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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

Open to Public Inspection

	rthe 2	2008 calendar ye	ar, or tax year beginning 10-	01-2008 and ending 09-30-200	9		
B Ch€	eck if ap	pplicable Please	C Name of organization Deaconess Hospital Inc			D Employer ide	ntification number
- Add	ress cha	ange use IRS label or	·			35-0593390	
- Nar	ne char	nge print or	Doing Business As			E Telephone nu	mber
– Inıt	al retur			ox if mail is not delivered to street addre	ess) Room/suite	(812) 450-2	
– Ter	mınatıoı	Instruc- n tions.	600 MARY STREET		, , , , , , , , , , , , , , , , , , , ,	G Gross receipt	s \$ 571,275,271
– Am	ended r	return	City or town, state or country,	and ZIP + 4			
_		pending	EVANSVILLE, IN 47747				
				Officer	l		-
			L Smith Jr PresCEO	Officer	H(a) Is the affilia	s a group return tes?	for ┌Yes ┌ No
			1ary Street				
Ta	v-evem		sville, IN 47747 c) (3) ◄ (insert no)	2)/1) or		affiliates include	
					1	o," attach a list p Exemption Nur	See instructions)
W	eb site	e: 🕨 www deacone	ess com		H(c) Grou	p Exemption Nui	iliber F
(Тур	e of org	anızatıon 🔽 Corpor	ation trust association otl	ner 🕨	L Year of Fo	mation 1895 M s	State of legal domicile IN
Da	rt I	Summary					
			he organization's mission or	most significant activities			
v				are services with a compassiona	te and caring :	spirit to persons	, families and
		communities of t	he Trı-State	·	_		
SOLUTION OF THE							
2	2	Check this box [if the organization disconti	nued its operations or disposed o	of more than 2	5% of its assets	
	3	Number of voting	members of the governing b	ody (Part VI, line 1a)		3 _	17
i	4	Number of indepe	endent voting members of the	governing body (Part VI, line 1	o)	. 4 _	10
	5	Total number of	employees (Part V , line 2a)			5 _	5,349
	6	Total number of	olunteers (estimate if neces	sary)		6 _	112
ć	7a	Total gross unre	ated business revenue from	Part VIII, line 12, column (C)		7a _	8,617,984
	ь	Net unrelated bu	siness taxable income from F	form 990-T, line 34		7b	-372,647
		r Year	Current Year				
	8	Contributions a	nd grants (Part VIII, line 1h)			1,489,018	1,221,89
Havenue	9	Program servic	e revenue (Part VIII, line 2g)		477,804,973	483,100,66
ē	10	Investment inc	ome (Part VIII, column (A), l	ınes 3, 4, and 7d)		6,673,515	11,615,62
Ï	11	Other revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		29,934,280	37,652,46
	12		add lines 8 through 11 (mus	equal Part VIII, column (A), lın		515 001 706	533 500 641
	4.5	12)				515,901,786	533,590,64
	13		lar amounts paid (Part IX, co				276,65
	14	•	or for members (Part IX, col	. ,,	_		
8	15	Salaries, other (compensation, employee ben	efits (Part IX, column (A), lines	5 –	217,961,121	215,324,55
Expenses	16a	•	idraising fees (Part IX, colum	nn (A), line 11e)			
0	ь		xpenses, Part IX, column (D), line				
ם	17		(Part IX, column (A), lines 1	·		264,171,121	270,535,82
	18	•		al Part IX, line 25, column (A))		482,132,242	486,137,03
	19		openses Subtract line 18 fro			33,769,544	47,453,61
- m		November 1833 e.	CPCH3C3 Subtract line 10 Ho		Reginni	ng of Year	End of Year
<u> </u>	20	Total accete /p	art V line 16\			_	
\$ 17E	20	Total labelities	•			559,840,364	702,922,54
a	21 22		(Part X, line 26) ind balances Subtract line 2	1 from line 20		212,442,785	370,074,16
e Por	ZZ			1 from line 20		347,397,579	332,848,382
		Signature B					
	t II		penury. I declare that I have exam	ined this return, including accompanying			
			, correct, and complete Declaration	i oi piepaiei (otilei tilali olikei) is base			
Par	t II			Tor preparer (other than officer) is base	2010-	02-09	
Par lea ign	t III se		, correct, and complete Declaration	Tot preparer (other than other) is base	2010- Date	02-09	
Par Plea Sign	t III se	and belief, it is true Signature of off	, correct, and complete Declaration	Tot preparer (other than officer) is base		02-09	
Par Plea Sign	t III se	and belief, it is true Signature of off	, correct, and complete Declaration cer JR PRESIDENT & CEO	Tot preparer (other than officer) is base		02-09	
Par Plea Sign	t III se	and belief, it is true Signature of off HARRY L SMITH Type or print na	, correct, and complete Declaration cer JR PRESIDENT & CEO			02-09 Preparer's PTIN (See Gen Inst)
Plea Sign Here	t III se	and belief, it is true Signature of off HARRY L SMITH	, correct, and complete Declaration cer JR PRESIDENT & CEO	Date	Date Check if self-		See Gen Inst)
Par Plea Sign Here	t III	and belief, it is true Signature of off HARRY L SMITH Type or print na Preparer's signature	, correct, and complete Declaration cer JR PRESIDENT & CEO me and title	Date	Date Check If		See Gen Inst)
Par Plea Sign Here	se e	and belief, it is true Signature of off HARRY L SMITH Type or print na Preparer's signature Firm's name (or you if self-employed),	cer JR PRESIDENT & CEO me and title ERNST & YOUNG US LLP	Date	Date Check if self-		See Gen Inst)
Plea Bign lere	se e	and belief, it is true Signature of off HARRY L SMITH Type or print na Preparer's signature Firm's name (or you	cer JR PRESIDENT & CEO me and title ERNST & YOUNG US LLP	Date	Date Check if self-	Preparer's PTIN (· · · · · · · · · · · · · · · · · · ·

1	Briefly describe the organization's mission
	Deaconess Hospital provides quality healthcare services with a compassionate and caring spirit to persons, families and communities of the Tri-State
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 159,757,321 including grants of \$) (Revenue \$ 288,399,100) Patient Service Revenue - Deaconess Hospital is a major referral center for a 25-county tri-state area in Southwestern Indiana, Western Kentucky, and Southeastern Illinois The Hospital and its facilities are located on four campuses which include the main 28- acre campus on the near north side of Evansville in Vanderburgh County, the 63-acre Gateway Campus located in Warrick County on the eastern border of Vanderburgh County, and two other eastside Evansville locations for psychiatric behavioral services and rehabilitation services. The Hospital operates a Main Campus with a total of 384 beds consisting of 40 intensive care beds, 55 cardiac beds, 23 oncology/pulmonology beds, 57 orthopaedic/neurological beds, 10 pediatric trauma beds, 48 skilled nursing beds, 18 mental health beds, 68 medical/surgical beds and 65 critical care beds. In addition, the Hospital provides a full-array of comprehensive outpatient and ambulatory services on its Main Campus and other specific services at multiple sites within its primary and secondary service areas. The Hospital operates the 116 bed Deaconess Gateway Hospital which was opened in January 2006, on the Gateway Campus consisting of 24 cardiac beds (which are now designated as The Heart Hospital at Deaconess Gateway), 12 adult intensive care beds, 16 pediatric and pediatric intensive care beds, 32 medical/surgical beds, 16 orthopaedic beds, and 16 neurosurgical beds. The Hospital provides a full array of comprehensive outpatient and ambulatory services on the Gateway Campus. The Hospital owns and operates Deaconess Cross Pointe a free-standing, 60-bed inpatient psychiatric hospital located approximately 7 miles east of the Main Campus in Evansville.
4b	(Code) (Expenses \$ 284,346,274 including grants of \$) (Revenue \$ 182,551,150) Charity Care / Subsidized Care- Deaconess Hospital makes a distinction between charity and bad debt. In determining an individual or family's ability to pay, Deaconess Hospital evaluates whether or not the responsible party has sufficient resources available for payment. If an individual is determined to not have sufficient resources to pay, they are considered eligible for charity care and will not be processed through either internal or external collections. Accounts of charity care patients who are unable to pay do not result in bad debt and are not collected upon. Deaconess Hospital provides care to persons covered by governmental programs below cost. Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients. To the extent reimbursement is below cost, Deaconess Hospital absorbs these costs in meeting its mission to the community. In support of its mission, Deaconess Hospital provided \$18.9 million of charity care and \$24.4 million of subsidized services to the Medicaid program.
4-	(Code) (Expenses \$ 17,400,119 including grants of \$) (Revenue \$ 12,150,410)
4c	Graduate Medical Education, Medical Education and Community Benefit - Deaconess Hospital plays an active role in medical education, operating a three year family medicine residency program and a post-graduate pharmacy residency program Deaconess Hospital also provides continuing medical education programs for attending physicians, other health professionals, other allied health programs and the community at large. In addition to educational services, Deaconess Hospital provided \$4.9 million in community benefit activities (all on a cost basis), serving a minimum of 729,951 people within the Tri-State area.
	(Code) (Expenses \$ 276,650 including grants of \$ 276,650) (Revenue \$ 16,611,550) Other Program Services
4d	Other program services (Describe in Schedule O) (Expenses \$ 276,650 including grants of \$ 276,650) (Revenue \$ 16,611,550)
4e	Total program service expenses \$ 461,780,364 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		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</i> "Yes," complete Schedule F, Part II	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		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	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			
	1/ · · · · · · · · · · · · · · · · · · ·	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		Νο
	Part VI **			

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	423			
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	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		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	5,349			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule :	· · · · · ·	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
- 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?			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?	itribut	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?	La.		7c		N O
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization 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 excess business holdings at any time during the			•		NI -
	year?			8	<u> </u>	No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		Νο
10	Section 501(c)(7) organizations. Enter					
	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					
а	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	n lieu 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. Gov	erning Body and	Management	

				Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumst processes, or changes in Schedule O. See instructions.	ances,			
1a	Enter the number of voting members of the governing body 1a	17			
b	Enter the number of voting members that are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 99 filed?	0 was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		Νo
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 governing body?	ofthe	7a	Yes	
b	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 year by the following	the			
а	the governing body?		8a	Yes	
b	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	. [9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with those of the organization?	, ,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization 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 reach 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	162	

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. 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

CHERYL A WATHEN 600 MARY STREET Evansville, IN 47747 (812) 450-2370

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				(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Software ID: Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>									
		Posit t	(C non (e) hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	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
William R Penland MD , Director	5 0	Х						9,200	0	0
Robert B Wright , Chairman	5 0	X						7,000	0	0
Robert G Jones , Secretary	5 0	Х						4,800	0	0
Jerome A Benkert Jr , Vice Chairman	5 0	Х						6,800	0	0
Ira G Boots , Director	5 0	Х						3,200	0	0
David D Christeson MD , Director	5 0	Х						5,400	67,389	3,569
John D Engelbrecht , Treasurer	5 0	Х						6,000	0	0
Steven T Titzer , Director	5 0	Х						0	0	0
Dr H Ray Hoops , Director	5 0	Х						5,000	0	0
David A Koehler Jr MD , Director	5 0	Х						31,325	0	0
Matthew R Lee MD , Director	5 0	Х						7,200	0	0
Bruce Romick MD , Director	5 0	Х						21,267	15,000	0
Bruce Stallings , Director	5 0	Х						6,800	0	0
Linda E White , President & CEO DHS	50 0	Х		Х				869,435	306,999	137,089
Ann E Whitty , Director	5 0	Х						4,200	0	0
Steven A Church , Director	5 0	Х						4,000	0	0
Bruce Adye MD , Director	5 0	Х						0	0	0
Rev Dr Joseph Fraccaro , DIRECTOR	5 0	Х						0	0	0
Richard M Stivers , SVP/CFO	50 0			Х				529,827	147,258	61,124
Harry L Smith Jr , President	50 0			Х				633,560	7,600	130,389
James R Porter MD , Chf Med Off	50 0				Х			371,587	0	97,762
Cherona J Hajewskı , Chf Nurs Off	50 0				Χ			318,884	0	78,346
Shawn W McCoy , Chf Admin Of	50 0				Х			341,496	7,400	93,364
Bruce E Epmeier , Vice President	50 0				Х			229,892	0	55,673
Larry F Pile , Dir HR	50 0				Х			226,317	0	54,155
Cheryl A Wathen , Controller	50 0				Х			217,081	2,800	39,878
Ayman Elfar MD , Anesthesiologist	50 0					Х		632,037	0	19,211
Susan Douglas MD , Anesthesiologist	50 0					Х		633,709	0	15,009
Rajesh J Patel MD , Anesthesiologist	50 0					Х		627,788	0	28,281
Nırmal Joshı MD , Anesthesiologist	50 0					Х		667,434	0	25,255

Form 990, Part VII - Section Aaa

orm 990/ rait vii Section Ad	-									
(A) Name and Title	(B) Average hours per week	Individual or Director	tion (chat a Institutional	che		Highest compens	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
		Trust y	Trustee		986	ensated			MISC)	organizations
Evan Speck MD , Anesthesiologist	50 0					Х		596,080	0	29,246

Part VII Continued

		(C) Position (check all that apply)				II			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	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							
				\vdash	\vdash					
			+	\vdash	\vdash		\vdash			
			-							
1b Total				Ш.			>	7,017,319	554,446	868,351
2 Total number of individuals (including	thoso in 1	2) who i		v o d	more	- +b	- d 1	00 000 in rapartabl		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►181

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EVANSVILLE SURGICAL ASSOCIATES INC 520 MARY STREET EVANSVILLE, IN 47710	SURGEONS	1,526,901
FULBRIGHT and JAWORSKI LLP 8000 MARYLAND AVENUE ST LOUIS, MO 63105	LEGAL SERVICES	1,253,461
WEDDLE BROTHERS BUILDING GROUP LLC 4424 VOGEL ROAD EVANSVILLE, IN 47715	BUILDING CONTRACTOR	3,929,897
THE ESTOPINAL GROUP LLC 903 SPRING STREET JEFFERSONVILLE, IN 47130	ARCHITECT/ENGINEER	2,846,566
COMPLETE BILLING SERVICES LLC 6239 S EAST STREET INDIANAPOLIS, IN 46227	3RD PRTY COLLECT SVC	1,664,189
2 Total number of independent contractors (including those in 1) who rec from the organization	. ,	34

Part Statement of Revenue VIII

					(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 car	mpaigns 1a					
\$ \$	ь	Membership d	lues					
Contributions, gifts, grants and other similar amounts		, , , , , , , , , , , , , , , , , , ,	1b					
್ರಿ≝	С	Fundraising e	vents	242,999				
± ±	d	Palated organ	1c izations					
毙	е	_	nts (contributions) 1e					
ntio er	f	All other contribu	tions, gifts, grants, and not included above	630,063				
ĕ€		Similar amounts	1f					
ŧξ	g		ributions included in					
ဥမ		lines 1a-1f \$						
_	h	Total (Add lin	es 1a-1f)	· · · · <u>.</u>	1,221,896			
				Business Code				
e H	2a	NET PATIENT RE	VENUE	900,099	483,100,660	483,100,660		
Je J	ь				,,	,,		
æ								
Program Service Revenue	С							
돌 참	d							
Q.	e							
Ē	f	All other proa	ram service revenue					
D _O								
Δ	g		es 2a-2f					
	3	► \$ 483,100,6		donds interes				
			ncome (including divi		5,874,268			5,874,268
			amounts)	▶ -[3,077,200
	4	Income from inve	estment of tax-exempt b	ond proceeds	3,581			3,581
	5	Royalties		•	0			
		Royalties :	(ı) Real	1				
	6a	Gross Rents	6,302,121	(II) Personal				
	ь	Less rental	2,980,559					
	"	expenses						
	С	Rental income or (loss)	3,321,562					
	d		ome or (loss)		3,321,562			3,321,562
			(1) C = =t. = =	(··) O + h = "				
	7a	Gross amount	(ı) Securities 27,087,395	(II) O ther 13,188,791				
	/ a	from sales of	2.700.7030	13,133,131				
		assets other than inventory						
	ь	Less cost or other basis and	29,069,089	5,469,321				
		sales expenses						
	С	Gain or (loss)	-1,981,694	7,719,470				
	d	Net gain or (lo		▶	5,737,776			5,737,776
	8a		from fundraising	·				
		events (not in						
		\$	15,900					
ä		of contribution 1c) See Part	ns reported on line					
₫			le G if total exceeds					
ě			a	242,999				
<u>.</u>	ь	Less directe	xpensesb					
Other Revenue	С		· r (loss) from fundrais		-119,755			-119,755
Ō	0-			<u>►</u>				
	9a	Gross income activities Sec	from gaming e part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,0						
	_		a .					
	Ь		xpensesb	<u> </u>				
	С	Net income or	r (loss) from gaming	activities -	0			
	10a		finventory, less					
		returns and al	• •					
			а					
	ь	Less cost of						
	С		r (loss) from sales of		0			
		Miscellaneou	ıs Revenue	Business Code				
	11a	INVESTMENT	T IN JOINT	900,099	16,611,550	16,611,550		
	_	VENTURES		000.00-	0.224.42=			0.331.15=
	Ь	OTHER HOSE	PITAL SERVICES	900,099	9,221,125			9,221,125
	С	LABORATOR	Y SALES	621,500	8,091,052		8,091,052	
	d	All other reve	nue		526,932		526,932	
	e	Total. Add line		·				
			-	\$ 34,450,659				
	12		e. Add lines 1h, 2g, 3	3, 4, 5, 6 d, 7 d,	533,590,647	499,712,210	8,617,984	24,038,557
		8c, 9c, 10c, and 1	11e	. ▶				
	_	, _ 0 0 , and .		L	l			Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	anizations mu equired to com	ıst complete plete columns (all columns. (B), (C), and (D)	
Do 1	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	276,650	276,650		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	·		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,628,888		4,628,888	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	168,387,060	164,860,214		217,646
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,690,433	7,036,220	654,213	
9	Other employee benefits	22,534,730	21,415,579	1,119,151	
10	Payroll taxes	12,083,448	11,532,913	550,535	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,520,673	884,680	635,993	
c	Accounting	160,620		160,620	
d	Lobbying	28,271		28,271	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	203,510		201,498	2,012
g	Other	63,040,349	57,203,253	5,831,238	5,858
12	Advertising and promotion	1,568,775	122,979	1,445,796	
13	Office expenses	91,361,398	90,485,334	827,080	48,984
14	Information technology	7,476,438	6,619,123	857,315	
15	Royalties	0			
16	Occupancy	16,731,813	15,240,812	1,491,001	
17	Travel	550,533	464,134	86,349	50
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	721,256	541,653	179,603	
20	Interest	7,007,216	7,007,216		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	27,924,337	26,282,386	1,639,159	2,792
23	Insurance	2,405,159	2,387,276	17,883	
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	PROVISION FOR BAD DEBTS	29,493,314	29,493,314		
ь	EQUIP RENTAL/MAINTENANCE	14,645,973	14,510,208	135,765	
С	AGENCY COLLECTION FEES	4,583,206	4,583,206		
d	MISCELLANEOUS	614,242	569,300	28,130	16,812
e	DUES & SUBSCRIPTION	498,744	263,914	233,605	1,225
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	486,137,036	461,780,364	24,061,293	295,379
26	Joint Costs. Check				

Part X	Balance	Sheet
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						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		_		Beginning or year	1	Elid Ol year
	2	Savings and temporary cash investments				43,733,480	┝╌	27,945,770
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		٠		89,174,866		90,460,730
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		emp	loyees or		5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ectior				6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				2,725,692	8	3,682,013
ø	9	Prepaid expenses and deferred charges				4,700,697	9	4,811,478
ĕ	10a		_					
Assets		Land, buildings, and equipment cost basis	10a		573,157,627			
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		288,655,554	253,861,312	100	284.502.073
	11	Investments—publicly traded securities				121,881,745		230,672,547
	12	Investments—other securities See Part IV, line 11 Complete Pa	art VII	I of	•	31,496,095		34,159,545
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.			13			
	14	Intangible assets			14	16,076,946		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	12,266,477	1-7	10,611,441			
	13	D	12,200,477	15	10,011,441			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				559,840,364	16	702,922,543
	17	Accounts payable and accrued expenses .	44,232,416	17	54,382,215			
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		137,560,654	20	229,031,236		
<u> </u>	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						
=======================================		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	139,127
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		30,649,715	25	86,521,583		
	26	Total liabilities. Add lines 17 through 25				212,442,785	26	370,074,161
		Organizations that follow SFAS 117, check here ▶	lete l	ines	27			
Balance	27	Unrestricted net assets				339,599,908	27	325,414,596
<u>8</u>	28	Temporarily restricted net assets				3,291,025	28	2,968,260
豆	29	Permanently restricted net assets				4,506,646	29	4,465,526
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ an lines 30 through 34.	e					
O.	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
ą.	32	Retained earnings, endowment, accumulated income, or other fu	-		32			
Net /	33	Total net assets or fund balances		347,397,579		332,848,382		
ž	34	Total liabilities and net assets/fund balances		559,840,364		702,922,543		
	ı							1
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

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

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DLN: 93493040013670

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number Deaconess Hospital Inc. 35-0593390 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h (i) Name of (ii) EIN (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the US? (See Instructions)) your governing document? Yes Yes Yes No

Total

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

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							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3							
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
Ü	4							
To	otal Support		•	•				
Cale	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 Net income from unrelated business							
9	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)					<u> </u>	ı	
12	Gross receipts from related activities, etc	(See instructio	ns)			12		
13	First Five Years. If the Form 990 is for the	=	irst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)	(3)	_
	organization, check this box and stop here							► □
	omputation of Public Support Perc	entage						
	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (fl)		14		
	Public Support Percentage for 2007 Sched		•					
					2 4 /20/	15		
16a	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies as		,		3 1/3% or more,	спеск	this box	▶ □
ь	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% d	or more	. check th	·
_	box and stop here. The organization qualifi						,	▶ □
17a	10% Facts and Circumstances Test - 2008.				.3, 16a, or 16b	and lin	e 14 ıs 10	•
	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 "facthe organization meets the "facts and circu		·					_
18	Private Foundation. If the organization did		=	•			-	F-1
	instructions	chock the b		,,,,,,,,,	z. b, check this		500	▶ □

Pa	Support Schedule for O (Complete only if you ched				(2)		
Se	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						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
_	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
٥	line 6)						
To	tal Support						
	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	(4) 2001	(2) 2003	(4) 2000	(4) 2007	(5) 2000	(1) 10141
	Gross income from interest, dividends,						
10a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	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)				<u> </u>		
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	itax year as a 5	01(c)(3) organi	·
	check this box and stop here						►
	moutation of Dublic Cuspert Page	ontago					
	mputation of Public Support Perc		dad bu lina 12 a	alumn (f))		T I	
15	Public Support Percentage for 2008 (line		•	orumni (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV - ,	A, line 27g			16	
Co	mputation of Investment Income						
17	Investment Income Percentage for 2008 (lıne 10c column	(f) divided by lii	ne 13 column (f))	17	
18	Investment Income Percentage from 2007	7 Schedule Δ Pa	rt IV-A line 27	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

►□

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

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

• Se	ection 501(c)(4), (5), or (6) organ	izations complete Part III						
	ame of the organization aconess Hospital Inc			Employer iden	itification number			
	·			35-0593390				
Par				1 501(c) and section	527			
1	Provide a description of the o	rganızatıon's dırect and ındırect polit	ıcal campaıgn act	ıvıtıes ın Part IV				
2	Political expenditures				\$			
3	V olunteer hours							
Par	To be completed for Schedule C for c	· · · · · · · · · · · · · · · · · · ·	under section	1 501(c)(3). (See the	instructions			
1	Enter the amount of any excis	e tax incurred by the organization un	nder section 4955		\$			
2	Enter the amount of any excis	the amount of any excise tax incurred by organization managers under section 4955						
3	If the organization incurred in	?	┌ Yes					
4a	Was a correction made?		┌ Yes					
b	If "Yes," describe in Part IV							
Par			under section	ı 501(c), except sect	tion 501(c)(3).			
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	ot function activities	\$			
2	Enter the amount of the filing 527 exempt funtion activities	= -	uted to other organ	nizations for section	\$			
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$			
4	Did the filing organization file	Employer identifical 35-0593390 mpleted by all organizations exempt under section 501(c) and section 527 tions. (See the instructions for Schedule C for details.) for on of the organization's direct and indirect political campaign activities in Part IV res mpleted by all organizations exempt under section 501(c)(3). (See the instruction of the organizations exempt under section 4955 for any excise tax incurred by the organization under section 4955 for any excise tax incurred by organization managers under section 4955 incurred in a section 4955 tax, did it file Form 4720 for this year? made? in Part IV mpleted by all organizations exempt under section 501(c), except section 9. instructions for Schedule C for details.) interestly expended by the filing organization for section 527 exempt function activities for the filing organization's internal funds contributed to other organizations for section in activities indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form to the amount paid and indicate if the amount was paid from the filing organization, such as a second political action committee (PAC) If additional space is needed, provide information in Part IV (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Address	┌ Yes					
5	were made Enter the amount political contributions receive	paid and indicate if the amount was ped and promptly and directly delivered	paid from the filing d to a separate po	organization's own interna Hitical organization, such a	l funds or were s a separate			
	(a) Name	(b) Address	(c) EIN	filing organization's internal funds. If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
For I	Paperwork Reduction Act Notic	e, see the instructions for Form 990.	Cat No 50	0084S Schedule C (Form 990 or 990-EZ) 2008			

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

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

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

		(;	a)	(b)
		Yes	No	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	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
С	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		28,271
j	Total lines 1c through			28,271
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
Par	t 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	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
Schedule C		Lobbying expenditures consisted of a portion of membership dues to professional organizations in which Deaconess Hospital and its employees are members. The lobbying portion of the dues is noted on the membership application or billing statement.

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

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

As Filed Data -

DLN: 93493040013670

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Schedule D (Form 990) 2008

	-
	Employer identification number
	35-0593390
	Funds or Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
sors in writing that the assets held in do organization's exclusive legal control?	nor advised Yes No
donor advisors in writing that grant fund lefit of the donor or donor advisor or othe	r Yes No
if the organization answered "Yes"	to Form 990, Part IV, line 7.
ion or pleasure) Preservation of a	n historically importantly land area ertified historic structure
ified conservation contribution in the form	m of a conservation easement Held at the End of the Year
	2a
5	2b
	2c
, ,	2d
•	
Trea, rereasea, extingaismea, or terminat	ca by the organization daming
ation easement is located ►	
g the periodic monitoring, inspection, vio ?	lations, and Yes No
cting and enforcing easements during th	e year ►
ng, and enforcing easements during the y	year ► \$
2 (d) above satisfy the requirements of se	Yes No
onservation easements in its revenue an the footnote to the organization's financia nents	·
ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
116, not to report in its revenue statem for public exhibition, education or resea nancial statements that describes these	rch in furtherance of public service,
116, to report in its revenue statement public exhibition, education, or research	·
	▶ \$
	► \$
orical treasures, or other similar assets S 116 relating to these items	for financial gain, provide the
	► \$
	▶ \$
	(a) Donor advised funds (a) Donor advised funds sors in writing that the assets held in do organization's exclusive legal control? donor advisors in writing that grant fund lefit of the donor or donor advisor or other If the organization answered "Yes" reganization (check all that apply) ion or pleasure) Preservation of contribution in the form sisteric structure included in (a) acquired after 8/17/06 erred, released, extinguished, or terminate ation easement is located to get the periodic monitoring, inspection, vious acquired after 8/17/06 erred, released, extinguished, or terminate ation easement is located to get the periodic monitoring, inspection, vious acting and enforcing easements during the region of the footnote to the organization's financial ments In the footnote to the organization or reseauth for public exhibition, education or reseauth control or re

Cat No 52283D

3	Using the organization's accession and othe		ofth	e fol		are a significant i	use of its co	llection		<u>, , , , , , , , , , , , , , , , , , , </u>
	items (check all that apply)	, , , , , , , , , , , , , , , , , , , ,		_	-	-				
а	Public exhibition		d	Γ	Loan or ex	change programs	5			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v the	y further the	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						mılar	Γ.	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the org		vered "Yes	s" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	Γ.	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table	e				T			
								A mou	nt	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
		(a)Current Year 7,797,671	(Ь) Prior	Year (c)	Two Years Back (d)Three Years	Back (e)	Four Y	ears Back
1a	Beginning of year balance									
b	Contributions	728,055								
С	Investment earnings or losses	203,927								
d	Grants or scholarships	203,726								
e	Other expenditures for facilities and programs	1,211,206								
f	Administrative expenses	288,387								
g	End of year balance	7,433,786								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	40 %								
ь	Permanent endowment ► 60 %									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat a	are held and	administered for	r the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		Νο
I.	(i) unrelated organizations(ii) related organizations							3a(ii)		
	(i) unrelated organizations		on S	ched	lule R? .					Νο
4	(i) unrelated organizations (ii) related organizations		on S owme	ched ent fu	lule R? . ınds		• • • •	3a(ii)		Νο
4	(i) unrelated organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, l	Part X, line 10.		3a(ii)		Νο
4 Par	(i) unrelated organizations (ii) related organizations		on S owme	ched ent fu ee F	lule R? . ınds		(c) Depreci	3a(ii) 3b		Νο
4 Par	(i) unrelated organizations (ii) related organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, I	Part X, line 10.		3a(ii) 3b	(d) Bo	No No ok value
4 Par	(i) unrelated organizations (ii) related organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, I	Part X, line 10. (b)Cost or other basis (other)	(c) Depreci	3a(ii) 3b	(d) Bo	N o N o bk value
Par 1a L b E	(i) unrelated organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, I	Part X, line 10. (b)Cost or other basis (other) 10,196,233	(c) Depreci	3a(ii) 3b	(d) Bo	N o N o bk value
Par la L b E c L	(i) unrelated organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, I	Part X, line 10. (b)Cost or other basis (other) 10,196,233	(c) Depreci	3a(ii) 3b ation	(d) Boo	N o N o Ok value 0,196,233 2,731,619
1a L b E c L d E	(i) unrelated organizations (ii) related organizations		on S owme	ched ent fu ee F	ule R? . inds form 990, I	Part X, line 10. (b)Cost or other basis (other) 10,196,233 350,617,266	(c) Depreced 167,88	3a(ii) 3b ation	(d) Bo	No No

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(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		2031 01 enu-01-	, sar market varae
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		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of end-of-	year market value
Table (California (II) about the source (Forms 000, Book V, and (II) through			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	ne 15		
(a) Descri			(b) Book value
	•		. ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)		
Part X Other Liabilities. See Form 990, Part X		*	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PENSION/ ACCRUED SICK	64,477,103		
TAXABLE BOND-SERIES 1999B	12,100,000		
CAPITAL LEASE OBLIGATIONS	9,098,423		
ESTIMATED THIRD-PARTY SETTLEMENTS	846,057		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	86,521,583		

1 1

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts 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		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)	4	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	┨	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
Intended Uses for Endowment Funds	Part V , Line 4	The Deaconess Hospital Foundation utilizes endowment funds to support and benefit the mission of Deaconess Hospital Specifically, endowment funds are used to help support activities or projects that help to provide quality healthcare services with a compassionate and caring spirit to persons, families and communities of the Tri-State
Supplemental Financial Information	Part XIV	Part VII and Part IX are not completed due to the total of each line being less than 5% of the total assets listed on Part X, Line 16
Consolidated Financial Statement	Part XI, XII, XIII	Part XI, XII, XIII are not required as the organization is a part of a consolidated financial statement. The consolidated financial statement is audited by an independent accounting firm and is in accordance with generally accepted accounting principles.

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As Filed Data -

DLN: 93493040013670

OMB No 1545-0047

2008

(Form 990 or 990-EZ) Department of the Treasury

SCHEDULE G

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service					-	Inspection										
Name of the organization Deaconess Hospital Inc						ntification number										
					35-0593390											
Part I Fundraising A	ctivities. Complete	e if the oi	ganızat	ion answered "Yes" i	to Form 990, Part IV	', line 17.										
1 Indicate whether the org	janization raised funds	through ar	ny of the	following activities Che	eck all that apply											
a Mail solicitations				e Solicitation of r	non-government grants											
b F Email solicitations				f Solicitation of	government grants											
c Phone solicitations				g Special fundrais	sing events											
d In-person solicitatio	ns															
2a Did the organization hav or key employees listed	in Form 990, Part VII) or entity	ın connec	tion with professional f	fundraising activities?	┌ Yes ┌ N										
b If "Yes," list the ten high to be compensated at le																
(i) Nome of undooded		(iii) fundrais	erhave	(in) C	(v) A mount paid to	(vi) A mount paid to										
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of		control of		control of				control of		control of		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No		, ,											
Tatal			▶													
Total					l											

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 DH Party of yr	(b) Event #2 DH Classic Golf	(c) O ther Events	(d) To (Add col co		
Ф	1		(event type) 159,232	(event type) 129,667	(total number)		28	8,899
Ē		Gross receipts	·					
Revenue	2	Less Charitable contributions	136,832	106,167			24	2,999
	3	Gross revenue (line 1 minus line 2)	22,400	23,500			4	5,900
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
Ş	6	Rent/Facility costs						
ய 5	7	Other direct expenses	69,000	96,655	5		16	5,655
Direct	8	Direct expense summary Add lin	_					5,655
	9	Net income summary Combine III						9,755
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	irt IV, line 19, or repo	orted mor	e thar	ו
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
9 9	2	Cash prizes						
Expenses	3	Non-cash prizes						
Dreat E	4	Rent/facility costs						
Ē	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes% ┌ No	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				_
9	-		.				Yes	No
a		er the state(s) in which the organiza he organization licensed to operate				· 9a		
b	If"I	No," Explain						
10a b		e any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a	+	_
11	Doe	es the organization operate gaming a	activities with nonmembe	rs?		11		
12		he organization a grantor, beneficia						
	forn	ned to administer charitable gaming	7			. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

OMB No 1545-0047

Open to Public **Inspection**

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 Deaconess Hospital Inc

Employer identification number

						0593390			
Pā	Titl Charity Care and	Certain O	ther Com	munity Benefits at	Cost (Optional for	2008)		T., 1	
1-	Does the organization have a	charity core	nolicy2 If "N	o " ekin to allection fo				Yes	No
	If "Yes," is it a written policy						1a	Yes	
							1b	Yes	
2	If the organization has multip care policy to the various hos		indicate whic	th of the following best o	describes application of	of the charity			
	Applied uniformly to all ho Generally tailored to indiv	ospitals vidual hospita	ls	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies t	o the largest number o	fthe			
а	Does the organization use Fe income individuals? If "Yes,"						3a	Yes	
	Г 100% Г 150%	Γ_2	200%	6 O ther	%_				
b	Does the organization use FP "Yes," indicate which of the fo					dividuals? If	3ь	Yes	
	Г 200% Г 250%	₽ 300	о% Г	T _{350%}	% Г O ther	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ide in the description wi	hether the organization				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medical	ly indigent"?		4	Yes	
5a	Does the organization budget	amounts for	free or disco	unted care provided un	der its charity care pol	ıcy?	5a	Yes	
b	If "Yes," did the organization	's charity car	e expenses e	exceed the budgeted an	nount?		5b	Yes	
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		No
6a	Does the organization prepar	e an annual c	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organization	n make it ava	aılable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	rided in the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)			17,831,790		17,831	,790	3	58 %
b	Unreimbursed Medicaid (from worksheet 3, column a)			40,887,769	16,375,610	24,512			92 %
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs .			58,719,559	16,375,610	42,343	,949	8	3 5 %
e	Other Benefits Community health improvement services and community benefit operations (from			601 216	102.076	F7.0	140	0	1 2 0/
f	(worksheet 4)			681,216 3,362,943	1,415,336	1,947	,140		12 % 39 %
g	Subsidized health services (from worksheet 6)			9,959,730	8,502,970	1,456			29 %
h	Research (from worksheet 7)				· · ·	· 			
	Cash and in-kind contributions to community groups (from worksheet 8)			1,460,431	198,808	1,261	,623	0	25 %
-	Total Other Benefits			15,464,320	10,219,190	5,245	_		05 %
k	Total (line 7d and 7i)	I		7/ 193 970	26 504 900	47 500	0701	0	E E 0/-

Pa	rt II Community Buildin activities) (Optional		es (Comple	ete this table if the	organızat	ion con	ducted any commi	ınıty	buıldıı	ng
	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		ct offsettin venue	(e) Net commur building expens		` '	cent of xpense
1	Physical improvements and housing			1,500			1	.,500		
2	Economic development									
3	Community support			2,986			2	,986		
4	Environmental improvements									
5	Leadership development and training for community members									
6	Coalition building			4,348			4	,348		
	Community health improvement advocacy									
	Workforce development			81,255		15,6	675 65	,580	0	01 %
10	Other Total			90.089		15,6	575 74	,414	0	01 %
Pa	11 111 Bad Debt, Medicar	re, & Colle	ction Prac			20,	, ,	,		01 /0
Sect	tion A. Bad Debt Expense									
1	Does the organization report b	oad debt expe	nse in accor	dance with Heathcare	Financial I	Managen	nent Association		Yes	No
_	Statement No 15?							1	Yes	
2 3	Enter the amount of the organ Enter the estimated amount o				• •	2	10,189,940	1		
	attributable to patients eligibl	e under the o	rganızatıon's	charity care policy		3		-		
4	Provide in Part VI the text of in addition, describe the costion for including other bad debt ar	ing methodolo	ogy used in d	etermining the amount						
Sect	tion B. Medicare									
5	Enter total revenue received f		•	•	ŀ	5	124,930,020	1		
6	Enter Medicare allowable cost					6	137,897,620	1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent	•	•		be treated	7 as com	-12,967,600 munity benefit and	1		
	the costing methodology or so following methods was used	ource used to	determine th	e amount reported on	line 6 and					
	Cost accounting system	Γc	ost to charge	e ratio 🔽	Other					
	ion C. Collection Practices			_						
9a 9b	Does the organization have a If "Yes," does the organization		•	·	· · ·	ractices	to be followed for	9a	Yes	
	patients who are known to qua	llify for charit	y care or fina	ncial assistance? Des	cribe in P			9b	Yes	
Pa	rt IV Management Com	panies an	d Joint Vei	ntures (Optional fo	r 2008) 		(d) Officers,			
	(a) Name of entity	(b) Description activity of		(c) Organ profit % owners	orstock	directors	profit	Physic : % or nership	stock
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

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

A cost to charge ratio was used for most of the calculations for the table. Worksheet 2 was used for this calculation. We did not use the cost to charge ratio for line 7g as it was not relevant to these services. The actual cost from our costing system was used when available. The cost to charge ratio for each service type was used to estimate cost when not available from our internal costing system.

Deaconess Hospital's audited financial statements do not include a footnote discussing bad debt expense

The Medicare total revenue and allowable costs were estimated based upon the 2008 Medicare Cost Report and the 2009 contractual model for expected reimbursement. The Medicare shortfall for Deaconess Hospital is treated as community benefit due to the hospital providing care to Medicare patients at less than the allowable Medicare costs.

Deaconess Hospital makes a distinction between charity and bad debt. In determining an individual or family's ability to pay, Deaconess Hospital evaluates whether or not the responsible party has sufficient resources for payment. If an individual is determined to not have sufficient resources to pay, they will be considered eligible for charity care and will not be processed through either internal or external collections. Accounts of charity care patients who are unable to pay do not result in bad debt and are not collected upon

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

Deaconess Hospital's Community Benefit Committee gathers and analyzes hospital and community data to indicate community needs. The committee uses a dynamic, ongoing process to include a review of previous or current assessments by other community groups, presentations made by outside groups soliciting Deaconess' involvement in community initiatives, review of health and demographic information of inpatients and outpatients, and analysis of information from outside organizations and internal records to identify trends and areas of concern requiring attention

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

Deaconess Hospital utilizes Financial Counselors to educate, inform and assist patients and families in understanding their financial obligation, ability to qualify for financial assistance through Deaconess Hospital's Financial Assistance Program and payment options Specifically, Financial Counselors staff the Emergency Department, Registration Areas, Cashier Area as well as float among Inpatient areas to ensure each and every patient requiring assistance is reached. In addition to the personal and individualized counseling provided by the Financial Counselors, various forms of media are distributed throughout Deaconess Hospital explaining the financial assistance process Additionally, policies for financial assistance are posted widely throughout Deaconess Hospital and on the internet at www.deaconess.com

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

Deaconess Hospital is a major referral center for a 25-county Tri-State area in Southwestern Indiana, Western Kentucky, and Southeastern Illinois The Hospital and its facilities are located on four campuses which include the main 28-acre campus on the near north side of Evansville in Vanderburgh County, the 63-acre Gateway Campus located in Warrick County on the eastern border of Vanderburgh County, and two other eastside Evansville locations for psychiatric behavioral services and rehabilitation services. The Hospital operates a Main Campus with a total of 384 beds consisting of 40 intensive care beds, 55 cardiac beds, 23 oncology/pulmonology beds, 57 orthopaedic/neurological beds, 10 pediatric trauma beds, 48 skilled nursing beds, 18 mental health beds, 68 medical/surgical beds and 65 critical care beds. In addition, the Hospital provides a full-array of comprehensive outpatient and ambulatory services on its Main Campus and other specific services at multiple sites within its primary and secondary service areas. The Hospital operates the 116 bed Deaconess Gateway Hospital which was opened in January 2006, on the Gateway Campus consisting of 24 cardiac beds (which are now designated as The Heart Hospital at Deaconess Gateway), 12 adult intensive care beds, 16 pediatric and pediatric intensive care beds, 32 medical/surgical beds, 16 orthopaedic beds and 16 neurosurgical beds. The Hospital provides a full array of comprehensive outpatient and ambulatory services on the Gateway Campus The Hospital owns and operates Deaconess Cross Pointe, a free-standing, 60- bed inpatient psychiatric hospital located approximately 7 miles east of the Main Campus in Evansville. Also, the Hospital is an owner in two joint venture hospitals, Deaconess Women's Hospital of Southern Indiana, LLC d/b/a The Women's Hospital, a free standing specialty 74-bed women's and infant's hospital (located on the Gateway Campus), and HealthSouth/Deaconess, LLC d/b/a Tri-State Regional Rehabilitation Hospital, a 78-bed inpatient acute rehabilitation hospital located approximately 8 miles to the southeast of the Main Campus. The Hospital plays an active role in medical education, operating a three- year family medicine residency program, a post-graduate pharmacy residency program, and several undergraduate medical affiliations. The Hospital also provides continuing medical education programs for attending physicians, other health professionals, other allied health programs, and the community at large. The Hospital, through its related corporations, provides outreach services to nursing homes, physicians' offices and surrounding smaller hospitals in its service area

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

Deaconess Hospital and its related organizations participate in various community building activities. Deaconess Cross Pointe is a member of the Suicide Prevention Coalition. Deaconess Cross Pointe offers a variety of free suicide awareness and prevention programs to help reduce the incidence of suicide in the Tri-State. Deaconess Hospital sponsors the Health Science Institute which allows high school students to experience firsthand the wonders of medicine and medical research through seminars, clinical experiences and demonstrations. Interaction with leading health care professionals broadens students' knowledge of medical care and career opportunities in health care and health sciences. Students from Southwestern Indiana high schools are chosen to participate. Deaconess leaders and administrators serve as board members on local university boards. They serve on educational planning committees and determine the educational needs of students and businesses in the community.

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Deaconess Hospital works in concert with Deaconess Health System and Deaconess Clinic to provide healthcare services with a compassionate and caring spirit to persons, families and communities of the Tri-State Deaconess Health System works to increase access to healthcare services within our community through Deaconess Hospital and Deaconess Clinic Deaconess Hospital is a medical institution dedicated to providing quality patient care with unrelenting attention to clinical excellence, patient safety and an unparalleled passion and commitment to assure the very best healthcare for the patients served Deaconess Clinic provides excellent primary and multi-speciality healthcare in a personalized fashion with a dedicated focus to serve the community with excellent, timely and compassionate patient care List of States Where Community Benefit Report is Filed- Indiana

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

Software ID: Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

Form 990 Schedule H, Part V - Facility Informal	ton								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	O ther (Describe)
Deaconess Gateway Hospital 4011 Gateway Blvd Newbrugh, IN 47630	x	х		х			х		
Deaconess Cross Point 7200 E Indiana Street Evansville, IN 47715	x								
Deaconess Primary Care for Seniors 4498 First Avenue Evansville, IN 47710									Outpatient Physician
Mt Vernon Medical Center 1900 W Fourth Street Mt Vernon, IN 47620									Diagnostic Center
Deaconess Diabetes Center 4550 W Lloyd Expressway Evansville, IN 47712									Outpatient Services
Deaconess Mec Medical Center 3844 First Avenue Evansville, IN 47710									Outpatient Physician
Deaconess Pain Management 4099 Gateway Blvd Newburgh,IN 47630									Outpatient Services
Deaconess Riley Childrens Specialty Cent 4133 Gateway Blvd Newburgh, IN 47630									Outpatient Physician
Deaconess Hospital Sleep Lab 350 W Columbia Street Suite LL-10 Evansville, IN 47710									Diagnostic Center
Deaconess Family Practice Center 515 Read Street Evansville, IN 47710									Outpatient Physician
Deaconess Cardiac Rehab 415 W Columbia Heart Care Center Evansville, IN 47710									Outpatient Services
Deaconess Regional Laboratory 4494 N First Avenue Evansville, IN 47710									Diagnostic Center
Deaconess Regional Laboratory 611 Harriet Street Suite 102 Evansville, IN 47710									Diagnostic Center
Deaconess Wound Care Center 611 Harriet Street Suite 501 Evansville, IN 47710									Outpatient Services
Chancellor Center for Oncology 4055 Gateway Blvd Newburgh,IN 47630									Outpatient Services
Deaconess Primary Care for Seniors 1750 Oak Hill Road Evansville, IN 47711									Outpatient Physician
Deaconess Cross Pointe Outpatient Clinic 445 Cross Pointe Blvd Evansville, IN 47715									Outpatient Services
Surgical Weight Loss Clinic 310 W Iowa Street Evansville, IN 47710									Outpatient Physician
Deaconess Comp Center 329 W Columbia Street Evansville, IN 47710									Outpatient Physician
Deaconess Cross Pointe-Princeton 1808 Sherman Drive Princeton, IN 47670									Outpatient Physician
Deaconess Cross Pointe-Rockport 2792 N US Highway 231 Rockport,IN 47635									Outpatient Physician
USI Student Health Center 8600 University Blvd Evansville, IN 47712									Outpatient Physician
Deaconess Cross Pointe-Owensboro 920 Frederica Suite 1003 Owensboro, KY 42301									Outpatient Physician
Deaconess Cross Pointe-Henderson 209 N Elm Street Henderson, KY 42420									Outpatient Physician
Deaconess Procedure Center 421 Chestnut Street Evansville, IN 47713									Outpatient Services
Deaconess Hospital Physical Medicine 520 Mary Street Suite 260 Evansville, IN 47747									Outpatient Services
Deaconess Family Medicine 520 Mary Street Suite 340 Evansville, IN 47747									Outpatient Physician
Deaconess Family Medicine 4121 Gateway Blvd Newburgh,IN 47630									Outpatient Physician
Deaconess Pre-Admission Testing 520 Mary Street Suite 330 Evansville, IN 47747									Diagnostic Center
Deaconess Primary Care for Seniors 4107 Gateway Blvd Newburgh,IN 47630									Outpatient Physician
Deaconess Urgent CareComp Care 10455 Orthopaedic Drive Newburgh,IN 47630									Outpatient Physician
Midwest Radiological Imaging Gateway Phy 4087 Gateway Blvd Newburgh,IN 47630									Diagnostic Center
Deaconess Hospital Physical Medicine 10455 Orthopaedic Drive Newburgh,IN 47630									Outpatient Services
Deaconess Clinic Princeton Medical Offic 685 Vail Street Princeton, IN 47670									Diagnostic Center
Deaconess Hospital Inc 600 Mary Street Evansville, IN 47747	×	x		x			x		

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DLN: 93493040013670

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

Name of the organization						Employer ident	ification number
Deaconess Hospital Inc						35-0593390	
Part I General Inform	nation on Gra	nts and Assistance	e			•	
Does the organization ma the selection criteria used Describe in Part IV the or	d to award the gra rganization's proc	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	IV, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the conference of the confer	ceived more than \$5	
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)	, , , ,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		13
3 Enter total number of other							▶
For Paperwork Reduction Act Noti	ice, see the Instruct	tions for Form 990.		Cat No 50055	p	S	chedule 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

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
Additional Information		Deaconess Hospital confirms all recipients of funds are organizations whose goals coincide with Deaconess' mission of providing quality health care with a compassionate and caring spirit. The organizations provide needed services to our community to improve health and wellness for the citizens in the surrounding area

Software ID: Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

r or in 330,5cheddie 1, 1 d	it 11/ Ciunto t	ina other Abbibtant	to to coveriment	o ana organizacio	iib iii tiile oiiitea ott		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Boy Scouts of Buffalo Trace Council3501 E Lloyd Exprsswy Evansville, IN 47731	35-0867971	3	25,000				General Support
Evansville ARC Foundation Inc615 W Virginia Street Evansville,IN 47724	31-1172240	3	13,750				General Support
Aurora Inc1100 Lincoln Avenue Evansville, IN 47714	35-1759576	3	10,000				General Support
Evansville Area Comm Churches713 N 2nd Avenue Evansville,IN 47710	35-0886837	3	12,000				Food for Food Pantry
Girl Scouts of Raintree CouncilPO Box 1350 Evansville, IN 47706	35-0876380	3	8,200				Healthier You Prog
Economic Development Coalition100 NW 2nd StSte 208 Evansville, IN 47737	32-0152630	3	10,000				General Support
Children's Museum of Evansville22 SE 5th Street Evansville,IN 47701	35-1951848	3	30,000				Capital Campaign
Evansville Museum of Arts & Science411 SE Riverside Drive Evansville, IN 47713	35-0874517	3	20,000				Capital Campaign
A merican Cancer Society 63010 ld Boonville HwySteB Evansville, IN 47715	38-1387120	3	7,500				General Support
YMCA of SW Indiana Inc222 NW 6th Street Evansville, IN 47708	35-0869074	3	7,500				General Support

Form 990, Schedule I,	<u>Part II, Grar</u>	<u>its and Other As</u>	sistance to Gove	<u>ernments and O</u>	rganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Chandler Elementary School401 S Jaycee Street Chandler, IN 47610	35-1067004	3	7,400				Classroom Supplies
Evansville Vanderburgh School Corp1 SE Ninth Street Evansville, IN 47708	35-1071682	3	16,020				Classroom Supplies
Junior League of Evansville123 NW 4th St Ste 422 Evansville,IN 47708	35-6017802	3	6,000				General Support

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DLN: 93493040013670

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Internal Revenue Service

Compensation Information

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

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

2008

Open to Public Inspection

Employer identification number Name of the organization Deaconess Hospital Inc 35-0593390 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Yes The organization? 6a 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation_	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Richard M Stivers	(1) (11)	255,443 119,021	125,402 0	148,982 28,237	77,966	25,676 12,838		570,03
Lında E White	(I) (II)	248,158 250,113	195,788 0	425,489 56,886	159,735	15,156 15,156		1,047,550
James R Porter MD	(1) (11)	287,711 0	82,072 0	1,804 0	80,675	23,960	476,222 0	
Cherona J Hajewski	(1) (11)	246,092 0	69,896 0	2,896 0	49,393	29,544	397,821 0	
Ayman Elfar MD	(1) (11)	575,337 0	0 0	56,700 0	3,380	18,608	654,025 0	
Susan Douglas MD	(I) (II)	577,927 0	0 0	55,782 0	8,774	9,710	652,193 0	
Rajesh J Patel MD	(I) (II)	575,604 0	0 0	52,184 0	7,776	22,545	658,109 0	
Shawn W McCoy	(I) (II)	251,623 0	88,069 0	1,804 7,400	74,451	21,587	437,534 7,400	
Bruce E Epmeier	(1) (11)	177,461 0	50,627 0	1,804 0	43,376	19,569	292,837 0	
Larry F Pıle	(I) (II)	179,525 0	38,208 0	8,584 0	41,336	13,841	281,494 0	
Cheryl A Wathen	(ı) (ıı)	177,591 0	30,912 0	8,578 2,800	20,214	20,687	257,982 2,800	
Nırmal Joshı MD	(1) (11)	604,266 0	0 0	63,168 0	3,758	23,823	695,015 0	
Harry L Smith Jr	(1) (11)	378,662 0	250,403 0	4,495 7,600	109,492	34,242	777,294 7,600	541,60
Evan Speck MD	(ı) (ıı)	540,588 0	0 0	55,492 0	15,933	15,353	627,366 0	
	(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	Return Reference	Explanation
Compensation Contingent upon Net Earnings of Organization	, and the second	Incentive compensation payments are based upon successful achievement of established inpatient satisfaction measures, outpatient satisfaction measures, compliance with publicly reported quality indicators, operating margin as well as other technical and personal functional goals. Deaconess Hopsital's incentive compensation programs are formulated to reward behavior that balances patient needs and efficient delivery of patient care to ensure the best outcomes are achieved. Other Additional Information Part 1, 1a Social club dues are paid for Linda White and Harry Smith for organization business only. Any personal use of the club must be paid by the employees. Part 1, 4b. Linda White supplemental retirement payout of \$466,973, contribution made to deferred annuity plan of \$39,905, contributions made to a supplemental accumulation account of \$109,020, contributions made to a 457 plan of \$15,500. Harry Smith contributions to supplemental accumulation account of \$98,682, contributions made to a 457 plan of \$15,500. Richard Stivers supplemental retirement payment of \$157,115, deferred annuity plan contribution of \$44,074, supplemental accumulation account contributions of \$23,082, contributions made to a 457 plan of \$15,500. James Porter supplemental accumulation account contributions of \$69,865, contributions made to a 457 plan of \$15,500. Shawn McCoy supplemental accumulation account contributions of \$63,641, contributions made to a 457 plan of \$15,500. Cherona Hajewski supplemental accumulation account contributions of \$34,354, contributions made to a 457 plan of \$15,500. Nirmal Joshi contributions made to a 457 plan of \$15,500. Ayman Elfar contributions made to a 457 plan of \$15,500. Rajesh Patel.
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Software ID: Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

Form 990, Schedule J	J, Part	II - Officers, Dire	ctors, Trustees. K	ey Employees, and	d Highest Compen	sated Emplovees	;	
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Richard M Stivers	(ı) (ıı)			148,982 28,237	77,966	25,676 12,838		570,037
Lında E White	(I) (II)			425,489 56,886	159,735	15,156 15,156		1,047,550
James R Porter MD	(I) (II)		82,072 0	1,804	80,675	23,960	476,222 0	
Cherona J Hajewski	(I) (II)		69,896 0	2,896 0	49,393	29,544	397,821 0	
Ayman Elfar MD	(ı) (ıı)		0	56,700 0	3,380	18,608	654,025 0	
Susan Douglas MD	(ı) (ıı)		0	55,782 0	8,774	9,710	652,193 0	
Rajesh J Patel MD	(ı) (ıı)		0	52,184 0	7,776	22,545	658,109 0	
Shawn W McCoy	(ı) (ıı)		88,069 0	1,804 7,400	74,451	21,587	437,534 7,400	
Bruce E Epmeier	(ı) (ıı)		50,627 0	1,804	43,376	19,569	292,837 0	
Larry F Pile	(ı) (ıı)		38,208 0	8,584 0	41,336	13,841	281,494 0	
Cheryl A Wathen	(ı) (ıı)		30,912	8,578 2,800	20,214	20,687	257,982 2,800	
Nırmal Joshı MD	(1) (11)		0	63,168 0	3,758	23,823	695,015 0	
Harry L Smith Jr	(ı) (ıı)		250,403	4,495 7,600	109,492	34,242	777,294 7,600	541,603
Evan Speck MD	(I) (II)		- 1		15,933	15,353	627,366 0	

DLN: 93493040013670

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

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

Open to Public **Inspection** Employer identification number

De	aconess Hospital Inc									35-0593	3390			
:	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Des	cription of l	ourpose	(g) De	feased	Beh	On alf of suer
									Yes		No	Yes	No	
A	INDIANA FINANCE AUTHORITY	35-1602316	45471AAJI	03-26-2009		55,	914,771	Facility Con	struction			x		×
В	INDIANA FINANCE AUTHORITY	35-1602316	35-1602316 45471AAG7			40,	.000,000	Facility Con	struction			х		х
С	INDIANA HEALTH FACILITY FINANCING AUTHORITY	35-1611409	35-1611409 4547977Y1			55,	371,597	Facility Con	struction			×		х
D	INDIANA HEEALTH FACILITY FIANCING AUTHORITY	35-1611409	35-1611409 4547978A2			25,	000,000	Facility Con	struction			х		х
P	Proceeds (Optional for .	2008)	1					<u>'</u>						.1
1	Total Proceeds of Issue	4	Α	E	3	•	C	D)	+	E			
2	Gross Proceeds in Reserve Funds										-			
3	Proceeds in Refunding or Defeasar	nce Escrows										+		
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	Proceeds												
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	current refunding is:	sue?											
10	Were the bonds issued as part of a	n advance refunding	issue?											
11	Has the final allocation of proceeds	s been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008	?)											
			<u> </u>	<u> </u>	E		+	C	D			<u>E</u>		
1	Was the organization a partner in a		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property which may result in private business use?													

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		A		В		C		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493040013670

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

Name of the organization Deaconess Hospital Inc	Employer identification number
•	35-0593390
art T Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organized	inizations only)

/a) Nama of diagua		Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, (b) Description of transaction							(c) Corr				
1 (a) Name of disqua	ппеа ре	rson		(b) Des	criptio	n of transa	ection				Yes	No	
										_			
2 Enter the amount of tax imposed								nder					
section 4958									\$ —				
3 Enter the amount of tax, If any, o								<u> </u>	\$				
Part II Loans to and/or Fr To be completed by orga					TV lin	e 26 or F	orm O	00-E	7 Dart	V line	383		
To be completed by orga				Tes Officiality 90, Fait	1 , 1111	e 20,011	11111 9	90-L	(f		30a		
(a) Name of interested person and) Loar from	n to or the	(c)O riginal principal amount		(e)		Appr	oved	1	ritten		
(a) Name of interested person and purpose		organization? To From			(d) Ba	(d)Balance due		default? by board committee				"	
	-						Yes	No	Yes	No	Yes	No	
												1	
otal				> \$								•	
Part IIII Grants or Assistanc													
To be completed by or	ganıza	_				art IV, lir I	ie 27						
(a) Name of interested person		(b)		ip between interested po d the organization	erson	(c) A m	ount d	fgra	nt or ty	pe of a	ssista	nce	
		ļ											

Part IV Business Transactions Involving Interested Persons

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

(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?
organization			Yes	No
Family Mbr of Bd Mbr	35,146	Compensation		Νο
Family Mbr of Key EE	74,334	Compensation		Νο
Family Mbr of Bd Mbr	44,157	Compensation		Νο
Family Mbr of Bd Mbr	95,584	Compensation		Νο
Family Mbr of Bd Mbr	117,183	Compensation		Νο
Common Bd Mbr	4,867,293	Gas/ Electric Utility		Νο
	between interested person and the organization Family Mbr of Bd Mbr Family Mbr of Key EE Family Mbr of Bd Mbr Family Mbr of Bd Mbr Family Mbr of Bd Mbr	between interested person and the organization Family Mbr of Bd Mbr Family Mbr of Key EE Family Mbr of Bd Mbr	between interested person and the organization Family Mbr of Bd Mbr	between interested person and the organization Family Mbr of Bd Mbr

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DLN: 93493040013670

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Non-Cash Contributions

Open to Public Inspection

	ne of the organization oness Hospital Inc				Employer identificat	ion nu	mber	
caci	oness nospital inc				35-0593390			
Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe <u>Jewelry</u>)	Х	1	7,025	Cost			
	Gıft		_					
	Other (describe <u>Certificate</u>)	X	1	13,500				
	Other (describe Other)	X	1	11,935	Cost			
	Other (describe)							
29	Number of Forms 8283 received which the organization complete			ar for contributions for	29			
	Acknowledgement							
	-						Yes	No
30a	During the year, did the organization bold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must			
	least three years from the date o	of the initial	contribution, and which is	not required to be used for	exempt purposes			1
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part I	II					
31	Does the organization have a gif	·		•		31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes", describe in Part II							
	If the organization did not report	: revenues i	n Column (c) for a type of p	property for which Column (a) ıs			1

checked, describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	1								

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

DLN: 93493040013670

2008

Open to Public Inspection

Name of the organization Deaconess Hospital Inc Employer identification number

35-0593390

		·
ldentifier	Return Reference	Explanation
Form 990	Part III, Line 1	Deaconess Hospital provides quality heathcare services with a compassionate and carming spirit to persons, families and communities of the Thi-State At Dieaconess Hospital or values are based on our commitment to Quality We define Quality as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve our Values are quality in verything we do, respect for all people, efficiency and effectiveness in the use of resources, innovation toward continuous systems improvement, partnership with those we serve and vit suppliers, deduction for continuous growth and knowledge and pride in workmanpin TO accomplish its mission. Deaconess Hospital is committed to improving the quality of life for the people of the Thi-State by demonstrating excellence in healthcare services, providing access to healthcare, providing charity care to those in need, promoting health yifestyles, offering spiritual and psychological support, supporting health related education, and advancing health work edge through research. Part VI, Line 78 The Board of Directors may elect one or more Non-Medical Staff Evering is providing the providing the providing the providing the providing health providing the p

DLN: 93493040013670

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

Name of the organization Deaconess Hospital Inc					ification number
Part I Identification of Disregarded Entities				35-0593390	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity sta (if section 501(c)	tus (F) Direct controlling entity
Deaconess Health System Inc 600 Mary Street Evansville, IN47747 35-1532889	Healthcare	IN	501c3	11a	na
Deaconess Clinic Inc 421 Chestnut Street Evansville, IN47713 26-3083364	Healthcare	IN	501c3	3	na

Part III Identification of Related Organizations Taxable as a Partnership

rate 112 Identification of Related Organizations fuxuble as a Future simp											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		prtionate	e (I) Code V—UBI amount on Box 20 of K-1	Gene mana	(J) eral or naging rtner?
	'	<u> </u>		<u> </u>		<u> </u>	Yes	No		Yes	No
Deaconess Hith Pins 350 W Columbia Suite 400 Evansville, IN47710 38-3492529	Perf Prov	IN	na	Related	64,958	1,669,655		No			No
Heartcare Hlth Sys 415 W Columbia Evansville, IN47710 35-2038344	Healthcare	IN	na	Related	-273,602	50,675		No			No
Gateway Imaging 4087 Gateway Blvd Newburgh, IN47630 83-0375577	Outpatient	DE	na	Related	52,194	3,744,174		No			No
Evansville, IN47710 20-1532400	Outpatient	IN	na	Related	-111,323	2,858		No			No
Progressive Hlth IN 150 N Rosenberger Evansville, IN47712 20-8480988	Outpatient	IN	na	Related	1,128,621	1,123,921		No			No
Newburgh, IN47630 26-1766835	Hospital	DE	na	Related	633,539	9,006,379		No			No
Tri-St Rad Oncology 1500 Rosecrans Avenue Manhattan Beach, CA90266 26-3706834	Outpatient	DE	na	Related	-112,048	2,930,286		No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Tri-St Med Mgmt 600 Mary Street Evansville, IN47747 35-1875888	Phy Mgmt	IN	na	С	0	0	100 %

(4)

(5)

(6)

Part V	Transactions with Related Organizations

Part V Transactions with Related Organizations					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the orgranization engage in any of the following transact	tions with one or more related organizations listed in Parts I	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)			1b	Yes	
c Gift, grant, or capital contribution from other organization(s)			1c		No
d Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			1f	Yes	
g Purchase of assets from other organization(s)			1 g		No
h Exchange of assets			1h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k Performance of services or membership or fundraising solicitations for other	organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other o	organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n Sharing of paid employees			1n	Yes	
• Reimbursement paid to other organization for expenses			10		No
p Reimbursement paid by other organization for expenses			1р	Yes	
q Other transfer of cash or property to other organization(s)			1 q		No
r Other transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information	n on who must complete this line, including covered relation	iships and transaction thresholds			
(A)	(B)	(c)			
Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)					
See Additional					
Data					
Table (2)		+			
\ - /					
(3)					
	1	1			

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Software ID:

Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, P	Kart III - Ideutitiv	cation o	r Kelated Or	ganizations i	axable as a Partne	rsnip					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disprop allocati	prtionate :ions?	(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gene Mana Partr	(J) eral or naging tner?
		<u>'</u>	<u> </u>	<u> </u>	 		Yes	No		Yes	No
Deaconess Hith Pins 350 W Columbia Suite 400 Evansville, IN47710 38-3492529	Perf Prov	IN	na	Related	64,958	1,669,655		No			No
Heartcare Hith Sys 415 W Columbia Evansville, IN47710 35-2038344	Healthcare	IN	na	Related	-273,602	50,675		No			Νο
Gateway Imaging 4087 Gateway Blvd Newburgh, IN47630 83-0375577	Outpatient	DE	na	Related	52,194	3,744,174		No			No
Evansville, IN47710 20-1532400	Outpatient	IN	na	Related	-111,323	2,858		Νο			No
Progressive Hith IN 150 N Rosenberger Evansville, IN47712 20-8480988	O utpatient	IN	na	Related	1,128,621	1,123,921		No			Νο
Hrt Hosp Deac Gtewy 4007 Gateway Blvd Newburgh, IN47630 26-1766835	Hospital	DE	na	Related	633,539	9,006,379		Νο			Νο
Tri-St Rad Oncology 1500 Rosecrans Avenue Manhattan Beach, CA90266 26-3706834	O utpatient	DE	na	Related	-112,048	2,930,286		Νο			N o

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

Deaconess Health System LLC

(17)

roill	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Deaconess Clinic Inc	p	3,036,217
(2)	Deaconess Health System Inc	p	105,360
(3)	Deac Women's Hospital of S IN LLC	p	610,785
(4)	Deac Women's Hospital of S IN LLC	ı	2,923,236
(5)	Heart Hosp at Deac Gateway LLC	p	4,249,920
(6)	Heart Hosp of Deac Gateway LLC	n	6,951,652
(7)	Deaconess Health Plans LLC	ı	51,225
(8)	Deaconess Clinic Inc	ı	216,349
(9)	Deaconess Health System LLC	J	983,644
(10)	Deaconess Health System LLC	q	12,236,997
(11)	Deaconess Health System LLC	h	1,438,239
(12)	Deaconess Clinic Inc	h	269,434
(13)	Heart Hosp of Deac Gateway LLC	f	2,025,468
(14)	Heart Hosp of Deac Gateway LLC	b	5,514,000
(15)	Trı-State Radıatıon Oncology LLC	b	954,306
(16)	Heartcare Health System LLC	b	616,919

616,919

657,429

n