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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

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

C Name of organization
BALL MEMORIAL HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
950 N MERIDIAN STREET SUITE 800

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46204

D Employer identification number
35-0867958

E Telephone number
(765) 751-2795

G Gross receipts $ 313,082,770

F Name and address of principal officer
HAROLD BERFIEND
2401 W UNIVERSITY AVENUE
MUNCIE,IN 47303

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW ACCESSCHS ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶ | **L** Year of formation 1926 | **M** State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE HEALTH CARE IN EAST CENTRAL INDIANA THROUGH PATIENT CARE, HEALTH EDUCATION AND MEDICAL RESEARCH

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	2,956
6	Total number of volunteers (estimate if necessary)	6	590
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	368,291
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	199,271	1,181,740
9	Program service revenue (Part VIII, line 2g)	127,842,565	274,316,414
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-65,949	-3,530,262
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,680,579	10,654,647
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,656,466	282,622,539

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	59,075,097	120,841,675
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	92,208,231	170,096,089
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	151,283,328	290,937,764
19	Revenue less expenses Subtract line 18 from line 12	-16,626,862	-8,315,225

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	344,431,900	297,470,086
21	Total liabilities (Part X, line 26)	247,157,334	208,873,484
22	Net assets or fund balances Subtract line 21 from line 20	97,274,566	88,596,602

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-08

HAROLD BERFIEND CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204

EIN ▶

Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

BALL MEMORIAL HOSPITAL WILL PROMOTE WELLNESS AND IMPROVE THE HEALTH STATUS OF THE PEOPLE OF EAST CENTRAL INDIANA AND SURROUNDING AREAS THROUGH PATIENT CARE, HEALTH EDUCATION AND MEDICAL RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 255,916,562 including grants of $ 0) (Revenue $ 280,394,939)

BALL MEMORIAL HOSPITAL, INC OPERATES A 349 BED HOSPITAL FOR PATIENTS REGARDLESS OF THEIR ABILITY TO PAY TOTAL HOSPITAL ADMISSIONS FOR THE YEAR WERE 16,808, TOTAL PATIENT DAYS WERE 80,897, TOTAL OUTPATIENT PROCEDURES WERE 311,457, WITH 56,996 EMERGENCY ROOM VISITS BALL MEMORIAL HOSPITAL, INC STAFF HELPED TRAIN NEARLY 2,000 CURRENT AND FUTURE PHYSICIANS, NURSES, AND OTHER HEALTH PROFESSIONALS BALL MEMORIAL HOSPITAL, INC ADDRESSED COMMUNITY-WIDE WORKFORCE ISSUES BY ENGAGING 4,947 COMMUNITY MEMBERS WITH MOCK INTERVIEWS, COMPUTER SOFTWARE TRAINING, AND OTHER JOB SKILLS ACTIVITIES BALL MEMORIAL HOSPITAL, INC ALSO IMPACTED COMMUNITY RESIDENTS THROUGH HEALTH FAIRS, HEALTH SCREENING OPPORTUNITIES, SUPPORT GROUPS, AND HEALTH EDUCATION CLASSES

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

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

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

4e **Total program service expenses** ▶ $ 255,916,562

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	222		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,956		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	20		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4 Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
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 the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CARA BREIDSTER
950 N MERIDIAN STREET SUITE 800
INDIANAPOLIS, IN 46204
(317) 962-4597

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,357,136	1,859,230	3,698,040

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 33

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 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
PA LABS INC 1200 WEST WHITE RIVER BLVD MUNCIE, IN 47303	LABRATORY SERVICE	6,332,926
MIDWEST HEALTHSTRATEGIES INC 2401 W UNIVERSITY AVENUE MUNCIE, IN 47303	PHYSICAL THERAPY	4,119,959
MERIDIAN SERVICES 240 N TILLOTSON AVENUE MUNCIE, IN 47304	MENTAL HEALTH SVCS	2,298,213
REHABCARE GROUP INC 7733 FORSYTH BOULEVARD SUITE 2300 ST LOUIS, MO 63105	REHAB MGMT	1,956,901
FORT WAYNE RADIOLOGY ASSOC LLC PO BOX 5602 FT WAYNE, IN 468955602	RADIOLOGY SVCS	1,678,008
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 29		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,181,740			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,181,740			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE	622,110	268,023,404	268,023,404		
	b	SUPPORT SERVICES	541,900	5,133,336	5,051,703	81,633	
	c	CARELINE EMERGENCY SERVICES	621,910	301,091	301,091		
	d	PHARMACY	446,110	748,275	645,249	103,026	
	e	OTHER	900,099	110,308	110,308		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		274,316,414			
	3	Investment income (including dividends, interest and other similar amounts)		920,728			920,728
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	2,131,255				
	b	Less rental expenses	1,707,523				
	c	Rental income or (loss)	423,732				
	d	Net rental income or (loss)		423,732		5,917	417,815
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	20,554,899	3,746,819			
	b	Less cost or other basis and sales expenses	23,528,025	5,224,683			
	c	Gain or (loss)	-2,973,126	-1,477,864			
	d	Net gain or (loss)		-4,450,990			-4,450,990
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA REVENUE	722,210	1,634,172			1,634,172
	b	SDC ANCILLARY SERVICES	900,099	2,061,293	2,061,293		
	c	INCOME FROM JOINT VENTURES	900,099	4,436,155	4,258,440	177,715	
	d	All other revenue		2,099,295			2,099,295
	e	**Total.** Add lines 11a–11d		10,230,915			
	12	**Total revenue.** See Instructions		282,622,539	280,451,488	368,291	621,020

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,531,389	3,690,816	840,573	
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	85,878,322	69,947,893	15,930,429	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,982,478	8,945,228	2,037,250	
9 Other employee benefits	12,576,174	10,243,294	2,332,880	
10 Payroll taxes	6,873,312	5,598,313	1,274,999	
11 Fees for services (non-employees)				
a Management	156,713		156,713	
b Legal	423,951		423,951	
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	473,884		473,884	
g Other	55,507,066	51,271,877	4,235,189	
12 Advertising and promotion	404,057		404,057	
13 Office expenses	7,464,571	6,895,024	569,547	
14 Information technology	495,201	457,417	37,784	
15 Royalties	0			
16 Occupancy	9,249,178	8,543,466	705,712	
17 Travel	284,406	284,406		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	5,385,534	5,385,534		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,310,318	17,836,941	1,473,377	
23 Insurance	1,468,333	1,356,299	112,034	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL SUPPLIES & EQUIPMENT	42,405,213	39,169,695	3,235,518	
b BAD DEBT	18,171,962	18,171,962		
c RECRUITING	1,222,355	1,129,089	93,266	
d ADMINISTRATIVE SUPPORT	5,860,423	5,413,273	447,150	
e UBI TAX EXPENSE	7,063		7,063	
f All other expenses	1,805,861	1,576,035	229,826	
25 **Total functional expenses.** Add lines 1 through 24f	290,937,764	255,916,562	35,021,202	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,436,808	1	709,701
	2	Savings and temporary cash investments		0	2	9,549,068
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,522,722	4	31,690,489
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	1,274,000
	7	Notes and loans receivable, net		0	7	854,617
	8	Inventories for sale or use		4,190,545	8	6,129,997
	9	Prepaid expenses and deferred charges		3,810,983	9	2,766,125
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 410,902,750			
	b	Less accumulated depreciation	10b 215,552,977	199,293,103	10c	195,349,773
	11	Investments—publicly traded securities		36,668,714	11	13,806,072
	12	Investments—other securities See Part IV, line 11		14,642,691	12	21,231,976
	13	Investments—program-related See Part IV, line 11		11,677,620	13	11,404,643
	14	Intangible assets		0	14	39,948
	15	Other assets See Part IV, line 11		33,188,714	15	2,663,677
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		344,431,900	16	297,470,086
Liabilities	17	Accounts payable and accrued expenses		28,404,335	17	32,110,538
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		119,885,000	20	107,830,825
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,061,332	23	6,010,311
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		95,806,667	25	62,921,810
	26	**Total liabilities.** Add lines 17 through 25		247,157,334	26	208,873,484
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		85,731,196	27	77,053,232
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		11,543,370	29	11,543,370
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		97,274,566	33	88,596,602
	34	Total liabilities and net assets/fund balances		344,431,900	34	297,470,086

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 35-0867958
Name: BALL MEMORIAL HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E HALEY PRES & CEO (JUNE 1 - DEC 31)	55 0	X		X				540,838	265,202	113,235
KELLY N STANLEY CHAIRMAN/CEO (JAN 1 - MAY 31)	55 0	X		X				552,443	0	1,098,272
DANIEL F EVANS JR CHAIRMAN (JUNE 1 - DEC 31)	5 0	X		X				0	1,101,676	828,485
PETER M VOSS MD VICE-CHAIRMAN	5 0	X						43,470	0	0
TERRY L WALKER VICE CHAIR	5 0	X						0	0	0
JAMES FISHER VICE-CHAIR	5 0	X						0	0	0
MICHAEL L COX SECRETARY/TREASURER	5 0	X						0	0	0
PATRICK A CLEARY MD PHD DIRECTOR	5 0	X						0	0	0
GORDON D COX DIRECTOR	5 0	X						0	0	0
WILBUR R DAVIS DIRECTOR	5 0	X						0	0	0
MARY L DOLLISON DIRECTOR	5 0	X						0	0	0
CHRISTINA C DRUMMOND MD DIRECTOR	5 0	X						0	128,446	19,546
MICHAEL B GALLIHER DIRECTOR	5 0	X						0	0	0
JO ANN M GORA PHD DIRECTOR	5 0	X						0	0	0
BRUCE M GRAHAM MD DIRECTOR	5 0	X						0	0	0
JOHN K JACKSON DIRECTOR	5 0	X						0	0	0
JOHN D LITTLER DIRECTOR	5 0	X						0	0	0
ELIZABETH P MARSHALL DIRECTOR	5 0	X						0	0	0
TERRI E MATCHETT DIRECTOR	5 0	X						0	0	0
J STEVEN RHEA DIRECTOR	5 0	X						0	0	0
D KAYE WHITEHEAD DIRECTOR	5 0	X						0	0	0
LUKE PHILIPPSEN MD DIRECTOR (JAN 1 - MAY 31)	5 0	X						0	0	0
BRENT L BATMAN PRESIDENT (JAN 1 - MARCH 31)	55 0			X				1,268,187	0	482,880
ROBERT E GILDERSLEEVE FINANCE OFFICER (JAN - MAY 31)	55 0			X				599,990	0	478,707
HAROLD L BERFIEND CFO (JUNE 1 - DEC 31)	55 0			X				116,453	129,945	41,753

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOREEN C JOHNSON RN CHEIF NURSING OFFICER	55 0				X			212,401	0	55,184
RICHARD HELSPER COO DEC 1 - DEC 31, 2009	55 0				X			13,300	233,961	28,124
TOM POWERS VP INFO SYSTEMS (JAN - MAY 09)	55 0					X		340,544	0	125,773
ALVIS E FOSTER SENIOR RAD PHYSICIST	55 0					X		184,233	0	39,293
TERRY ALLEN SENIOR VP HUMAN RESOURCES	55 0					X		169,342	0	342,207
JOSEPH R BUTTS SENIOR RAD PHYSICIST	55 0					X		160,373	0	31,508
JONI E MILLER ASSOC PROGRAM DIR, MED ED	55 0					X		155,562	0	13,073

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE	622,110	268,023,404	268,023,404		
SUPPORT SERVICES	541,900	5,133,336	5,051,703	81,633	
CARELINE EMERGENCY SERVICES	621,910	301,091	301,091		
PHARMACY	446,110	748,275	645,249	103,026	
OTHER	900,099	110,308	110,308		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES & EQUIPMENT	42,405,213	39,169,695	3,235,518	
BAD DEBT	18,171,962	18,171,962		
RECRUITING	1,222,355	1,129,089	93,266	
ADMINISTRATIVE SUPPORT	5,860,423	5,413,273	447,150	
UBI TAX EXPENSE	7,063		7,063	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,351,254	229,156		2,580,410
b Buildings		250,927,878	96,004,102	154,923,776
c Leasehold improvements		1,567,020	836,822	730,198
d Equipment		151,289,651	116,019,050	35,270,601
e Other		4,537,791	2,693,003	1,844,788
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				195,349,773

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
RANDOLPH COUNTY HOSPITAL	2,499,305	C
CARDINAL HEALTH ALLIANCE	3,075,267	C
UNITED HOSPITAL SERVICES	61,798	C
BMH OUTPATIENT SURGERY SERVICE	381,833	C
CARDINAL HEALTH INITIATIVES	194,984	C
THE BMH FOUNDATION, INC	11,543,370	C
BMH AUXILIARY, INC	549	C
BALL OUTPATIENT SURGERY CENTER	2,222,634	C
CARDINAL HEALTH VENTURES, INC	1,252,236	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	21,231,976	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
LT LIABILITY - FIN 47	598,200
PAYABLE TO RELATED ENTITIES	5,419,712
SELF INSURANCE LIABILITY	783,797
D/B LIABILITY - FAS 158	54,708,736
DUE TO/FROM M-CARE	1,411,365
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	62,921,810

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

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART X	OTHER LIABILITIES	BALL MEMORIAL HOSPITAL, INC ADOPTED FIN 48 IN 2007 NO DISCLOSURES WERE REQUIRED UNDER GAAP AS BALL MEMORIAL HOSPITAL, INC DOES NOT HAVE ANY MATERIAL TAX CONTINGENCIES THAT REQUIRED DISCLOSURES IN THE FOOTNOTES

Additional Data

Software ID:
Software Version:
EIN: 35-0867958
Name: BALL MEMORIAL HOSPITAL INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
RANDOLPH COUNTY HOSPITAL	2,499,305	C
CARDINAL HEALTH ALLIANCE	3,075,267	C
UNITED HOSPITAL SERVICES	61,798	C
BMH OUTPATIENT SURGERY SERVICE	381,833	C
CARDINAL HEALTH INITIATIVES	194,984	C
THE BMH FOUNDATION, INC	11,543,370	C
BMH AUXILIARY, INC	549	C
BALL OUTPATIENT SURGERY CENTER	2,222,634	C
CARDINAL HEALTH VENTURES, INC	1,252,236	C

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____	3a		No
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		23,178	13,506,502		13,506,502	4 950 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		37,817	45,324,231	21,575,866	23,748,365	8 710 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		60,995	58,830,733	21,575,866	37,254,867	13 660 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	22	11,812	415,343	10,646	404,697	0 150 %
f Health professions education (from Worksheet 5)	4	1,990	4,553,924		4,553,924	1 670 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	258	216,620	130,611	86,009	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	6	1,468	91,808	30,000	61,808	0 020 %
j **Total** Other Benefits	33	15,528	5,277,695	171,257	5,106,438	1 870 %
k **Total.** Add lines 7d and 7j	33	76,523	64,108,428	21,747,123	42,361,305	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	1	60	1,414		1,414	
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	1	38	8,234		8,234	
8	Workforce development	2	4,947	11,879		11,879	0 010 %
9	Other						
10	**Total**	4	5,045	21,527		21,527	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,166,027		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	101,113,685
6	Enter Medicare allowable costs of care relating to payments on line 5	6	117,731,664
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-16,617,979
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	BALL OUTPT SURG CTR	AMBULATORY SURGERY CENTER	54 546 %	3 030 %	42 424 %
2	BMH OUTPT SURG SVCS	AMBULATORY SURGERY CENTER	51 535 %	2 750 %	45 715 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

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

Ball Memorial Hospital (BMH) treats all individuals in need of medical care without regard to race, creed, color, sexual orientation, national origin, ability to pay, or coverage by programs such as Medicare and Medicaid Patients may have the charges for services covered under the Hospital's Financial Assistance Policies, including free charity BMH provides financial counseling services to assist the patient or guarantor in applying for various programs that may help resolve their bill Patients who do not have insurance coverage are classified as self-pay As self-pay, the patient or guarantor will be responsible for payment of services provided to the patient, and a financial counselor will be available to help make financial arrangements The financial counselor will help the patient apply first for government-sponsored health insurance, and then if denied government sponsored coverage, apply for Cardinal Access (75% relief from their hospital obligation) In administrative review, on a case-by-case basis by Supervisor, Manager, Director or Administrative Director of Patient Financial Services, a patient may be granted free charity care in circumstances such as - Have filed bankruptcy and do not qualify for third-party coverage - Homeless, such as living at the Muncie Mission - Financial information processed through Search America-Charity Advisor Program and software indicates patient approved at 100% charity

Ball Memorial Hospital, Inc (Ball) is included in the community benefit report for Clarian Health Partners, Inc (Clarian) Clarian's community benefit report is made available to the public on its website at www clarian org/communitybenefits The Community Benefit report is also mailed to various organizations throughout Indiana

Ball Memorial Hospital, Inc does NOT include any costs associated with physician clinics as subsidized health services

The bad debt expense included on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentage of total expense is $18,171,962

Percentage of total expenses listed on Schedule H, Part I, Line 7, column (f) is calculated based on net community benefit expense The percentage of total expenses calculated based on total community benefit expense is 23 5%

The bad debt expense reported on Line 2 is calculated under the cost to charge ratio methodology Ball Memorial Hospital, Inc provides health care services through various programs that are designed, among other matters, to enhance the health of the community and improve the health of low-income patients In addition, Ball Memorial Hospital, Inc provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance because of inadequate resources or are uninsured or underinsured Financial Statement Footnote The provision for uncollected patient accounts is based upon management's assessment of historical and expected net collections considering business and economic conditions, changes and trends in health care coverage, and other collection indicators Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon accounts receivable payor composition and aging, and historical write-off experience by payor category, as adjusted for collection indicators The results of this review are then used to make any modifications to the provision for uncollected patient accounts and the allowance for uncollectible accounts In addition, Ball Memorial and its subsidiaries follow established guidelines for placing certain past due patient balances with collection agencies Patient accounts that are uncollected, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collection policies of Ball Memorial and, in certain cases, are reclassified to charity care if deemed to otherwise meet Ball Memorial's charity care and financial assistance policy

Substantial shortfalls arise from payments that are less than what it costs to provide the care or services and do not include any amounts that result from inefficiencies or poor management Ball Memorial Hospital, Inc accepts all Medicare patients knowing that there may be shortfalls, therefore it has taken the position that they should be counted as part of the community benefit Additionally, it is implied in Internal Revenue Service Revenue Ruling 69-545 that treating Medicare patients is a community benefit Revenue Ruling 69-545, which established the community benefit standard for nonprofit hospitals, states that if a hospital serves patients with governmental health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community Summary of reconciliation between Medicare shortfalls disclosed on Section B, Line 7, as required, based on the Medicare Cost Report and additional costs Ball Memorial Hospital, Inc calculates as part of its Medicare shortfall on its community benefit report Shortfall per the Medicare Cost Report - $ 27,078,537 Deductible/Coinsurance Addbacks - (10,460,558) ---------- Shortfall per Part III, Section B, Line 7 - 16,617,979 Managed Care and Non Covered Charges - 6,267,482 Home Office & Intercompany Allocations - (10,712,272) Cost & Revenue Offsets - (1,772,120) Non-Reimbursable Cost Centers - 15,841,080 Special Cost Report Treatment - (2,667,131) Deductible/Coinsurance Deductions - 10,460,558 ---------- Total Shortfall based on Cost to Charge Ratio as reported on the Community Benefit Report - $34,035,576 ==========

If a patient cannot satisfy standard payment expectations, financial assistance screening for alternative sources of balance resolution are completed Those resolutions may include enrollment in Medicaid, Healthy Indiana Plan, Cardinal Access and Financial Assistance programs, discounts, or application for charity care If a patient does not fully complete the application, financial assistance may still be granted based on financial needs

N/A

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

Ball Memorial Hospital, Inc periodically conducts a health needs assessment to determine the more urgent community needs and how best to address them The most recent assessment in 2006 provided A) a profile of the healthcare needs of residents in Delaware County, both as a whole and by relevant demographic segments, B) a determination of Delaware County resident's behaviors and attitudes upon disease risk and measurement of disease and injury risk in the community, C) assessment of health services utilization patterns Primary assessment data was collected from telephone surveys of community residents Secondary data was collected from various sources including the Centers for Disease Control and Prevention, National Center for Health Statistics, Indiana State Department of Health-Epidemiology Resource Center, and the United States Bureau of Census Aggregate medical data on disease incidence, symptoms and other behavioral risk factors was collected from suppliers of health services in the county The study identified several key areas of need within the community including access to healthcare, alcohol and tobacco use, obesity, hypertension, high cholesterol, diabetes, asthma, mental health, arthritis and sexually transmitted diseases The assessment also noted decreasing household income levels In 2009 Ball Memorial Hospital, Inc offered programming to address several needs identified in the assessment -low cost clinic care for nearly 25,000 patient visits -school based education programs regarding alcohol, tobacco and sexually transmitted diseases -community screenings, support groups and educational presentations regarding weight loss, cancer prevention and detection, diabetes, healthy diets, heart health, and smoking cessation Many of these programs are delivered through partnerships with local schools, churches and community organizations

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

Ball Memorial Hospital, Inc treats all patients regardless of their ability to pay Helping patients understand the financial responsibilities accompanying their care is part of the hospital's commitment to its mission Ball Memorial Hospital Inc 's financial assistance policy exists to serve those in need by providing financial relief to patients who ask for assistance At the conclusion of treatment, all patients/guarantors are mailed a financial statement with a summary of incurred charges This financial statement includes the name and contact information of a financial counselor available to assist with requests for financial assistance At Ball Memorial Hospital, Inc , charity care is available to all patients living at or below 200 percent of federal poverty guidelines Any patient of limited means may apply for support or is provided support for the cost of their care, with adjustments to bills based on the hospital's financial assistance policy For those inpatients that may qualify for the Medicaid program and have not applied, Ball Memorial Hospital, Inc Employees will assist patients with Medicaid application

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

Located in Muncie, Indiana, Ball Memorial Hospital serves a seven-county geographic area including inpatients from Delaware County (67 8%) plus surrounding counties (Blackford, Grant, Madison, Henry, Randolph and Jay) (28 5%) 3 7% of inpatients come from other areas Ball Memorial Hospital also monitors and classifies its cases by age, gender and race Overall, 59% and 41% of all Ball Memorial Hospital inpatients were female and male, respectively In addition, the race of Ball Hospital inpatients was White (92%) Black (6 2%) Hispanic (4%) Asian (3%) American Indian (02%) Other (68%) Additionally, 68% of the inpatient cases in 2009 were covered by government sponsored healthcare plans (Medicaid (18%), Medicare (48%) and Other (2%))

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

In 2009 Ball Memorial Hospital provided expertise and resources to local community initiatives that addressed economic development, community health improvement, and workforce development Outreach activities included job fairs and interview seminars, participation in an economic development council and chamber of commerce, and collaborative partnerships to improve community health

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)

Ball Memorial Hospital's Board of Directors is composed of members, of which substantially all are community members A majority of the board resides in Ball Memorial Hospital's primary service area Ball Memorial also extends medical staff privileges to all qualified physicians in the community One of the ways Ball Memorial Hospital works to improve quality is by conducting medical research The Medical Research Department conducted over 100 clinical trials in 2009 at Ball Memorial Hospital, exploring new methodologies and treatments in the fields of urology, nephrology, surgery, pain medicine, radiology and general medicine, with the ultimate goal of improving the quality and cost-effectiveness of medical care Ball Memorial Hospital is also home to the largest graduate medical education teaching program in Indiana outside of Indianapolis More than 60 physicians received training at Ball Memorial Hospital, and clinics staffed by family medicine and internal medicine residents provided low-cost medical care for 25,000 patient visits in 2009

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

Ball Memorial Hospital is an affiliate of the Clarian Health Partners, Inc statewide healthcare system, and prepares and submits its own community benefits plan relative to the local community It is also part of a three-prong strategy in place with downtown Indianapolis, suburban Indianapolis and statewide entities as areas of focus Clarian considers its community benefits plan as part of an overall vision for strengthening the state's healthcare safety net

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

IN

Additional Data

Software ID:
Software Version:
EIN: 35-0867958
Name: BALL MEMORIAL HOSPITAL INC

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Ball Memorial Hospital Inc 2401 West University Avenue Muncie,IN 47303	X	X		X	X		X		
BALL MEMORIAL HOSPICE 2401 W UNIVERSITY AVENUE MUNCIE,IN 47303									HOSPICE CARE
BALL MEMORIAL HOSPITAL - TCU 2401 W UNIVERSITY AVENUE MUNCIE,IN 47303									SKILLED NURSING FACILITY
BALL CANCER CENTER 200 FOREST RIDGE PARK SUITE 120 NEW CASTLE,IN 47362									CANCER CENTER
FAMILY PRACTICE CLINIC 221 NORTH CELIA MUNCIE,IN 47303									OUTPATIENT PHYSICIAN CLINIC
BREAST CENTER SERVICE 2598 W WHITE RIVER MUNCIE,IN 47303									DIAGNOSTIC IMAGING CENTER
WOUND HEALING CENTER 2901 WEST JACKSON STREET MUNCIE,IN 47303									AMBULATORY SURGERY CENTER
ALBANY HEALTHCARE PHARMACY 349 WEST FIRST STREET ALBANY,IN 47320									PHARMACY
SOUTHWAY HEALTHCARE PHARMACY 3715 S MADISON STREET BREEZEWOOD MUNCIE,IN 47302									PHARMACY
BMH PEDIATRIC REHABILITATION CENTER 205 N TILLOTSON AVE BSMT KENMORE MUNCIE,IN 47304									REHABILITATION CENTER
BALL STATE HEALTHCENTER PHARMACY 1500 NEELEY AVENUE MUNCIE,IN 47306									PHARMACY
BLACKFORD COMMUNITY HEALTHCARE PHARMACY 400 PILGRIM BOULEVARD HARTFORD CITY,IN 47348									PHARMACY
BMH REHABILITATION SERVICES - UPLAND 1809 SOUTH MAIN STREET UPLAND,IN 46989									REHABILITATION CENTER
UPLAND HEALTHCARE PHARMACY 1809 SOUTH MAIN STREET UPLAND,IN 46989									PHARMACY
PAIN MANAGEMENT CENTER 5501 WEST BETHEL AVENUE MUNCIE,IN 47304									PAIN MANAGEMENT CLINIC
BMH REHAB SERVICES 1420 SOUTH PILGRIM BLVD YORKTOWN,IN 47396									REHABILITIATION CENTER
YORKTOWN HEALTHCARE PHARMACY 1420 SOUTH PILGRIM BLVD YORKTOWN,IN 47396									PHARMACY
BMH REHABILITATION SERVICES 3300 WEST COMMUNITY DRIVE MUNCIE,IN 47304									REHABILITATION CENTER
KENMORE HEALTHCARE PHARMACY 205 N TILLOTSON AVE 1ST FL KENMOR MUNCIE,IN 47304									PHARMACY
BMH OUTPATIENT CENTER SERVICES 800 S TILLOTSON AVENUE SUITE A MUNCIE,IN 47304									OUTPATIENT RADIOLOGY CLINIC
BARIATRIC CENTER & NUTRITION COUNSELING 2901 W JACKSON STREET MUNCIE,IN 47304									BARIATRIC MEDICINE
FAMILY HEALTHCARE PHARMACY 5501 WEST BETHEL AVENUE MUNCIE,IN 47304									PHARMACY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRENT L BATMAN	(i)	586,459	0	681,728	465,790	17,090	1,751,067	218,816
	(ii)	0	0	0	0	0	0	0
MICHAEL E HALEY	(i)	345,957	0	194,881	88,012	21,975	650,825	0
	(ii)	129,342	0	135,860	1,467	1,781	268,450	0
ROBERT E GILDERSLEEVE	(i)	298,783	0	301,207	463,257	15,450	1,078,697	139,222
	(ii)	0	0	0	0	0	0	0
HAROLD L BERFIEND	(i)	109,116	0	7,337	19,946	5,533	141,932	0
	(ii)	127,315	0	2,630	8,571	7,703	146,219	0
KELLY N STANLEY	(i)	400,534	0	151,909	1,083,013	15,259	1,650,715	198,530
	(ii)	0	0	0	0	0	0	0
DANIEL F EVANS JR	(i)	0	0	0	0	0	0	0
	(ii)	884,079	162,698	54,899	804,785	23,700	1,930,161	0
DOREEN C JOHNSON RN	(i)	179,524	0	32,877	32,955	22,229	267,585	0
	(ii)	0	0	0	0	0	0	0
RICHARD HELSPER	(i)	11,819	0	1,481	532	0	13,832	0
	(ii)	199,123	10,000	24,838	18,443	9,149	261,553	0
TOM POWERS	(i)	189,475	0	151,069	105,718	20,055	466,317	0
	(ii)	0	0	0	0	0	0	0
ALVIS E FOSTER	(i)	158,734	0	25,499	27,815	11,478	223,526	0
	(ii)	0	0	0	0	0	0	0
TERRY ALLEN	(i)	126,019	0	43,323	339,061	3,146	511,549	0
	(ii)	0	0	0	0	0	0	0
JOSEPH R BUTTS	(i)	141,360	0	19,013	10,105	21,403	191,881	0
	(ii)	0	0	0	0	0	0	0
JONI E MILLER	(i)	126,452	17,535	11,575	6,926	6,147	168,635	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Part I	Line 3	Michael E Haley, CEO of Ball Memorial Hospital, Inc from June 1 through December 31, 2009, was compensated by Clarian Health Partners, Inc for his services at Ball Memorial Hospital, Inc Clarian Health Partners, Inc has a process in place to determine the compensation of Ball Memorial Hospital, Inc 's CEO The process includes a compensation survey or study conducted by an independent compensation consultant, review by the compensation committee, a written employment contract, and approval by the board
Line 4A & 4B		Line 4A - Severance Payment or Change-of-Control Payment Brent L Batman, Robert Gildersleeve, and Tom Powers received severance payments from Ball Memorial Hospital, Inc in the amounts of $226,072, $101,645, and $131,904 respectively These amounts are included in column b (iii), other reportable compensation Line 4B - Supplemental Nonqualified Retirement Plan Brent L Batman, Kelly Stanley, Robert E Gildersleeve, Doreen Johnson, and Harold Berfiend are participants in a Ball Memorial Hospital, Inc 457(f) executive supplemental benefit plan, provisions of which are designed to retain critical employees The plan provides for additional benefits for service through normal retirement or other key dates If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced Included in column b(iii), other reportable compensation, is the amount paid to Brent L Batman, Kelly Stanley, and Robert E Gildersleeve after reaching key dates Daniel F Evans, Jr and Michael Haley participate in a Clarian Health Partners, Inc supplemental executive retirement plan, provisions of which are designed to retain critical employees Included in column c, deferred compensation, is an amount that represents the current year increase in the accrued benefit and/or current year deposits No payments were made from the plan to Michael Haley during the reporting period The plan provides for an additional retirement benefit for service through normal retirement or other key dates If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	HOSPITAL AUTHORITY OF DELAWARE COUNTY INDIANA	35-1836279	245834CA2	05-31-2006	77,763,463	2006 - SEE SCHEDULE O		X		X
B	HOSPITAL AUTHORITY OF DELAWARE COUNTY INDIANA	35-1836279	245834CL8	12-08-2009	24,257,961	2009A - SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	82,499,359	24,257,961			
2	Gross proceeds in reserve funds	6,826,250	2,470,000			
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	937,213	456,086			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	74,735,894				
8	Year of substantial completion	2007				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

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Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
BALL OUTPT SGRY CTR LINE OF CREDIT	X		1,274,000	1,283,162		No	Yes		Yes	
Total . . . . . ▶ $				1,283,162						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
OLD NATIONAL TRUST	SEE SCHEDULE O	339,122	SEE SCHEDULE O		No
MICHAEL L COX	SEE SCHEDULE O	39,979	SEE SCHEDULE O		No
MEDICAL CONSULTANTS PC	SEE SCHEDULE O	262,971	SEE SCHEDULE O		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

Identifier	Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY AND MANAGEMENT	LINE 2 - FAMILY OR BUSINESS RELATIONSHIPS	Daniel F Evans, Jr is an Officer of and serves on the board of directors of Clarian Health Partners, Inc Richard Helsper is a former key employee of Clarian Health Partners, Inc Michael L Cox, Michael E Haley, John D Littler, and Kelly N Stanley serve on the board of directors for Cardinal Health Ventures, Inc No additional compensation is provided Robert E Gildersleeve served on the board of directors for Cardinal Health Ventures, Inc from January through May 2009 No additional compensation w as provided

Identifier	Return Reference	Explanation
PART VI, SECTION A - GOVERNING BODY AND MANAGEMENT	LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	Ball Memorial Hospital, Inc ("BMH") filed amended and restated articles of incorporation w ith the Indiana Secretary of State's office on December 31, 2008, effective January 1, 2009 Amendments and additions to BMH's Articles of Incorporation are as follow s Article II, Purposes -to increase community access to quality health care services for the indigent, poor and underserved through its ow nership and operating of a health system all in a manner consistent w ith the purposes and Core Values set forth in the Amended and Restated Articles of Incorporation of Clarian Health Partners, Inc ("CHP"), an Indiana nonprofit corporation Article III, Pow ers -the Corporation has the right, privilege and pow er (a)to indemnify any person against liability and expenses, and to advance the expenses incurred by such person, in connection w ith the defense of any threatened, pending or completed action, suit or proceeding and (b) to cease its activities and to dissolve and surrender its corporate franchise Article VI, Membership Section 1 - CHP shall be the sole member of the Corporation Section 2 - CHP shall have the pow ers set forth in the Act, these Articles and in the Corporation's Bylaw s, as amended from time to time Article VII, Board of Directors and Officers Section 1 - the Board shall be the supreme authority of the Corporation, responsible for the management and control of the Corporation, for all functions of the Corporation and for the appointment and delineation of privileges of the members of the Medical Staff of the Hospital Section 2 (a) the Board of Directors shall consist of not less than nine or more than 23 members At least 75% of the directors shall be residents of the service area, (b) CHP w ill elect one more than one-half of the total directors w ith the remainder elected by the directors, (c) at each annual meeting of the Corporate Member (CHP) Section 7, The President shall be elected by CHP, the remaining officers w ill be elected by the Board of Directors w ith CHP's approval CHP may w ithdraw any approval at any time, w ith or w ithout cause Article VIII Section 1, if, for any taxable year the Corporation is deemed a "private foundation" as described in Code section 509(a), the Corporation's income shall be distributed in a manner as not to subject the Corporation to the tax imposed by Code section 4942 The Corporation shall not (a) engage in any act of self-dealing defined in Code section 4941(d), (b) retain any excess business holdings as defined in Code section 4943(c), (c) make any investment in such manner as to subject the Corporation to tax under Code section 4944, or (d) make any taxable expenditure as defined in Code section 4945(d) Section 2 (a) neither the Board or the Corporation has the pow er to do any act that w ill prevent the Corporation from being an organization described in Code section 501(c)(3), (b) no substantial part of the activities of the Corporation shall be or consist of carrying on propaganda or otherw ise attempting, to influence legislation Section 4, Bylaw s, in no event shall the Bylaw s be amended to contradict any of the provisions of the Integration Agreement BMH issued amended and restated bylaw s effective January 1, 2009 Amendments and additions w ere as follow s Article III- Purposes The Corporation shall have the purposes set forth in the Corporation's Amended and Restated Articles of Incorporation, as amended from time to time, including, w ithout limitation, the operation of a health system, w hich w ill include a general public hospital w ith outpatient departments and other clinics located in the City of Muncie, Delaw are County, Indiana Article IV, Membership The sole member of the Corporation shall be CHP, an Indiana nonprofit corporation Section 4 - Special Meetings, Special meetings of the Corporate Member may be called by the Member Section 9, Mail Vote - Removed Article V, Board of Directors Section 1 - Management - Removed Section 1a - Number and Term of Office, The Board of Directors shall consist of not few than nine (9) and not more than tw enty three (23) members Section 2, B - Residency Requirement, At least seventy-five percent (75%) of the individuals serving on the Board of Directors shall be residents of the Corporation's service area Section 4 - Election (a) The Corporate Member w ill elect one (1) more than one-half (1/2) of the total number of Directors, and the remainder w ill be elected by the Directors (the "Board of Elected Directors") in the manner set forth in subsection (b) below (b) At each annual meeting of the Corporate Member, the Corporate Member w ill elect (or, as applicable, re-elect) Directors to succeed the Directors w ho w ere previously appointed by the Corporate Member and w hose positions are set to expire as of such meeting (collectively, the "Replacement corporate Member Directors") Immediately follow ing such election, the Directors, including the Replacement Corporate Member Directors, but excluding the Board Elected Directors w hose terms are set to expire as of such meeting, w ill elect (or, as applicable, re-elect) the remaining Directors Section 5 - Vacancies, replaced w ith Upon the termination of any Director's service on the Board of Directors caused by death, resignation, removal or otherw ise, the vacancy shall be filled by (i) the Corporate Member if the departing Director w as a Member-Elected Director or (ii) a vote of a majority of the Board of Directors if the departing Director w as a Board-Elected Director The Director appointed to fill the vacancy shall serve for the remainder of the term of the departing Director A vacancy resulting from an increase in the number of Directors by amendment of these Bylaw s shall be filled in a manner that satisfies the provisions of this Article V Section 6 - Pow er of the Board of Directors, Subject to rights of the Corporate Member, the Board shall be the supreme authority of the Corporation, responsible for the management and control of the Corporation, for all functions of the Corporation, and for the appointment and delineation of privileges of the members of the Medical Staff of the Hospital, w ith the advice and recommendations of the Medical Staff The Board shall have the pow ers and responsibilities set forth in the Act and all law s supplemental thereto in order to carry out the spirit and intent of the law in providing health care services Section 12 - Voting by the Board of Directors (a)Quorum A majority of the then-existing Directors of the Corporation shall constitute a quorum for the transaction of business Each Director w ill have one (1) vote on each matter presented for action by the Board of Directors (b)Member Approval Required The Board of Directors shall not, w ithout the prior w ritten approval of the Corporate Member (i)authorize the establishment or acquisition of any subsidiaries, affiliates or joint venture arrangements or acquisition of all or substantially all of the assets of any other business or entity, (ii) approve or amend any operating or capital budget, (iii) authorize any unbudgeted operating or capital budget items or deviations, including any issuance or guarantee of any unbudgeted debt, greater than the budgeted amount by $1 million for any individual item or $3 million per fiscal year in the aggregate, (iv) authorize any agreement to act as primary obligor, or to serve as a guarantor, surety or co-obligor w ith respect to the indebtedness of any other party, to borrow amounts from third-party lenders, or to loan money to any person or entity, (v) approve strategic plans and amendments, w hich w ill be integrated w ith the Corporate Member's strategic plan, (vi) amend or repeal the Corporation's or an Affiliate's articles of incorporation or bylaw s (or other corresponding organizational documents of an Affiliate that is not a corporation), (vii) authorize any merger, consolidation, reorganization, sale or transfer of all or substantially all of the Corporation's assets, (viii) authorize any voluntary declaration of bankruptcy, plan of dissolution, any liquidating distribution of assets or other action related to its dissolution or liquidation, (ix) authorize any pledge of, or grant any security interest or mortgage in, or otherw ise encumber, any tangible assets of the Corporation in excess of $2,000,000, other than in the ordinary course of business or pursuant to a budget or strategic plan approved by the Corporate Member, (x) approve any management agreement for the management of all or a substantial part of the Corporation's operations, or (xi) appoint or remove any of the Corporation's Directors w ith or w ithout cause

Identifier	Return Reference	Explanation
con't		Section 13 - Board Action without a Meeting, added - Action taken by written consent shall be effective when the last Director signs the consent, unless the content specifies a prior or subsequent effective date A consent signed as described in this Section 14 of this Article V shall have the effect of approval at a meeting and may be described as such in any document Section 16 - Directors Conflict of Interest, Any duality of interest or possible conflict of interest on the part of any Director shall be fully disclosed to the other Directors and made a matter of record pursuant to the procedures outlined in the Corporation's Conflicts of Interest Policy, attached as Exhibit A, as amended from time to time All new Directors will be advised of this policy An individual is not prohibited from serving as a Director if the individual has a pecuniary interest in or derives a profit from a contract or purchase connected with the Corporation, provided that the individual shall disclose that interest or profit in writing to the Board of Directors Article VI - Officers Section 5 - Vacancies, added - Any vacancy in the office of the president of the Corporation because of death, resignation, removal, or otherwise shall be filled by appointment by the Board of Directors of the Corporate Member, upon the recommendation of the President of the Corporate Member and with the advice of the Board of Directors of the Corporation Any contractual relationship with the President of the Corporation so appointed shall be approved by the Board of Directors of the Corporate Member with the recommendation of the President of the Corporate Member and with the advice of the Board of Directors of the Corporation Section 9 - President, Addition of the line the President will be and remain a full-time resident of Delaware County, Indiana Article VII - Committees of the Board Section 4 - Executive Committee (a)The Chairman of the Executive Committee shall be the President and Chief Executive Officer of Clarian Health Partners, Inc The Chairman of the Executive Committee must be a Director of the Corporation (b)The Executive Committee shall consist of the Chairman of the Executive Committee, the Chairman of the Board, one or more Vice Chairmen, the President, and the Secretary/Treasurer of the Corporation (the "Executive Committee")' provided, however, the Executive Committee shall be composed of not fewer than four (4) Directors At least seventy-five percent (75%) of the individuals serving on the Executive Committee shall be residents of the Corporation's service area (d)specific duties of the Executive Committee (i)Review, prior to action being taken by the Board, of the items reserved to the Corporate Member provided in these Bylaws under Article V , Section 12 B , and make recommendations to the Board, thereon, (ii)Oversee the financial condition of the Corporation and related corporations within the Corporate Member's East Central Indiana regional hub, and make reports and recommendations to the Board thereon, (iii) Review, oversee and evaluate the Corporation's performance under the Corporation's strategic plan, including its integration with the Corporate Member's strategic plan, and (iv)Review and approve the Corporation's compensation plans, incentive plans, termination and severance policies for senior management of the Corporation, and develop executive succession plans (e)The Executive Committee shall meet at least quarterly and shall maintain a permanent record of its proceedings and actions, and shall make a report thereof to the Board Section 8 - Committee Action Without a Meeting, Action taken by written consent shall be effective with the last committee member signs the consent, unless the consent specifies a prior or subsequent effective date A consent signed as described in this Section 8 of this Article VII shall have the effect of approval at a meeting and may be described as such in any document Article IX - Indemnification and Insurance Section 1 - Indemnification To the extent not inconsistent with applicable law, the Corporation shall indemnify any organizer, Corporate Member, Director or officer of the Corporation (including any responsible officers, partners, shareholders, directors, trustees, members or managers or such organizer, Corporate Member, Director or officer that is an entity)(the "Indemnified Person") against all liability and reasonable expense that may be incurred by the Indemnified Person in connection with or resulting from any claim, action, suit or proceeding (a) if such Indemnified Person is wholly successful with respect thereto or (b) if not wholly successful, then if such Indemnified Person is determined (as provided in Section 3 of this Article IX) to have acted in good faith, in what the Indemnified Person reasonably believed to be in or at least not opposed to the best interest of the Corporate, and, with respect to any criminal action or proceeding, is determined to have had reasonable cause to believe that the Indemnified Person's conduct was lawful (or no reasonable cause to believe that the conduct was unlawful) The termination of any claim, action, suit or proceeding by judgment, order, settlement whether with or without court approval) or conviction or upon a plea of guilty or of nolo contendere or its equivalent, shall not create a presumption that an Indemnified Person did not meet the standards of conduct set forth in Section 1 of this Article IX

Identifier	Return Reference	Explanation
con't		Section 2 - Definitions A As used in this Article IX, the phrase "claim, action, suit or proceeding" shall include any threatened, pending or completed claim, civil, criminal, administrative or investigative action, suit or proceeding and all appeals thereof (whether brought by or on behalf of the Corporation, any other corporation or otherwise), whether formal or informal, in which an Indemnified Person may become involved, as a party or otherwise (i) By reason of the Indemnified Person being or having been an organizer, Corporate Member, Director, Honorary Director or officer of the Corporation (or serving as a responsible officer, partner, shareholder, director, trustee, member or manager of such organizer, Corporate Member, Director or officer that is an entity) or of any corporation where the Indemnified Person served as such at the request of the Corporation, (ii) By reason of the Indemnified Person acting or having acted in any capacity in a corporation, partnership, joint venture, association trust or other organization or entity where the Indemnified Person served as such at the request of the Corporation or (iii) By reason of any action taken or not taken by the Indemnified Person in any such capacity, whether or not the Indemnified Person continues in such capacity at the time such liability or expense shall have been incurred B As used in this Article IX, the terms "liability" and "expense" shall include, but shall not be limited to, counsel fees and disbursements and amounts of judgements, fines or penalties against, and amounts paid in settlement by or on behalf of, and Indemnified Person C As used in this Article IX, the term "wholly successful" shall mean (i) termination of any action, suit or proceeding against the Indemnified Person without any finding or liability or guilt against the Indemnified Person, (ii) approval by a court, with knowledge of the indemnity provided in this Article IX, of a settlement of any action, suit or proceeding or (iii) the expiration of a reasonable period of time after the making of any claim or threat of any action, suit or proceeding without the institution of the same, without any payment or promise made to induce a settlement Section 3 - Entitlement of Indemnification Every person claiming indemnification under this Article IX (other than one who has been wholly successful with respect to any claim, action, suit or proceeding) shall be entitled to indemnification if (A) special independent legal counsel, which may be regular counsel of the Corporation or other disinterested person or persons, in either case selected by the Board of Directors, whether or not a disinterested quorum exists (such counsel or person or persons being hereinafter called the "referee"), shall deliver to the Corporation, a written finding that such person has met the standards of conduct set forth in Section 1 of this Article IX and (B) the Board of Directors, acting upon such written finding, so determines The person claiming indemnification shall, if requested, appear before the referee and answer questions that the referee deems relevant and shall be given ample opportunity to present to the referee evidence upon which such person relies for indemnification The Corporation shall, at the request of the referee, make available facts, opinions or other evidence in any way relevant to the referee's findings that are within the possession or control of the Corporation Section 4 - Relationship to Other Rights The right of indemnification provided in this Article IX shall be in addition to any rights to which any person may otherwise be entitled Section 5 - Extent of Indemnification Irrespective of the provisions of this Article IX, the Board of Directors may, at any time and from time to time, approve indemnification of Indemnified Persons to the fullest extent permitted by applicable law, or, if not permitted, then to any extent not prohibited by such law, whether on action of past or future transactions Section 6 - Advancement of Expenses Expenses incurred with respect to any claim, action, suit or proceeding may be advanced by the Corporation (by action of the Board, whether or not a disinterested quorum exists) prior to the final disposition thereof upon receipt by the Corporation of an undertaking by or on behalf of an Indemnified Person to repay such amount unless the Indemnified Person is entitled to indemnification Section 7 - Purchase of Insurance The Board of Directors is authorized and empowered to purchase insurance covering the Corporation's liabilities and obligations under this Article IX and insurance protecting the Indemnified Persons Article XIII - Dissolution Upon the dissolution of the Corporation all assets of the Corporation shall be disposed of to a Section 501(c)(3) organization, as the Board of Directors, with the prior written consent of the Corporate Member, shall determine and in accordance with Section 6 6(b) of the Integration Agreement among the Corporate Member, Cardinal Health System, Inc , the Corporation, Cardinal Health Ventures, Inc and The BMH Foundation, Inc dated as of November 19, 2008 (the "Integration Agreement")

Part VI, Section A - Governing Body and Management Line 6, 7a, and 7b - Members or Stockholders Line 6 Ball Memorial Hospital, Inc has one class of membership and the sole member is Clarian Health Partners, Inc ("Clarian") Line 7a Clarian elects one more than one-half of the total number of Directors Immediately following such election the remainder are elected by the Directors, excluding those whose terms are set to expire Line 7b Notwithstanding any other provisions of the Articles of Incorporation, the following matters require the written approval of Clarian prior to implementation - Authorization for the establishment or acquisition of any subsidiaries, affiliates or joint venture arrangements or acquisition of all or substantially all of the assets of any other business or entity, - Approval or amendment to any operating or capital budget, - Authorization of any unbudgeted operating or capital budget items or deviations, including any issuance or guarantee of any unbudgeted debt, greater than the budgeted amount by $1 million for any individual item or $3 million per fiscal year in the aggregate, - Authorization of any agreement to act as primary obligor, or to serve as a guarantor, surety or co-obligor with respect to the indebtedness of any other party, to borrow amounts from third-party lenders, or to loan money to any person or entity, - Approval of strategic plans and amendments, which will be integrated with Clarian's strategic plan, - Amendment or repeal of the Corporation's or an Affiliate's articles of incorporation or bylaws (or other corresponding organizational documents of an Affiliate that is not a corporation), - Authorization of any merger, consolidation, reorganization, sale or transfer of all or substantially all of the Corporation's assets, - Authorization of any voluntary declaration of bankruptcy, plan of dissolution, any liquidating distribution of assets or other action related to its dissolution or liquidation, - Authorization of any pledge of, or grant any security interest or mortgage in, or otherwise encumber, any tangible assets of the Corporation in excess of $2,000,000, other than in the ordinary course of business or pursuant to a budget or strategic plan approved by Clarian, - Approval of any management agreement for the management of all or a substantial part of the Corporation's operations, or - Appointment or removal of any of the Corporation's Directors with or without cause Part VI, Section A - Governing Body and Management Line 11A - Form 990 Provided to Governing Body Ball Memorial Hospital, Inc has established the following process for reviewing the Form 990 The Form 990 and related schedules are reviewed by the Chief Financial Officer and General Counsel After the Chief Financial Officer and General Counsel approve the Form 990 and related schedules, a finalized complete Form 990 is made available to each board member on a protected intranet site prior to filing the form with the IRS Each member is informed of the availability of the tax department to answer any questions Part VI, Section B - Policies Line 12c - Conflict of Interest Policy Ball Memorial Hospital, Inc has a Conflict of Interest Policy, the purpose of which is to protect Ball Memorial Hospital, Inc 's interests and integrity when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director, or employee Each employee that is manager level or above, as well as officers and directors are required to annually sign a statement which affirms that such person (1) has received a copy of the conflict of interest policy, (2) has read and understands the policy, (3) has agreed to comply with the policy, and (4) understands and acknowledges that the Corporation is a tax-exempt organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes If an interest is disclosed, the form requires that the discloser's supervisor sign the form to indicate his/her knowledge and approval of the interest The BMH Compliance Officer and the Clarian Health Partners, Inc , Corporate Compliance Department (collectively the "Department") will review the form and determine how the conflict should be managed in order to comply with the spirit of the policy The Department, in consultation with the Chief Compliance Officer of Clarian Health Partners, Inc may appoint standing or ad hoc committees to assist in resolving issues that arise under the provisions of the policy Breach of the conflict of interest policy, including failure to complete and update the questionnaire and failure to disclose an interest that should be disclosed, may subject an individual to disciplinary action, including dismissal Part VI, Section B - Policies Line 15 - Process for Determining Compensation Ball Memorial Hospital, Inc has a process in place to determine the compensation for its President and CEO , as well as for other officers and key employees Ball Memorial Hospital, Inc uses an independent compensation consultant who utilizes a variety of methods and procedures to obtain compensation ranges for comparable officer and employee positions The independent compensation consultant provides Ball Memorial Hospital, Inc with recommended compensation ranges for its officers and other employees, which are then used as a guide for setting reasonable compensation by management Management decisions with regard to determining compensation are subject to the review and approval of the Board of Directors, Compensation Committee, and/or Corporate member

Identifier	Return Reference	Explanation
Part VI, Section B - Policies	Line 19 - Public Disclosure	Ball Memorial Hospital, Inc 's governing documents are available for public inspection through the Indiana Secretary of State's w eb-site Ball Memorial Hospital, Inc 's conflict of interest procedures are disclosed on the Form 990, Schedule O Ball Memorial Hospital, Inc 's Consolidated Audited Financial Statements are available for public inspection through its bond filings

Part VII, Section A Line 1a, Column (B) - Average hours per week Michael E Haley was the CEO of LaPorte Regional Health System, Inc from Jan through May 2009 and devoted 55 hours per week Michael E Haley receives compensation from Clarian Health Partners, Inc for his services as President and CEO of Ball Memorial Hospital, Inc from June through December 2009 in which he devotes 55 hours per week Daniel F Evans, Jr is the President & CEO for Clarian Health Partners, Inc and devotes 55 hours per week Christina C Drummond, M D is a physician for Emergency Medical Group, Inc and devotes 45 hours per week Harold L Berfiend was Executive Director for Integrated Services for Clarian Health Partners, Inc from January through May 2009 and devoted 55 hours per week Richard Helsper was Vice President of Operations for Clarian Health Partners, Inc from January through November 2009 and devoted 55 hours per week Line 1(a), Column D - Reportable Compensation from the Organization Peter M Voss, M D received compensation from Ball Memorial Hospital, Inc for his services as the Medical Executive Committee Chairman and for teaching medical education students during their OB/GYN rotation Part XI, Financial Statements and Reporting Line 2c - AUDIT COMMITTEE Ball Memorial Hospital, Inc is included in the consolidated financial statements of Clarian Health Partners, Inc The Audit Committee of Clarian Health Partners, Inc oversees the audit and has responsibility for the selection of an independent accountant Schedule K, Part I Lines A & B, Column (F) Line A, Column (F) 2006 Series Bond THE 2006 SERIES BOND WAS ISSUED IN ORDER TO PROVIDE FUNDING FOR NEW CONSTRUCTION OF BUILDINGS AND STRUCTURES AND PURCHASE OF EQUIPMENT Line B, Column (F) 2009A Series Bond THE 2009A SERIES BOND WAS ISSUED IN ORDER TO REFUND THE 1998 SERIES BOND THE 1998 SERIES BOND WAS ISSUED ON MARCH 11, 1998 Schedule L Part IV - Business Transactions with Interested Persons Kelly N Stanley was a Ball Memorial Hospital, Inc board member from January 2009 through May 2009 and was also chairman of the board of Old National Trust Old National Trust provided investment advisory and management services for Ball Memorial Hospital, Inc 's investment portfolio Michael L Cox serves on the board of directors of Ball Memorial Hospital, Inc and has a family member who received compensation as an employee of Ball Memorial Hospital, Inc Bruce M Graham, M D serves on the board of directors of Ball Memorial Hospital, Inc and serves on the board of directors of Medical Consultants, PC Ball Memorial Hospital, Inc and Medical Consultants, PC have agreements for Medical Consultants, PC to provide various medical and management services such as a Hospitalist employee lease, Cancer Program Medical Director, and Hospitalist billing

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BALL MEMORIAL HOSPITAL INC

Employer identification number
35-0867958

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 35-0867958
Name: BALL MEMORIAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BLACKFORD COMMUNITY HOSPITAL INC 410 PILGRIM BOULEVARD HARTFORD CITY, IN47348 01-0646166	HOSPITAL	IN	501(c)(3)	3	NA
THE BMH FOUNDATION INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 31-1111784	FUNDRAISING	IN	501(c)(3)	11	NA
BEDFORD REGIONAL MEDICAL CENTER INC 2900 WEST 16TH STREET BEDFORD, IN47421 23-7042323	HEALTHCARE	IN	501(C)(3)	3	NA
BLOOMINGTON HOSPITAL OF ORANGE COUNTY PO BOX 499 PAOLI, IN47454 35-2090919	HEALTHCARE	IN	501(C)(3)	3	NA
BLOOMINGTON HOSPITAL SYSTEM INC PO BOX 1149 BLOOMINGTON, IN47402 35-1720796	HEALTHCARE	IN	501(C)(3)	3	NA
BMH AUXILIARY INC 2401 WEST UNIVERSITY AVENUE MUNCIEI, IN47303 35-6025400	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN ARNETT HEALTH SYSTEM INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN HEALTH PARTNERS INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN TRANSPLANT INSTITUTE INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	NA
EMERGENCY MEDICAL GROUP INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN47303 35-1932442	HEALTHCARE	IN	501(C)(3)	3	NA
GOSHEN HEALTH SYSTEM INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-1974765	HEALTHCARE	IN	501(C)(3)	11	NA
GOSHEN HOSPITAL ASSOCIATION INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-6001540	HEALTHCARE	IN	501(C)(3)	3	NA
HEALTH CARE CONNECTIONS INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1925641	HEALTHCARE	IN	501(C)(3)	9	NA
INDIANA RADIOLOGY PARTNERS INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46203 20-1017034	HEALTHCARE	IN	501(C)(3)	3	NA
INDIANA UNIVERSITY HEALTHCARE ASSOCIATES 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1747218	HEALTHCARE	IN	501(C)(3)	3	NA
LAPORTE REGIONAL HEALTH SYSTEM INC 1007 LINCOLNWAY LAPORTE, IN46350 35-1125434	HEALTHCARE	IN	501(C)(3)	3	NA
LAPORTE REGIONAL PHYSICIAN NETWORK INC 1007 LINCOLNWAY LAPORTE, IN46350 31-1070868	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST HEALTH FOUNDATION INC 1800 NORTH CAPITOL AVENUE INDIANAPOLIS, IN46202 35-6043086	FUNDRAISING	IN	501(C)(3)	11	NA
METHODIST MEDICAL GROUP PHYSICIANS INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1814660	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST MEDICAL GROUP INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1945384	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST OCCUPATIONAL HLTH CTRS INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1844176	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-2023710	HEALTHCARE	IN	501(C)(3)	11	NA
MIDWEST HEALTH STRATEGIES INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 61-1415688	HEALTHCARE	IN	501(C)(3)	3	NA
MH HEALTHCARE INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-1766531	HEALTHCARE	IN	501(C)(3)	3	NA
RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVENUE GOSHEN, IN46527 26-2008424	HEALTHCARE	IN	501(C)(3)	3	NA
TIPTON HOSPITAL INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 26-2772226	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST HEALTH GROUP INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
CARDINAL HEALTH INITIATIVES LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 30-0102702	PURCHASING	IN	NA	RELATED	510,350	226,048		No	0		No
BMH OUTPATIENT SURGERY SERVICES LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 20-4567998	HEALTHCARE	IN	NA	Related	2,957,051	680,164		No	0		No
MID-AMERICA SURGERY CENTER LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47304 35-2002953	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
BALL OUTPATIENT SURGERY CENTER LLC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 27-0275794	HEALTHCARE	IN	NA	Related	534,418	3,215,886		No	0		No
CLARIAN HEALTH NORTH LLC 11700 NORTH MERIDIAN STREET CARMEL, IN46032 43-1980602	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
CLARIAN HEALTH VENTURE FUND I LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-2523206	VENTURE CAPITAL	IN	NA	NONE	0	0		No	0		No
CLARIAN HEALTH WEST LLC 1111 NORTH RONALD REAGAN PARKWAY AVON, IN46123 43-1980611	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
HEALTH VENTURE MANAGEMENT LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-5740218	MGMT SVCS	IN	NA	NONE	0	0		No	0		No
INDIANA ENDOSCOPY CENTERS LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-8398421	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
INDIANA LAKES MANAGED CARE ORGANIZATION 310 S MAIN STREET GOSHEN, IN46526 35-1946663	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
SENATE STREET SURGERY CENTER LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 42-1709357	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
THE HEALTHCARE GROUP LLC 8802 N MERIDIAN STREET SUITE 100 INDIANAPOLIS, IN46260 35-2067373	MANAGED CARE	IN	NA	NONE	0	0		No	0		No
CLARIAN HEALTH NETWORK LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 35-2055030	HEALTHCARE	IN	NA	NONE	0	0		No	0		No
CHV FUND MANAGEMENT LLC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-2523151	INVESTMENT MGMT	IN	NA	NONE	0	0		No	0		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
BMH MEDICAL PAVILION ASSOCIATION INC 2525 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1858408	CONDO MGMT	IN	NA	C CORP	0		56 100 %
CARDINAL HEALTH VENTURES INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1611424	MGMT	IN	NA	C CORP	0	0	0 %
CH ASSURANCE LTD 3RD FLOOR BARCLAYS HOUSE GEORGETOWN, GRAND CAYMAN CJ 98-0396429	INSURANCE	IN	NA	C CORP	0	0	0 %
CLARIAN HEALTH PLANS INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-2127080	HMO	IN	NA	C CORP	0	0	0 %
CLARIAN HEALTH VENTURES INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 26-0752507	VENTURE CAPITAL	IN	NA	C CORP	0	0	0 %
CLARIAN HEALTH RISK RETENTION GROUP 151 MEETING STREET SUITE 301 CHARLESTON, SC29401 20-1107674	INSURANCE	IN	NA	C CORP	0	0	0 %
M-PLAN INC 1776 N MERIDIAN STREET SUITE 300 INDIANAPOLIS, IN46202 35-1772506	HMO	IN	NA	C CORP	0	0	0 %
OCC-HEALTH REVENUE SYSTEMS INC 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN46204 20-3308057	WORK COMP PPO	IN	NA	C CORP	0	0	0 %
PARKMOR DRUG INC 1501 SOUTH MAIN STREET GOSHEN, IN46526 13-1394980	PHARM SALES	IN	NA	C CORP	0	0	0 %
PILR INC 200 HIGH PARK AVENUE GOSHEN, IN46527 20-4294750	DEVELOPMENT	IN	NA	C CORP	0	0	0 %
SOUTHERN INDIANA MEDICAL GRP PO BOX 1149 BLOOMINGTON, IN47402 35-1913875	HEALTHCARE	IN	NA	C CORP	0	0	0 %
CLARIAN RISK PURCHASING GRP INC 151 MEETING STREET SUITE 301 CHARLESTON, SC29401 20-1107674	INSURANCE	IN	NA	C CORP	0	0	0 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BALL OUTPATIENT SURGERY CENTER LLC	D	1,274,000
(2)	BALL OUTPATIENT SURGERY CENTER LLC	I	177,822
(3)	CARDINAL HEALTH VENTURES INC	I	359,535
(4)	BLACKFORD COMMUNITY HOSPITAL INC	K	719,831
(5)	BALL OUTPATIENT SURGERY CENTER LLC	K	703,111
(6)	HEALTH CARE CONNECTIONS INC	K	2,828,122
(7)	CARDINAL HEALTH INITIATIVES LLC	L	519,716
(8)	CARDINAL HEALTH VENTURES INC	L	3,629,259
(9)	HEALTH CARE CONNECTIONS INC	L	975,130
(10)	METHODIST OCCUPATIONAL HEALTH CENTERS INC	L	150,000
(11)	THE BMH FOUNDATION INC	C	1,181,740
(12)	BALL OUTPATIENT SURGERY CENTER LLC	A	9,162
(13)	BMH OUTPATIENT SURGERY SERVICES LLC	K	2,061,293