678055 2301 SOUTH BROAD ST. PHILADELPHIA, PA 19148	HEALTHCARE	PA	501 (C) (3) 11		TJUH SYSTEM
JEFFERSON MEDICAL CARE PC (NJ) 23-3537847 1020 WALNUT STREET PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3) 11		TJUH SYSTEM
JEFFERSON MEDICAL CARE PC (PA) 23-2858320 1020 WALNUT ST. PHILADELPHIA, PA 19107	HEALTHCARE	PA	501 (C) (3) 11		TJUH SYSTEM
FOR FISCAL YEAR 2010 MAGEE REHABILITATION HOSPITAL WAS THE SOLE MEMBER					N/A
OR OWNER (EXCEPT WHERE NOTED) OF THE FOLLOWING ENTITIES:					N/A
MAGEE REHABILITATION SERVICES INC 23-2431331 1513 RACE ST. PHILADELPHIA, PA 19102	HEALTHCARE	PA	501 (C) (3) 11	TYPE I	MAGEE REHAB
MAGEE REHABILITATION HOSPITAL FOUNDATION 23-2937749 1513 RACE ST. PHILADELPHIA, PA 19102	FUNDRAISING	PA	501 (C) (3) 11	TYPE II	MRH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

