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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar vea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9					
		plicable		C Name of organization			D	Employer ide	ntification number		
_	dress ch	•	Please use IRS	St Joseph Hospital & Health Center Inc				35-099271	7		
_		-	label or print or	Doing Business As		E Telephone number					
_	me char	-	type. See					(765) 456-5	304		
Inr	tıal retur	'n	Specific Instruc-	Number and street (or P O box if mail is	ss) Room/	suite		s \$ 106,418,479			
Te	minatio	n	tions.	1907 W Sycamore Street					- ,,,		
— Am	nended r	eturn		City or town, state or country, and ZIP +	4	I					
— _{Ар}	plication	pending		Kokomo, IN 46901							
			E Nan	ne and address of Principal Officer		l 117 > -					
				E Ressler			s this a ffiliates?	group return	for		
				N Sycamore Street					,,		
				o,IN 46901	_	H(b) A	re all affi	liates include	d?		
I la	ıx-exem	pt status	501(c)) (3) ◀ (Insert no)	527				See instructions)		
J W	eb site	e: 🕨 www	w stjosephł	nospital net		H(c) (Group Ex	xemption Nui	mber ▶ 0928		
						L					
К Тур	e of org	anızatıon	✓ Corporat	ion trust association other ►		L Year	of Format	ion 1913 M	State of legal domicile IN		
Pa	rt I	Sumi	mary								
				e organization's mission or most sig	nıfıcant actıvıtıes						
01				e a just and compassionate health c							
≧											
፼											
<u>.</u>	2	Checkit	his box 🗀	if the organization discontinued its o	operations or disposed o	f more th	an 25%	of its assets	:		
Governance			,	nembers of the governing body (Part					16		
			-	ndent voting members of the governi	•			4	9		
e S						,		_	1,012		
Ę				nployees (Part V, line 2a)				5 _			
ACTIVITIES &				olunteers (estimate if necessary) .				<u> </u>	157		
4.				ted business revenue from Part VIII		•		_	113,746		
	Ь	Net unr	elated busi	iness taxable income from Form 990	I-T, line 34			7b	68,932		
							Prior Y		Current Year		
<u>a</u>	8			d grants (Part VIII, line 1h)			666,031	821,498			
Ĕ	9			revenue (Part VIII, line 2g)			106	,500,657	116,137,475		
Ravenu	10			me (Part VIII, column (A), lines 3, 4		4	,127,849	-11,536,784			
_	11		-	art VIII, column (A), lines 5, 6d, 8c				422,487	553,185		
	12		evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lın	e	111	,717,024	105,975,374		
	13	12)	and simils	ar amounts paid (Part IX, column (A)	\ lines 1 – 3\			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	82,011		
	14								0 0 0 0		
				or for members (Part IX, column (A),	•	_			0		
82	15	Salarie 10)	es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines :	>-	49	,351,408	52,534,830		
Expenses	16a	,	sional fund	lraising fees (Part IX, column (A), lir	ne 11e)				0		
<u>⊕</u>	Ь			penses, Part IX, column (D), line 25 0							
Ð	17	•		(Part IX, column (A), lines 11a–11d	/		16	,057,716	52,572,926		
	18			add lines 13-17 (must equal Part I				3,409,124	105,189,767		
. <i>in</i>	19	Keven	ue iess exp	penses Subtract line 18 from line 12	4			,307,900	785,607		
න ඇ. කුළේ						Beg	ginning o		End of Year		
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			127	,752,683	127,839,863		
Ϋ́ Β.	21	Total I	ıabılıtıes (F	Part X, line 26)			3 3	,735,541	37,019,942		
25	22	Netas	sets or fun	nd balances Subtract line 21 from lir	ne 20		94	,017,142	90,819,921		
Pa	rt II	Sign	ature Blo	ock							
		Under p	enalties of pe	егјигу, I declare that I have examined this re	turn, including accompanying	schedules	and stater	ments, and to tl	he best of my knowledge		
		and beli	ef, it is true, o	correct, and complete Declaration of prepar	er (other than officer) is base	d on all info	omation o	of which prepare	er has any knowledge		
Plea		2010-Compating of officer									
Sigr Her		Signature of officer Date									
			nis E Ressler (
		Туре	or print nam	ne and title							
		Preparer				Check If	P	reparer's PTIN (See Gen Inst)		
Paid		signature	₽ ▶			self- empolyed 🕨	. ┌ │				
	arer's	Firm's na	ame (or yours	s 👠 Deloitte Tax LLP		• • •	'				
_	Only	ıf self-er	nployed), and ZIP + 4	P		E	IN 🕨				
	-	auuress,	ana ZIP + 4	111 Monument Circle Suite 2000			Pi	hone no 🕨 (3:	17) 464-8600		
		<u> </u>		Indianapolis, IN 462045108				, (3.	•		
Mav	the ID	S diecue	e thic ratii	rn with the preparer shown above? (Egg inctructions)				Vas I No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table			
2	the prior Form 990 or 990-EZ?		during the year which were not listed oi	n
3	If "Yes," describe these new services Did the organization cease conducting services?	g or make sıgnıfıcant chang · · · · · ·	es in how it conducts any program	┌ Yes ┌ No
4		ements for each of the organ ons and 4947(a)(1) trusts a	nization's three largest program service ire required to report the amount of grai service reported	
4a	a patient's race, creed, national origin, econo) is a 167-bed, critical access hos omic status, or ability to pay Dur rovided services for 200,152 outp	ng grants of \$ 82,011) (Revenu pital serving Howard and contiguous counties ar ing fiscal year 2009, SJHHC treated 5,064 adults patient visits, including 20,523 outpatient surger programs and descriptions	d providing services without regard to and children for a total of 25,065
4b	county, or hospital guidelines was \$6,000,65 Medicaid or other public programs for the po	the unreimbursed cost of free or 3, which included \$1,529,114 of or (Note that SJHHC also provide f unreimbursed cost of free or dis	ng grants of \$) (Revenue discounted services provided to patients who w traditional charity care and \$4,471,539 in unpaic es a substantial portion of its services to the elde scounted services does NOT include \$6,976,991 ity benefit programs and descriptions	ere deemed indigent under state, I costs of care for those qualifying for erly, but in keeping with Catholic
4c	(Code) (Expenses \$	411,283 ıncludı	ng grants of \$) (Revenue	2 \$)
	together to address issues impacting health a unbilled services to the poor and to the broad provided a total community benefit of \$6,41	and quality of life, with special en der community (When combined 1,936 in fiscal year 2009) SJHHC	HC) partners with its community to assess com nphasis on the poor and vulnerable. In fiscal yea with the costs of free or discounted services fo serves and supports its community through such f community benefit programs and descriptions	ar 2009, SJHHC provided \$411,283 in r the poor listed in Line 4b, SJHHC
4d	Other program services (Describe ii	n Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	91,669,046 Mu	st equal Part IX, Line 25, column (B).	

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

Part IV Checklist of Required Schedules (Continued)

			1 63	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
3 1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	99			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,012			
b	If at least one is reported in 2a, did the organization file all required federal employn	nent t	ax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more durin			20	163	
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
Ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	-		
_	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?		-	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		ĺ			
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

	Section A.	Governing	Body and	Management
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			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 16			
Ь	Enter the number of voting members that are independent 1b 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?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
		TOD	1 63	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Dennis E Ressler 1907 W Sycamore Street Kokomo, IN 46901 (765) 456-5304

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee Individual Trustee or Prestor		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
1b Total							-	2,211,767	1,185,065	187,221

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

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

Section B. Independent Contractors

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

\$100,000 of compensation from the organization								
(A) Name and business address	(B) Description of services	(C) Compensation						
Safescan Imaging Services LLC 5100 Montour Road Emmett, ID 83617	Imaging services	631,355						
American Health Network 10333 N Meridian Street Indianapolis, IN 46290	Physician services	266,506						
Forest Park LLC 329 N Main Street Kokomo, IN 46901	Propery management	238,087						
Assured Healthcare LLC 7922 E Edgewood Avenue Indianapolis, IN 46239	Anesthesiology services	216,388						
Panchapakesan P Haran MD 3310 Timber Valley Drive Kokomo, IN 46902	Physician services	188,749						
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	'	12						

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
nts nts	ь	Membership d	ues					
gra	С	Fundraising ev	1b vents					
îş, H			1c					
<u> </u>	d		izations					
Sir.	е	_	nts (contributions) 1e		ļ	ļ		
美量	f	All other contribut similar amounts i	tions, gifts, grants, and not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash cont	1f rıbutıons ıncluded ın					
ρg	9							
Ų	h		es 1a-1f) . . .	· · · · <u>.</u>	821,498			
				Business Code				
nue	2a	Net patient rever	nues	621,990	79,352,357	79,352,357		
e, e	b	Net Medicare/Me	dıcaıd	621,990	36,785,118	36,785,118		
ě E	С							
7.45	d							
æ	e							
<u>ra</u>	f	All other prog	ram service revenue					
Program Service Revenue	g	Total Add line	es 2a-2f					
	9	► \$ 116,137,475						
	3		come (including divi		44 844 646	20.227		11 500 000
		other sımılar a	amounts)		-11,541,646	39,337		-11,580,983
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
		·	(ı) Real	(II) Personal				
	6a	Gross Rents	347,117					
	ь	Less rental expenses	442,467					
	С	Rental income or (loss)	-95,350					
	d	, ,	ome or (loss)		-95,350			-95,350
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	(,,	5,500				
		assets other than inventory						
	ь	Less cost or other basis and		638				
		sales expenses						
	c	Gain or (loss)	\	4,862	4,862			4,862
	d	Net gain or (lo	· · · · ·	. ▶	4,802			4,602
	8a		from fundraising					
пе			ns reported on line					
≅ >		1c) See Part Attach Schedul	IV , line 18 <i>'e G if total exceeds</i>					
æ			а					
Other Revenue	ь	Less directe	xpensesb					
₹	С	Net income or	(loss) from fundrais	ıng events ▶-				
	9a	Gross income						
		Complete Sche	e part IV , line 19 dule G if total					
		exceeds \$15,00	00					
			a					
	b c		xpensesb (loss) from gaming a	activities				
				▶				
	10a	Gross sales o returns and al						
	h	100	a and sold					
	b c		goods sold b (loss) from sales of					
		Miscellaneou	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	Cafeteria reve		722,210	534,789			534,789
	ь	Lab services		621,990	113,746		113,746	
	С							
		Δ II other rever	nue					
	d e		nue es 11a-11d					
				\$ 648,535				
	12	Total Revenue 8c,	a. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	105,975,374	116,176,812	113,746	-11,136,682
			l1e	. ▶				

Part IX Statement of Functional Expenses

Δ	Section 501(c)(3) and 501(c)(4) org).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		одрениес	general expenses	скрепьев
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	82,011	82,011		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	453,571		453,571	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	41,531,682	35,972,002		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,261,975	1,093,039	168,936	
9	Other employee benefits	6,382,064	5,527,723	854,341	
10	Payroll taxes	2,905,538	2,516,585	388,953	
11	Fees for services (non-employees)				
а	Management	3,632,083	3,145,871	486,212	
b	Legal	125,364	108,582	16,782	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	798,634	691,724	106,910	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	3,024,811	2,619,892	404,919	
15	Royalties				
16	Occupancy	2,672,916	2,315,103	357,813	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	272,801	236,282	36,519	
20	Interest	605,068	524,070	80,998	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,472,598	3,873,869	598,729	
23	Insurance	612,417	612,417		
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)				
а	Supplies	15,557,380	13,474,776	2,082,604	
b	Community benefit	6,411,936	6,411,936		
c	Purchased services	5,376,033	4,656,365	719,668	
d	Miscellaneous	2,472,550	2,141,559	330,991	
e	Equipment rental/mainte	1,835,588	1,589,865	245,723	
	All other expenses	4,702,747	4,075,375	627,372	
25	Total functional expenses. Add lines 1 through 24f	105,189,767	91,669,046	13,520,721	0
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year	1	End of	year
	2	Savings and temporary cash investments			5,436,593	2		7,435,628
	3	Pledges and grants receivable, net			3,430,333	3		7,400,020
	4	Accounts receivable, net			11,833,519	4	11	0,847,076
	5	•			11,033,313	-		0,047,070
		Receivables from current and former officers, directors, trustee other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			1,358,127	8		1,010,877
ş	9	Prepaid expenses and deferred charges			280,295	9		321,568
Assets	10a	Land, buildings, and equipment cost basis	10a	139,461,948				
4	ь	Less accumulated depreciation Complete Part VI of	100	100, 101,010	-			
	"	Schedule D	10b	100,408,235	41,456,705	10c	3:	9,053,713
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of	306,157	12		332,815
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.	II		13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	67,081,287		6	8,838,186		
		D			407.750.000	15	40	7 000 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			127,752,683	16		7,839,863
	17	Accounts payable and accrued expenses .	8,916,167	17	;	9,126,418		
	18	Grants payable		18				
	19	Deferred revenue			19			
S.	20	Tax-exempt bond liabilities			20			
ţje	21	Escrow account liability Complete Part IV of Schedule D	•		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	5.			23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities		24,819,374	25	2	7,893,524	
	26	Total liabilities. Add lines 17 through 25			33,735,541	26	3	7,019,942
s e		Organizations that follow SFAS 117, check here ► ✓ and comthrough 29, and lines 33 and 34.	plete l	ines 27				
Balance	27	Unrestricted net assets			93,849,861	27	9	0,715,272
<u>က</u> က	28	Temporarily restricted net assets			167,281	28		104,649
=	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here	nd con	nplete				
ō	30	lines 30 through 34. Capital stock or trust principal, or current funds				30		
Assets						31		
ر اک	31 32	Paid-in or capital surplus, or land, building or equipment fund				31		
		Retained earnings, endowment, accumulated income, or other f	unus		94,017,142			0,819,921
Net	33	Total labelities and not assets /fund balances				33		
	34	Total liabilities and net assets/fund balances			127,752,683	34	12	7,839,863
Pa	rt XI	Financial Statements and Reporting						
		<u> </u>					Yes	No

Dart YT	Financial	Statements	and Reporting

	_		
1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	N o
b	If "Yes," did the organization undergo the required audit or audits?	3b	

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As Filed Data -

DLN: 93493133043590

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

St Jos	eph Hos	spital & Health	Center Inc									
								35	-099271	7		
	rt I			harity Status (to be co					Instruct	ions)		
The o	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Г	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	n Section :	170(b)(1)((A)(i).			
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	굣	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Γ	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Γ	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	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ıs, membe	rship fees	, and gross	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	ee instruc	tions)	
11	Γ	Anorganiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he 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										
				type of supporting organiza					_		III 045	
_	_	a T				- Function	-	_	d		III - Other	
e	ı	•	- ,	rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	men, supp.	ortou orga	· · · · · · · · · · · · · · · · · · ·		5 6 6 6 7 6 7	1005(4)(1)01	
f		If the orgar	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ig organizatio <u>n,</u>	
		check this			J c t-							
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	!			
				rindirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No	
			•	ng body of the the supported		-			. ,	11g		
				erson described in (i) above	_					11g(
				ty of a person described in (bove?				11g(
h				nation about the organizatio			supports					
			_	-								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	is the	(v) Did)	ou notify	(vi) I	s the	(vii) A mount of	
		orted		(described on lines 1-9		ation in		anızatıon		ation in	support?	
	O rgan	ıızatıon		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	Sup	port?	in the	US?		
					Yes	No	Yes	No	Yes	No	1	
					1.03							
						<u> </u>						
						 				 		
					<u> </u>	1	-	1		-		

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

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

Open to Public

nterna	Revenue Service				Inspection
f the	e organization answered	d "Yes," to Form 990, Part IV, Line 3,	or Form 990-EZ, P	art VI, line 46 (Political C	
		ns complete Parts I-A and B Do not comp			
	, , ,	ction 501(c)(3)) organizations complete F	Parts I-A and C below	w Do not complete Part I-B	
	ction 527 organizations co	· ·	o - Form 000E7 Da	out VI line 47 /l abbying	A ativitie = \
	-	d "Yes," to Form 990, Part IV, Line 4, ns that have filed Form 5768 (election und		, , ,	•
	, ,, ,	ns that have NOT filed Form 5768 (election and		•	•
		d "Yes," to Form 990, Part IV, Line 5 ((
	1 /1 /: 1 /: 1 /	organizations complete Part III			
	me of the organization oseph Hospital & Health Center	Inc		Employer ide	ntification number
50 3	oseph hospital a health center			35-0992717	7
Par		ted by all organizations exemp . (See the instructions for Schedule		n 501(c) and section	1 527
1	Provide a description of t	he organization's direct and indirect po	ıtıcal campaıgn act	ivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
D	AT D. To be seconded	ad har all arrant-alterna		- F04(-)(2) (Cookbo	
Pair	for Schedule C	ted by all organizations exempt for details.)	t under section	1 501(c)(3). (See the	Instructions
1	Enter the amount of any	excise tax incurred by the organization	under section 4955	i	\$
2	Enter the amount of any	excise tax incurred by organization man	agers under section	n 4955	\$
3	If the organization incurr	ed in a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part	: IV			
Par		ted by all organizations exemp tions for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly	expended by the filing organization for	section 527 exemp	ot function activities	\$
2		ılıng organızatıon's ınternal funds contrı	buted to other organ	nızatıons for section	
	527 exempt funtion activ	rities			\$
3	Total of direct and indired 1120-POL, line 17b	ct exempt function expenditures Add III	nes 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization	n file Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the am political contributions re-	ses and Employer Identification Numbe ount paid and indicate if the amount was ceived and promptly and directly deliver tical action committee (PAC) If additio	paid from the filing ed to a separate po	j organization's own intern olitical organization, such	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

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

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		1,362
j	Total lines 1c through			1,362
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	\star To be completed by all organizations exempt under section $F01(c)(A)$ so	stion	E01/6	\/E\ or

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

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

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	_
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

	me of the organization oseph Hospital & Health Center Inc		Employer identification number
JL J	озори позрнага пеани сепнегине		35-0992717
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		
		(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 advi- funds are the organization's property, subject to the		oradvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		may be
Da	impermissible private benefit? rt III Conservation Easements. Complete	of the organization answered "Ves" to	<u> </u>
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating the protection of natural habitat Preservation of open space	rganization (check all that apply) on or pleasure) Preservation of an	historically importantly land area
_			
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	or a conservation easement
	· ·		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement:	S	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🟲	· · · · ·	
4	Number of states where property subject to conserva	ition easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ear ►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	•
	(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, histofollowing amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		F \$
ь	Assets included in Form 990 Part Y		h- ¢

Part	•••• Organizations Maintaining Collec	tions of Art, His	tori	<u>cal Treası</u>	<u>ıres, or Othe</u>	<u>r Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and other recitems (check all that apply)	ords, check any of th	ne fol	lowing that ar	e a significant u	se of its col	lection		
а	Public exhibition	d	Γ	Loan or exc	hange programs				
ь	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collec Part XIV	tions and explain hov	w the	y further the (organization's ex	cempt purpo	se in		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be					nılar	Γ,	í es	Г No
Par	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amoun				anızatıon answ	ered "Yes'	' to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian on included on Form 990, Part X?	or other intermediary	for c	ontributions	or other assets	not	Γ,	í es	┌ No
b	If "Yes," explain why in Part XIV and complete the second complet	ne following table				Г			
							A mou	nt	
с	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 9	990, Part X, line 21?					Γ,	es (☐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	t V Endowment Funds. Complete if the							- v	
	 	a)Current Year (b	Prior	Year (c) IW	o Years Back (d)	Three Years Ba	аск (е)	Four Ye	ears Back
1a L	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end	d balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment								
С	Term endowment ▶								
3a	Are there endowment funds not in the possession	n of the organization	thata	are held and a	administered for	the			
-	organization by	3				_		Yes	No
	(i) unrelated organizations		•			H-	3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(II), are the related organizations li	•					3b		
4	Describe in Part XIV the intended uses of the organization				- 1 1/ 1 10				
Paï	t VI Investments—Land, Buildings, a	na Equipment. S			•	I			
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprecia	ition	(d) Bo	ok value
1a	and				1,422,671	1	L		1,422,671
b	Buildings				63,345,454	36,99	8,951	2	6,346,503
c	easehold improvements				2,350,173	1,59	0,066		760,107
d	Equipment			·	72,256,467	61,81	9,218	1	0,437,249
	Other	<u> </u>			87,183				87,183
Tota	. Add lines 1a-1e (Column (d) should equal Form S	990, Part X, column (B,	, line	10(c).)		▶		3	9,053,713
						Schedu	le D (F	orm 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
(a) Description of investment type			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 15		
(a) Descrip			(b) Book value
Deferred compensation			96,914
Intercompany receivable			87,373
Physician guarantees			305,802
Due from third party programs			752,154
Health System Depository Account			67,491,294
Restricted by donor or grantor			104,649
Total. (Column (b) should equal Form 990, Part X, col.(B) line			68,838,186
Part X Other Liabilities. See Form 990, Part X	T [*]		
(a) Description of Liability Federal Income Taxes	(b) A mount		
	1 006 567		
Intercompany payables Pension liability	1,986,567 5,749,930		
Self insurance liability	10,088		
O ther	1,726,770		
Payables to third party programs	955,780		
Intercompany debt to Ascension Health	17,367,475		
Ascension Health deferred compensation	96,914		
	23,221		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	27,893,524		

	dule D (Form 990) 2008		Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
.0	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
	Reconciliation of Revenue per Audited Financial Statements With Revenue		rn
	Total revenue, gains, and other support per audited financial statements	. 1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b	1	
С	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	turn
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Losses reported on Form 990, Part IX, line 25	_	
d	Other (Describe in Part XIV) 2d	_	
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV)	_	
С	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	t XIV Supplemental Information		

Ident if ier	Return Reference	Explanation
		In June 2006, the FASB issued Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48), which clarifies the accounting for uncertainty in income tax positions recognized in financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return Effective June 30, 2007, St Joseph Hospital & Health Center, Inc adopted FIN 48 The adoption of FIN 48 did not have a material impact on the organization's financial position or results of operations

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DLN: 93493133043590

OMB No 1545-0047

2008

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization St Joseph Hospital & Health Center Inc **Employer identification number**

35-0992717 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5c **6a** Does the organization prepare an annual community benefit report? **6b** If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups

(from worksheet 8) . . . j Total Other Benefits . . . k Total (line 7d and 7j)

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<u> </u>	(d) Direct offsetting (e) Net comi		(e) Net commur building expens	nity	y (f) Percer	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	o c k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2008)	3)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Joseph Hospital & Health Center Inc	1,						<u> </u>		
1907 W Sycamore Street Kokomo, IN 46901	X	Х					Х		
	_								
		<u> </u>							<u> </u>

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493133043590

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

St Joseph Hospital & Health C	enter Inc					35-0992717	
1 Does the organization m	aıntaın records to s ed to award the graı	nts or assistance?	of the grants or assista		ibility for the grants or as		▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	erved more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enter total number of se organizationsEnter total number of oth							
For Panerwork Reduction Act No				Cat No. 500551			nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Educational assistance for student/employees to further their medical education	65	82,011			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures

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As Filed Data -

DLN: 93493133043590

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service Compensated Employees

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

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

Open to Public Inspection

	that answered Tes to Form 550, Fare 17, line 25.	
Name of the organization		Employer identification number
St Joseph Hospital & Health Center Inc		
		35-0992717
Part I Questions Regarding C	ompensation	

					Yes	No
1a	Check the appropiate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to		,			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·			
	Compensation committee	~	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par	· VI	I, Section A, line 1a			
а	Receive a severance payment or change of control payi	nen	t?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide	le th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	ete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		·	8		No

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

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

Note. The sum of columns (B)(1)-(111) 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kevin P Speer JD	(ı) (ıı)	389,644	142,136		5,750	21,923	559,453	
Ian G Worden	(I) (II)	490,001	163,284		5,750	23,649	682,684	
Kathy A Young	(I) (II)	165,726	28,883		3,563	2,101	200,273	
Dennis E Ressler	(I) (II)	196,818	31,537		5,004	19,939	253,298	
Kathleen K Peoples	(I) (II)	121,923	23,035		3,075	11,102	159,135	
Karam F Abbası	(I) (II)	481,718	500		5,750	11,494	499,462	
Heath A Spence	(I) (II)	295,893	66,178		5,583	6,054	373,708	
Todd W Ussery	(I) (II)	290,981	13,805		5,750	13,674	324,210	
Mıchael B Tempel	(I) (II)	263,769	1,000		5,750	6,867	277,386	
A Ifredo J Tumbalı	(ı) (ıı)	229,001	1,000		5,750	18,693	254,444	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	St Joseph Hospital & Health Center paid for cell phone usage, deminimus gift, and vehicle expense for three of the listed officers/highest compensated employees in Part VII St Joseph Hospital & Health Center will only reimburse a business expense when all three (3) of the following IRS requirements are met 1 The expense must have a business connection (i.e., the expenses must be incurred while performing services on behalf of a SVH Entity), 2 The expense must be adequately substantiated by the Associate within a reasonable period of time, and 3 The Associate must return any excess reimbursement or allowance within a reasonable period of time of time. St Joseph Hospital & Health Center "grossed up" the above applicable non-business expenses and included in the employees' W-2 as additional taxable compensation.
	Part I, Line 4a	The following individuals participated in, or received payment from a supplemental non-qualified retirement plan Heath A Spence - \$15,500 Alfredo J Tumbali - \$15,500 Ian G Worden - \$15,496

Software ID: Software Version:

EIN: 35-0992717

Name: St Joseph Hospital & Health Center Inc

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

	$\overline{}$							
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kevin P Speer JD	(I) (II)		142,136	;	5,750	21,923	559,453	
Ian G Worden	(ı) (ıı)		163,284	4	5,750	23,649	682,684	
Kathy A Young	(I) (II)		28,883		3,563	2,101	200,273	
Dennis E Ressler	(I) (II)		31,537		5,004	19,939	253,298	
Kathleen K Peoples	(I) (II)		23,035		3,075	11,102	159,135	
Karam F Abbası	(I) (II)		500		5,750	11,494	499,462	
Heath A Spence	(I) (II)		66,178		5,583	6,054	373,708	
Todd W Ussery	(I) (II)		13,805		5,750	13,674	324,210	
Michael B Tempel	(I) (II)		1,000		5,750	6,867	277,386	
Alfredo J Tumbalı	(I) (II)	229,001	1,000		5,750	18,693	254,444	

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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Supplemental Information to Form 990

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

OMB No 1545-0047

DLN: 93493133043590

35-0992717

2008

Open to Public Inspection

Name of the organization
St Joseph Hospital & Health Center Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		St Joseph Hospital & Health Center, Inc. has a single corporate member, St. Vincent Health, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		St Joseph Hospital & Health Center, Inc. has a single corporate member, St. Vincent Health, Inc. who has the ability to elect members to the governing body of St. Joseph Hospital & Health Center, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to St. Joseph Hospital & Health Center, Inc.'s financial information or corporation as a whole are subject to approval by its sole corporate member, St. Vincent Health, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax exempt purpose

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

ldentifier	Return Reference	Explanation
Part XI, Line 2A and 2B	Audited Financial Statements	The financial statements of the hospital were audited on a consolidated basis. An audit committee has been delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audited the financial statements.

ldentifier	Return Reference	Explanation
Part I, Line 6	Total Number of Volunteers	The total number of volunteers for the organization is 157. This consists of volunteers participating in multiple areas throughout the hospital such as hospitality services. Some volunteers also participate in the various community service programs that the hospital performs within the community.

Identifier	Return Reference	Explanation
Part IV, Line 24A	Tax Exempt Bond Issuance	St Joseph Hospital & Health Center, Inc. is a health facility that is part of Ascension Health System Ascension Health is the borrower for tax exempt hospital revenue bonds. St. Joseph Hospital & Health Center, Inc. holds an intercompany note payable with Ascension Health, and this information is reported on the balance sheet.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4c	Community Benefit Report	St. Joseph Hospital & Health Center (SJHHC) is located in Kokomo, Indiana and serves Howard and contiguous countes, in north Central Indiana. Howard County has a population of 83,361, with a powerty rate higher than the state's. Per capta personal income and medan household income are below state averages and have been significantly impacted by losses to the state's major manufacturing job base. SJHHC provides impatient and outgatent health care services that mouted emergency department services, obstatros services, Orthopedic services, rural health care services (in Conjunction with St. Vincent Physician Network, overlage in Winchester and Union CR), and health access coordinators. Some of these services operate at a loss in order to ensure that comprehensive services are available to the community. As part of the St. Vincent Health system, St. Joseph Hospital 8 Health Center (SJHHC) is decideded to improving the health status and quality of it for the communities it serves. While designated associates at SJHHC devote all or a significant portion of their time to leading/administering local community, beade programs and partnerships, associates broughout the organization are active participants in community outreach. They are assisted and supported by designated St. Vincent Health community development and except the work with the services staff who now rich with each healthcare fealthy to devocate for and provide technical assistance for community programs sponsored by St. Vincent Health order (SJHC) and st. related St. Vincent Health affiliates file a community benefit report in the state of Indiana. A copy of the full report (including the SJHHC) section is available at http://www.st.neon.org/auriocations/hospitals/stoseph/default him. The hospital uses a percentage of federal poverly level (FIPL.) to determine free and discounted care. At a minimum, patients with income ses han or equal to 200% of the FIPL, which may be adjusted for cost of living utility and be local wage index compared to the national wa

ldentifier	Return Reference	Explanation
	Charity Care and Certain Other Community Benefits at Cost	Beratro Support Groups Support Groups are important to the success of every patient with his sundrighner weight reduction surgery. St. loseph Pospata & Health Center provides support groups through St. Wincert Baratro. Center of Excellence once a morth. Opportunities are given to upyone in the community who has and baratro surgery are seventy bord camp for Dods Boot Camp for Nove Dods is a free english week course general for the son to be new Oads in the community to ask questions in an informal seating while Observing new dark interacting with their pables. New darks are invited to return with their baby and to ask questions about carring for their baby. Community of the comm

ldentifier	Return Reference	Explanation
		Rural & Urban Access to Health (RUAH) St Joseph Hospital & Health Center employs a health access worker who reaches out to connect uninsured/underserved individuals and families to primary and preventative care as well as to other needed community services, identifying and removing financial, geographical, and cultural barriers and partnering with other community agencies that provide both client referrals and resources. Key statistics for FY 2009 include 1,021 clients served, with 2,436 public and private program referrals. Stroke Support Groups St Joseph Physical and Sports Therapy has partnered with the American Heart Association to form a Howard County Stroke Support Group for stroke survivors, of any age, and their families. Education from certified speech pathologists for the survivors and their families included a better understanding of stroke recovery, rehabilitation and prevention of recurrent strokes, ability for stroke survivors to meet others with similar challenges and experiences, and a structured approach for caregivers and family members to share and support each other. Cash and In-Kind Donations and Board Service in addition to the outreach programs operated by the hospital, the hospital makes cash and in-kind donations to a variety of community organizations focused on improving health status in the community. These take the form of cash donations to outside organizations, the donation of employee time/services to outside organizations, the donation focused on building the community. These take the form of cash donations to a variety of community organizations, the donation of employee time/services to outside organizations, the donation of employee time/services to outside organizations, and the representation of the hospital on community. These take the form of cash donations to a variety of community organizations, the donation of employee time/services to outside organizations and the representation of the hospital on community boards and committees w orking to improve infrastructure for

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2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

Name of the organization St Joseph Hospital & Health Center Inc **Employer identification number**

35-0992717

Part I Identification of Disregarded Entitie	5
--	---

(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
CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN 46260 35-2174403	Land holding company	IN	870,826	6,257,324	Central Indiana Health System Cardiac Services Inc
Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN 46240 32-0029881	Endoscopy center	IN	652,864	2,828	St Vincent Carmel Hospital Inc
Med One of St John's LLC 4925 Scatterfield Road Anderson, IN 46013 35-1959875	Medical services	IN	-283,610	-1,324,764	St Vincent Madison County Health System Inc
St Joseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	-3,752,021	448,640	St Joseph Hospital & Health Center Inc
St Joseph Surgical Management Co LLC 1907 W Sycamore Street Kokomo, IN 46901 02-0137212	Management company	IN	14,892	448,680	St Joseph Hospital & Health Center Inc

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	
See Addıtıonal Data Table						

Part III Identification of			T		1		_	Т		1 -		ı	1 -	
(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) dominant ne(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets		ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng ner?
										Yes	No		Yes	No
ee Additional Data Table														
Part IV Identification of	Related	l Organizations	Taxable as	s a Corporation	or Tr	ust				I	I		l	
(A) Name, address, and EIN of related orga		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro		(E) Type of entity (C corp, S corp or trust)	Share of total income	end	(G) Share of d-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organization

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Υe	s No
During the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	'?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	•	No
b Gift, grant, or capital contribution to other organization(s)		16	•	No
c Gift, grant, or capital contribution from other organization(s)		10	Ye	:s
d Loans or loan guarantees to or for other organization(s)		10	•	No
e Loans or loan guarantees by other organization(s)		16	:	No
f Sale of assets to other organization(s)				No
g Purchase of assets from other organization(s)		19	,	No
h Exchange of assets		1h	•	No
i Lease of facilities, equipment, or other assets to other organization(s)		11		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organizat	ion(s)	11	_	No
Performance of services or membership or fundraising solicitations by other organization	• •	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	· ·	1n	n	No
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10	<u> </u>	No
p Reimbursement paid by other organization for expenses		1p	,	No
q Other transfer of cash or property to other organization(s)		10	ı Ye	:s
r Other transfer of cash or property from other organization(s)		11		No
				I
If the answer to any of the above is "Yes," see the instructions for information on who i		s and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved		
1) St Joseph Foundation of Kokomo Indiana Inc	C		698,	608
2) St Vincent Hospital & Health Care Center Inc				

	Name of other organization(s)	Transaction type(a-r)	Amount Involved
(1)	St Joseph Foundation of Kokomo Indiana Inc	С	698,608
(2)	St Vincent Hospital & Health Care Center Inc	Q	1,100,000
(3)			
(4)			
(5)			
(6)			
	_		G

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		20 of K-1		r J
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Ascension Health

St Louis, MO63145 31-1662309

8050 Township Line Road Indianapolis, IN46260

412 N Monroe Street

412 N Monroe Street

2001 W 86th Street

Indianapolis, IN46260

Williamsport, IN47993

Williamsport, IN47993

St Vincent Williamsport Hospital Inc

St Vincent Williamsport Hospital Foundation Inc

35-1712001

35-0784551

74-3130159 SVSM Inc

81-0607827

Po Box 45998

(F)

Direct Controlling

Entity

N/A

Software ID: Software Version:

EIN: 35-0992717

Name: St Joseph Hospital & Health Center Inc

(B)

Primary Activity

National health system

(C)

Legal Domicile

(State

or Foreign Country)

МΟ

(D)

Exempt Code

section

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

3-170(b)(1)(A) (III) St Vincent Health Inc

11a - Type I

11a - Type I

St Vincent Williamsport

St Vincent Health Inc

Hospital Inc

ΙN

ΙN

ΙN

(E)

Public charity

status

(ıf 501(c)(3))

11a - Type I

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A)

Name, address, and EIN of related organization

31-1662309					
Central Indiana Health System Cardiac Services Inc 2001 W 86th Street Indianapolis, IN46260	Freestanding outpatient center	IN	501(C)(3)		St Vincent Hospital & Health Care Center Inc
35-1869951 Jubilee Partnerships Inc 2301 N Park Avenue Indianapolis, IN46205	O utreach activities	IN	501(C)(3)		St Vincent Hospital & Health Care Center Inc
35-2060765 Rehabiliation Hospital of Indiana Inc 4141 Shore Drive	Rehabiliation hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
Indianapolis, IN46254 35-1786005 St Johns Foundation Inc					St Vincent Madison
2015 Jackson Street Anderson, IN46016 35-2053693 St Joseph Foundation of Kokomo Indiana Inc	Supporting organization	IN	501(C)(3)	11a - Type I	County Health System Inc
1907 W Sycamore Street Kokomo, IN46901 23-7313206	Supporting organization	IN	501(C)(3)	11a - Type I	St Joseph Hospital & Health Center Inc
St Vincent Carmel Hospital Inc 13500 N Meridian Street Carmel, IN46032 74-3107055	Hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
St Vincent Clay Hospital Inc 1206 E National Avenue Brazil, IN47834 35-2112529	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Frankfort Hospital Inc 1300 S Jackson Frankfort, IN46041 35-2099320	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
St Vincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN46041 35-1531734	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Frankfort Hospital Inc
St Vincent Health Inc 8425 Harcourt Road Indianapolis, IN46260 35-2052591	Parent company	IN	501(C)(3)	11c - Type III-FI	Ascension Health
St Vincent Hosptial and Health Care Center Inc 2001 W 86th Street Indianapolis, IN46260 35-0869066	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St V Incent Hospital Foundation Inc	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Hospital & Health Care Center Inc
St Vincent Jennings Hospital Inc 301 Henry Street North Vernon, IN47265 35-1841606	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Madison County Health System Inc 1331 South A Street Elwood, IN46036 35-0876389	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Mercy Hospital Foundation Inc 1331 South A Street Elwood, IN46036 31-1066871	Supporting organization	IN	501(C)(3)		St Vincent Madison County Health System Inc
St Vincent New Hope Inc 8450 N Payne Road Indianapolis, IN46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9-509(A)(2)	St Vincent Health Inc
St Vincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN46260	Specialty hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Hospital & Health Care Center Inc
35-2048898 St Vincent Randolph Hospital Inc 473 Greenville Avenue Winchester, IN47394	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
Winchester, IN47394	Supporting organization	IN	501(C)(3)	11a - Type I	St Vincent Randolph Hospital Inc
35-2133006 St Vincent Seton Specialty Hospital Inc 8050 Township Line Road	Long term care hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc

Critical access hospital

Supporting organization

Holding company

Form 990, Schedule R, P	art III - Identifica		i _. Related Org	<u>j</u> anizations T	axable as a Partne	ṛship				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant Income(related, Investment, unrelated)	(F)	(G)	allocation	prtionate ions?	Gene Mana Parti	(J) eral or naging tner?
I 10330N Meridian St Ste I	Sale and rental services	IN	St V incent Hospital & Health Care Center Inc	Related	86,204	385,741	Yes	No No	Yes	No No
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management of cardiovascular service lines	IN	Central Indiana Health System Cardiac Services Inc	Related	406,087	11,904		No		No
I 13471 DIA MERIAJAN ST STELLI	A mbulatory surgery center	1	St Vincent Carmel Inc	Related	7,451,061	1,126,911		No		No
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home care IV/infusion services	IN	St Vincent Hospital & Health Care Center Inc	Related	-31,142	-224,860		No		No
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	St Vincent Hospital & Health Care Center Inc	Unrelated	-1,210	1,057,875		No		No
Endoscopy Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy center		St Vincent Carmel Inc	Related	652,864	2,828		No		No
	A mbulatory surgery center	IN	St Vincent Hospital & Health Care Center Inc	Related	-393,426	264,784		No		No
Hancock Physician Network LLC	Primary care physician practices	IN	St Vincent Hospital & Health Care Center Inc	Related	-1,425,906	1,161,509		No		No
11515 W Dragoon Frail Mishawaka, IN46544 38-3750811	Cardiac care services	IN	Central Indiana Health System Cardiac Services Inc	Related	-28,073	14,397,410		No		No
Indianapolis, IN46278 26-4020296	Real estate holding		St V incent Carmel Inc	Related				No		No
I 10330 N Meridian St Ste I	Sale and rental services	IN	St Vincent Hospital & Health Care Center Inc	Related	764,005	364,226		No		No
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388	O utpatient cath lab	IN	Central Indiana Health System Cardiac Services Inc	Related	131,397	8,887		No		No
2015 Jackson Street Anderson, IN46016 01-0822977	Surgery center	IN	St Vincent Madison County Health System Inc	Related	2,723,912	1,818,751		No		No
Addison, TX75001 20-3749962	Holding company	IN	Center Inc	Related	-258,674	-651,858		No		No
Indianapolis, IN46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	n Related	12,260,976	-31,447,008		No		No
St Vincent Northwest Radiology LLC	MRI facilities	IN	St Vincent Hospital & Health Care Center Inc	Related	74,467	160,268		No		No
1001 W 86th Street	O utpatient vascular lab	IN	Central Indiana Health System Cardiac Services Inc	Related	301,501	67,282		No		No

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DLN: 93493133043590

OMB No 1545-0172

Depreciation and Amortization

► Attach to your tax return.

Attachment Sequence No 67

(Including Information on Listed Property) Department of the Treasury Internal Revenue Service

See separate instructions.

Identifying number Business or activity to which this form relates Name(s) shown on return St Joseph Hospital & Health Center Inc Form 990 Page 10 35-0992717 **Election To Expense Certain Property Under Section 179** Part I **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 4,472,598 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 35-0992717

Name: St Joseph Hospital & Health Center Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas J Sheehan , Chair	50	Х		Х				0	0	0
Stephen J Daily , Vice Chair	50	Х		Х				0	0	0
Richard B Moore , Secretary	50	Х		Х				0	0	0
Ronald J Metz , Treasurer	50	Х		Х				0	0	0
Jill S Dunn , Director	50	Х						0	0	0
David W Fox , Director	50	Х						0	0	0
Robert A Lee , Director	50	Х						0	0	0
Robert K Lutz , Director	50	Х						0	0	0
Ronald T Maus MD , Director	50	Х						0	0	0
Larry D Rolland , Director	50	Х						0	0	0
E P Severns , Director	50	Х						0	0	0
Laura M Sheets , Director	50	Х						0	0	0
Kevin P Speer JD , Director	50	Х						0	531,780	27,673
David L Williams , Director	50	Х						0	0	0
Ian G Worden , Director	50	Х						0	653,285	29,399
Kathy A Young , CEO	40 00	Х		Х				194,609	0	5,664
Dennis E Ressler , CFO	40 00			Х				228,355	0	24,943
Kathleen K Peoples , Chief Nursing Officer	40 00				х			144,958	0	14,177
Karam F Abbası , Physician	40 00					Х		482,218	0	17,244
Heath A Spence , Physician	40 00					Х		362,071	0	11,637
Todd W Ussery , Physician	40 00					Х		304,786	0	19,424
Michael B Tempel , Physician	40 00					Х		264,769	0	12,617
Alfredo J Tumbalı , Phychiatrist	40 00					Х		230,001	0	24,443

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

St. Joseph Hospital & Health Center (SJHHC) is dedicated to providing spiritually-centered, holistic healthcare that sustains and improves the health of those served, with special attention to the poor and vulnerable. Both inpatient and outpatient health services are provided without regard to a patient's race, creed, national origin, economic status, insurance status or ability to pay. This mission extends well beyond the provision of core medical services to encompass medical and scientific research programs, the training and educating of health care professionals and active support of community-based partnerships and programs to improve health and quality of life.