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2009

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Inspection

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

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

B Check if applicable	C Name of organization Bloomington Hospital Inc		D Employer identification number 35-1720796
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (812) 353-9551
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 309,494,315
<input type="checkbox"/> Initial return	PO BOX 1149		
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
	F Name and address of principal officer MARK E MOORE CEO PO BOX 1149 BLOOMINGTON, IN 474021149	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	

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

J Website: ► WWW BLOOMINGTONHOSPITAL.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1988 M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities BLOOMINGTON HOSPITAL EXISTS TO PROVIDE COMPREHENSIVE, HIGH QUALITY, COST-EFFECTIVE AND CARING SERVICES TO THE PEOPLE OF SOUTH CENTRAL INDIANA	
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 17
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 3,101
6 Total number of volunteers (estimate if necessary)	6 450
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 5,673,087
b Net unrelated business taxable income from Form 990-T, line 34	7b 799,114

8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,138,432	Current Year 1,599,834
9 Program service revenue (Part VIII, line 2g)	289,202,752	314,008,300
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-19,247,137	-6,999,800
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,178	64,888
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,149,225	308,673,222

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		94,954
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)	143,935,347	151,700,057
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)	135,822,055	145,491,108
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	279,757,402	297,286,119
19 Revenue less expenses Subtract line 18 from line 12	-6,608,177	11,387,103

20 Total assets (Part X, line 16)	Beginning of Current Year 290,089,801	End of Year 307,022,525
21 Total liabilities (Part X, line 26)	126,857,709	108,713,175
22 Net assets or fund balances Subtract line 21 from line 20	163,232,092	198,309,350

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		
Signature of officer		2010-11-10 Date
JAMES MYERS CFO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP 1100 HUNTINGTON CTR 41 S HIGH ST COLUMBUS, OH 43215		EIN ►	
			Phone no ► (614) 224-5678	

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

BLOOMINGTON HOSPITAL EXISTS TO PROVIDE COMPREHENSIVE, HIGH QUALITY, COST-EFFECTIVE AND CARING SERVICES TO THE PEOPLE OF SOUTH CENTRAL INDIANA AS THE REGIONAL REFERRAL CENTER FOR SOUTH CENTRAL INDIANA, OUR VISION IS TO BE ONE OF THE BEST HOSPITALS IN INDIANA WE WILL STRIVE FOR CLINICAL EXCELLENCE AND TO EXCEED THE EXPECTATIONS OF THOSE WE SERVE

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 \$ 178,449,935 including grants of \$) (Revenue \$ 217,263,949)

INPATIENT AND OUTPATIENT ANCILLARY MEDICAL SERVICES, INCLUDING LABORATORY, RADIOLOGY AND OTHER IMAGING SERVICES, PHARMACEUTICALS, RESPIRATORY AND REHABILITATION SERVICES, 24-HOUR EMERGENCY DEPARTMENT AND AMBULANCE SERVICES, AND A FULL RANGE OF CARDIAC SERVICES, AMONG OTHERS

4b (Code) (Expenses \$ 44,823,321 including grants of \$) (Revenue \$ 54,572,683)

INPATIENT AND OUTPATIENT SURGICAL SERVICES BLOOMINGTON HOSPITAL PERFORMED A TOTAL OF 4,793 INPATIENT AND 8,316 OUTPATIENT SURGICAL PROCEDURES DURING 2009 PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION CONCERNING BLOOMINGTON HOSPITAL'S PROGRAM SERVICES

4c (Code) (Expenses \$ 25,696,561 including grants of \$) (Revenue \$ 31,285,729)

ACUTE INPATIENT MEDICAL CARE, REPRESENTING THE SERVICES PROVIDED TO A TOTAL OF 13,021 ADULT AND PEDIATRIC INPATIENTS AND 1,934 NEWBORN INFANTS DURING 2009 BLOOMINGTON HOSPITAL PROVIDES A RANGE OF COMPLEX MEDICAL CARE INCLUDING ORTHOPEDIC, POST-SURGICAL, CARDIAC, INTENSIVE CARE, AND PSYCHIATRIC SERVICES PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION CONCERNING BLOOMINGTON HOSPITAL'S PROGRAM SERVICES

4d Other program services (Describe in Schedule O)

(Expenses \$ 950,341 including grants of \$ 94,954) (Revenue \$ 3,414,491)

4e **Total program service expenses** \$ 249,920,158

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 Yes	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any 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. <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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. 	11 Yes	
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?	12A Yes	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
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	<input checked="" type="checkbox"/>	21	Yes	
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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	26		No
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	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	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	<input checked="" type="checkbox"/>	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	32		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	<input type="checkbox"/>	33		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	<input checked="" type="checkbox"/>	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	35	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	<input checked="" type="checkbox"/>	36	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	<input checked="" type="checkbox"/>	37		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	<input checked="" type="checkbox"/>	38	Yes	
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	<input type="checkbox"/>			

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 441	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 3,101	
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?	No	
4b	If "Yes," enter the name of the foreign country 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?	No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?	No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	No	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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	17
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	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 ►
 JAMES J MYERS CFO
 BLOOMINGTON HOSP PO BOX 1149
 BLOOMINGTON, IN 474021149
 (812) 353-9551

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.

1b Total	3,168,569	0	792,747
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- 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 **97**

	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
INTERNAL MEDICINE ASSOCIATES INC 550 LANDMARK AVE PO BOX 550 BLOOMINGTON, IN 47403	MEDICAL SERVICES	1,961,459
WEDDLE BROTHERS CONSTRUCTION CO PO BOX 1330 BLOOMINGTON, IN 47402	BLDG CONSTRUCTION	1,132,878
CLARIAN CARDIOVASCULAR SURGERY GRP 1801 NORTH SENATE SUITE 755 INDIANAPOLIS, IN 46202	MEDICAL SERVICES	1,106,470
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	PATHOLOGY ANALYSIS	913,022
FULBRIGHT AND JAWORSKI LLP 8000 MARYLAND AVENUE SUITE 1190 ST LOUIS, IL 63105	CONSULTING SERVICES	858,998
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 28		

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				
	e Government grants (contributions)	1e	1,599,834			
	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		1,599,834			
Program Service Revenue	2a NET PT SRV REV	Business Code				
		900,099	279,095,630	279,095,630		
	b NET LAB PT REV	621,500	29,583,330	24,026,731	5,556,599	
	c CAFETERIA REVENUE	722,210	1,401,255		1,401,255	
	d JOINT VENTURE INCOME	900,099	716,286	716,286		
	e RELATED RENTAL REVENUE	531,120	509,049	509,049		
	f All other program service revenue		2,702,750	2,189,156	51,600	461,994
	g Total. Add lines 2a-2f		314,008,300			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		37,949		37,949	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real	(ii) Personal			
		281,844				
	b Less rental expenses	216,956				
	c Rental income or (loss)	64,888				
	d Net rental income or (loss)		64,888		64,888	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		23,303				
b Less cost or other basis and sales expenses		604,137				
c Gain or (loss)	-6,456,915	-580,834				
d Net gain or (loss)			-7,037,749		-7,037,749	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	b		0			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19						
b Less direct expenses	b		0			
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold	b		0			
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		308,673,222	306,536,852	5,673,087	-5,136,551	

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	94,954	94,954		
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	2,482,911	1,394,521	1,088,390	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,402	70,402		
7 Other salaries and wages	111,966,147	97,256,017	14,710,130	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,953,902	8,580,713	1,373,189	
9 Other employee benefits	18,332,928	15,803,811	2,529,117	
10 Payroll taxes	8,893,767	7,666,828	1,226,939	
11 Fees for services (non-employees)				
a Management	1,622,478	822,578	799,900	
b Legal	1,379,580		1,379,580	
c Accounting	357,073		357,073	
d Lobbying	16,975	16,975		
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	279,729		279,729	
g Other	12,998,264	10,349,659	2,648,605	
12 Advertising and promotion	1,420,139		1,420,139	
13 Office expenses	56,948,002	48,990,656	7,957,346	
14 Information technology	3,964,156	3,171,325	792,831	
15 Royalties	0			
16 Occupancy	5,477,547	4,116,054	1,361,493	
17 Travel	355,869	205,758	150,111	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,994,889	2,730,152	264,737	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,558,089	12,786,761	4,771,328	
23 Insurance	2,303,129	1,842,503	460,626	
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 BAD DEBTS	27,240,416	27,240,416		
b MAINTENANCE AGREEMENTS	5,139,646	2,931,092	2,208,554	
c UNRELATED BUSINESS INCOME TAX	695,567		695,567	
d PURCHASED REPAIR SERVICES	1,563,521	1,165,452	398,069	
e MISCELLANEOUS	3,176,039	2,683,531	492,508	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	297,286,119	249,920,158	47,365,961	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	21,024	1 65,414
	2 Savings and temporary cash investments	22,966,355	2 31,797,823
	3 Pledges and grants receivable, net	3,979,258	3 1,421,229
	4 Accounts receivable, net	39,887,109	4 35,891,772
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	5,224,774	8 5,140,284
	9 Prepaid expenses and deferred charges	3,764,511	9 4,083,108
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	341,310,309
	b Less accumulated depreciation	10b	209,194,940
			136,417,070
			10c 132,115,369
	11 Investments—publicly traded securities	67,587,130	11 84,821,945
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11	2,485,675	13 2,137,514
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	7,756,895	15 9,548,067
	16 Total assets. Add lines 1 through 15 (must equal line 34)	290,089,801	16 307,022,525
Liabilities	17 Accounts payable and accrued expenses	29,358,830	17 27,549,514
	18 Grants payable		18
	19 Deferred revenue	110,317	19 60,778
	20 Tax-exempt bond liabilities	56,702,191	20 52,555,434
	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	15,095,493	23 12,051,389
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	25,590,878	25 16,496,060
	26 Total liabilities. Add lines 17 through 25	126,857,709	26 108,713,175
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	159,528,982	27 194,200,605
	28 Temporarily restricted net assets	3,152,432	28 3,474,314
	29 Permanently restricted net assets	550,678	29 634,431
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	163,232,092	33 198,309,350
	34 Total liabilities and net assets/fund balances	290,089,801	34 307,022,525

Part XI Financial Statements and Reporting

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization
Bloomington Hospital Inc

Employer identification number

35-1720796

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
- e a Type I b Type II c Type III - Functionally integrated d Type III - Other
- f 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)
- g 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
- h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
Bloomington Hospital Inc

Employer identification number

35-1720796

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		16,975
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			16,975
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, LINE 1F	PROFESSIONAL ORGANIZATION MEMBERSHIP	BLOOMINGTON HOSPITAL IS A MEMBER OF TWO PROFESSIONAL ORGANIZATIONS THAT LOBBY ON BEHALF OF HEALTH CARE PROVIDERS' INTERESTS AMERICAN HOSPITAL ASSOCIATION 23.76% OF \$47,696 DUES PAID BY BH WERE DEVOTED TO LOBBYING ACTIVITIES \$11,333 INDIANA HOSPITAL ASSOCIATION 5.4% OF \$104,480 DUES PAID BY BH WERE DEVOTED TO LOBBYING ACTIVITIES \$5,642 THUS, BLOOMINGTON HOSPITAL'S TOTAL INDIRECT CONTRIBUTION TO LOBBYING ACTIVITIES DURING 2009 WAS \$16,975

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Name of the organization
Bloomington Hospital Inc**Employer identification number**

35-1720796

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
2a	
2b	
2c	
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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations
- 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 |
|----|---------------|
| 1c | |
| 1d | |
| 1e | |
| 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

3a(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a(ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3a(ii)

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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	12,965,969			12,965,969
b Buildings	146,039,144	80,830,482		65,208,662
c Leasehold improvements	5,823,361	3,667,834		2,155,527
d Equipment	173,834,775	123,553,080		50,281,695
e Other	2,647,060	1,143,544		1,503,516
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				132,115,369

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		
Total (Column (b) should equal Form 990, Part X, col (B), line 12.)		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

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

Total (G1 + G2) $\approx 115 - 220$ μ JY $\approx 150 - 155$ μ JY

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) **16,496,060**

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	308,673,222
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	297,286,119
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,387,103
4	Net unrealized gains (losses) on investments	4	19,526,597
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,163,558
9	Total adjustments (net) Add lines 4 - 8	9	23,690,155
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	35,077,258

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	328,173,543
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	19,526,597
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-26,276
e	Add lines 2a through 2d	2e	19,500,321
3	Subtract line 2e from line 1	3	308,673,222
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	308,673,222

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

1	Total expenses and losses per audited financial statements	1	297,286,119
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	297,286,119
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	297,286,119

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 XI, LINE 8	OTHER	UNREALIZED EARNINGS ON AFFILIATED ENTITIES (243,232) BOOK TO TAX DIFFERENCE RELATING TO DEBT-FINANCED RENTAL INCOME 216,956 CHANGE IN PENSION OBLIGATION 8,828,874 TRANSFER TO RELATED ENTITY, ELIMINATED IN CONSOLIDATION (5,044,675) CHANGE IN INTEREST IN THE NET ASSETS OF BH FDN 405,635 ----- TOTAL 4,163,558 =====
PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12	UNREALIZED EARNINGS ON AFFILIATED ENTITIES (243,232) BOOK TO TAX DIFFERENCE RELATING TO DEBT-FINANCED RENTAL INCOME 216,956 ----- TOTAL (26,276) =====
FIN 48 DISCLOSURE	SCHEDULE D, PART XIV	Bloomington Hospital, Inc. is a subsidiary in the consolidated financial statements of Clarian Health Partners, Inc. Clarian Health Partners, Inc. adopted FIN 48 in 2007. No disclosures were required under GAAP as Clarian Health Partners, Inc. does not have any material tax contingencies that required disclosures in the footnotes

2009

Open to Public
InspectionSCHEDULE 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.Name of the organization
Bloomington Hospital Inc

Employer identification number

35-1720796

Part I Charity Care and Certain Other Community Benefits at Cost

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 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 _____
- 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 _____
- 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"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- 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 eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- 6b** If "Yes," does the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4		No
5a	Yes	
5b		No
5c		
6a	Yes	
6b	Yes	

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)		7,205	7,382,217	3,196,096	4,186,121	1 550 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		31,063	30,066,215	16,113,559	13,952,656	5 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		3,536	3,503,971	2,418,866	1,085,105	0 400 %
d Total Charity Care and Means-Tested Government Programs		41,804	40,952,403	21,728,521	19,223,882	7 120 %
e Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		289,651	1,276,346	1,860	1,274,486	0 470 %
f Health professions education (from Worksheet 5)		8,131	370,466	1,600	368,866	0 140 %
g Subsidized health services (from Worksheet 6)		12,775	21,232,586	15,671,548	5,561,038	2 060 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		13,957	343,727		343,727	0 130 %
j Total Other Benefits		324,514	23,223,125	15,675,008	7,548,117	2 800 %
k Total Add lines 7d and 7j		366,318	64,175,528	37,403,529	26,771,999	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						
3 Community support			72,217		72,217	0 030 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			11,884		11,884	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			84,101		84,101	0 030 %

Part III Bad Debt, Medicare, & Collection Practices
Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?
- 2 Enter the amount of the organization's bad debt expense (at cost)
- 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
- 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

	Yes	No
1		No
2	11,174,727	
3	5,902,553	
4		
5	66,959,258	
6	80,439,637	
7	-13,480,379	
9a	Yes	
9b	Yes	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5 This is the surplus or (shortfall)
- 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?
- 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

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address

Other
(Describe)

ER-other

ER-24 hours

Research facility

Critical access hospital

Teaching hospital

Children's hospital

General medical & surgical

Licensed hospital

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

PART I, LINE 3C AND 4 THE BLOOMINGTON HOSPITAL MAKES CHARITY CARE DETERMINATIONS BASED UPON PATIENTS' LIQUID ASSET AND INCOME LEVELS THE HOSPITAL CALCULATES A PATIENT'S TOTAL AVAILABLE FUNDS BY ADDING ANNUAL INCOME AND LIQUID ASSETS, AND THEN SUBTRACTING 200% OF THE FEDERAL POVERTY GUIDELINES FOR THE FAMILY SIZE THE DIFFERENCE BETWEEN THE BILLED CHARGES AND THE TOTAL AVAILABLE FUNDS TO PAY THE HOSPITAL IS ADJUSTED OFF TO CHARITY

N/A - THE BLOOMINGTON HOSPITAL PREPARES A SEPARATE COMMUNITY BENEFIT REPORT THAT ONLY REFLECTS ACTIVITIES OCCURRING UNDER ITS TAX IDENTIFICATION NUMBER

N/A - THE BLOOMINGTON HOSPITAL DID NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC AS SUBSIDIZED HEALTH SERVICES

WHEN COMPUTING THE DENOMINATOR TO USE IN THE "PERCENT OF TOTAL EXPENSE" CALCULATION, THE BLOOMINGTON HOSPITAL REMOVED \$27,240,416 OF BAD DEBT EXPENSE FROM THE TOTAL EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A)

THE BLOOMINGTON HOSPITAL USED THE HOSPITAL-WIDE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO CALCULATE THE COST OF PROVIDING SERVICES TO CHARITY CARE AND HEALTHY INDIANA PLAN PATIENTS DEPARTMENT-SPECIFIC COST-TO-CHARGE RATIOS FROM THE HOSPITAL'S MEDICARE COST REPORT WERE USED TO CALCULATE THE COST OF MEDICAID SERVICES AND SUBSIDIZED HEALTH SERVICES ACTUAL COSTS WERE USED TO REPORT THE COST OF COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, AND CONTRIBUTIONS TO COMMUNITY GROUPS

PART III SUPPLEMENTAL INFORMATION THE BLOOMINGTON HOSPITAL APPLIED THE HOSPITAL-WIDE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO THE BAD DEBT EXPENSE TO CALCULATE THE COST OF PROVIDING THESE SERVICES BELOW IS THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES HOW THE ORGANIZATION DETERMINES THE PROVISION FOR UNCOLLECTIBLE PATIENT ACCOUNTS ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BLOOMINGTON HOSPITAL AND ITS AFFILIATES EXTEND CREDIT TO PATIENTS, SUBSTANTIALLY ALL OF WHOM ARE RESIDENTS OF THE STATE OF INDIANA, AND DO NOT REQUIRE COLLATERAL OR OTHER SECURITY FOR THE DELIVERY OF HEALTHCARE SERVICES HOWEVER, ASSIGNMENT OF BENEFIT PAYMENTS PAYABLE UNDER PATIENTS' HEALTH INSURANCE PROGRAMS AND PLANS (E.G., MEDICARE, MEDICAID, HEALTH INSURANCE ORGANIZATIONS, AND COMMERCIAL INSURANCE POLICIES) IS ROUTINELY OBTAINED, CONSISTENT WITH INDUSTRY PRACTICE THE PROVISION FOR UNCOLLECTIBLE PATIENT ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY 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 IN ADDITION, BLOOMINGTON HOSPITAL FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, WHICH ARE CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH THE COLLECTION POLICIES OF BLOOMINGTON HOSPITAL THE HOSPITAL USED 2000 CENSUS DATA TO ESTIMATE THE PERCENTAGE OF ITS PATIENT POPULATION WHOSE HOUSEHOLD INCOME WAS UNDER ITS FULL CHARITY CARE ELIGIBILITY CRITERIA OF 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) THIS PERCENTAGE WAS APPLIED TO THE HOSPITAL'S CHARGES TO ESTIMATE THE AMOUNT OF GROSS CHARGES THAT MET ITS FINANCIAL ASSISTANCE GUIDELINES THE HOSPITAL THEN SUBTRACTED THE CHARGES RELATING TO PATIENTS THAT WERE ELIGIBLE FOR GOVERNMENTAL ASSISTANCE PROGRAMS SUCH AS MEDICAID AND THE HEALTHY INDIANA PLAN HOSPITAL CHARITY CARE ADJUSTMENTS WERE ALSO REMOVED BECAUSE THEY TOO WOULD NOT HAVE RESULTED IN BAD DEBTS THE REMAINING CHARGES RELATED TO UNINSURED PATIENTS WITH HOUSEHOLD INCOMES BELOW 200% OF THE FPG, AND IT IS REASONABLE TO ASSUME THAT THEY RESULTED IN HOSPITAL BAD DEBTS THIS TOTAL WAS THEN MULTIPLIED BY THE RATIO OF COSTS-TO-CHARGES FROM WORKSHEET 2 TO CALCULATE THE COST OF PROVIDING THESE SERVICES THE HOSPITAL'S METHODOLOGY MOST LIKELY RESULTED IN CONSERVATIVE ESTIMATES FOR A NUMBER OF REASONS FIRST, IT EXCLUDES THE PATIENTS ABOVE 200% OF THE FPG THAT WERE ELIGIBLE FOR PARTIAL CHARITY ASSISTANCE FURTHERMORE, THE ACTUAL 2009 PERCENTAGE OF THE HOSPITAL'S PATIENT POPULATION BELOW 200% OF THE FPG WAS LIKELY HIGHER THAN THE 2000 CENSUS ESTIMATE USED IN THIS CALCULATION DUE TO THE IMPACT OF THE RECENT RECESSION THEREFORE, THE FIGURE REPORTED ON PART III, LINE 3 LIKELY UNDERSTATES THE AMOUNT OF BAD DEBT EXPENSE THAT COULD HAVE QUALIFIED FOR CHARITY ASSISTANCE HAD THE HOSPITAL RECEIVED A CHARITY CARE APPLICATION

DEPARTMENT-SPECIFIC COST-TO-CHARGE RATIOS FROM THE HOSPITAL'S MEDICARE COST REPORT WERE USED TO CALCULATE THE COST OF MEDICARE SERVICES THE MEDICARE COSTS OF SERVICES INCLUDED IN PART I AS "SUBSIDIZED HEALTH SERVICES" WERE THEN REMOVED TO ENSURE THAT COSTS WERE NOT DOUBLE COUNTED ON SCHEDULE H IN ACCORDANCE WITH THE SCHEDULE H INSTRUCTIONS, THE BLOOMINGTON HOSPITAL ONLY INCLUDED THE ALLOWABLE COSTS AND MEDICARE REIMBURSEMENTS THAT WERE REPORTED IN THE HOSPITAL'S MEDICARE COST REPORT THEREFORE, THIS FIGURE EXCLUDED SUBSTANTIAL MEDICARE SHORTFALLS THAT RESULTED FROM PROVIDING AMBULANCE, CLINICAL LABORATORY, THERAPY, AND MEDICARE PART C SERVICES THE HOSPITAL BELIEVES THAT ITS ENTIRE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT IN ACCORDANCE WITH ITS MISSION, THE HOSPITAL PROVIDES NECESSARY HEALTHCARE SERVICES TO ALL PATIENTS REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY SERVICES ARE PROVIDED TO MEDICARE PATIENTS EVEN THOUGH THE HOSPITAL UNDERSTANDS THAT THE RESULTING REIMBURSEMENT WILL NOT BE ENOUGH TO COVER THE FULL COST OF PROVIDING THESE SERVICES MEDICARE BENEFICIARIES BENEFIT FROM THE HOSPITAL PROVIDING THESE SERVICES AT A FINANCIAL LOSS, AND THE HOSPITAL FEELS THAT THIS BENEFIT SHOULD BE INCLUDED IN REPORTS PROVIDED TO THE COMMUNITY

ACCOUNTS THAT ARE APPROVED FOR CHARITY CARE ASSISTANCE ARE IMMEDIATELY WRITTEN-OFF AND ALL COLLECTION EFFORTS ARE CEASED

PART V SUPPLEMENTAL INFORMATION N/A - THE HOSPITAL'S HEALTHCARE FACILITIES ARE LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HEALTH CARE FACILITY UNDER STATE LAW

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

LINE 2 - NEEDS ASSESSMENT THE BLOOMINGTON HOSPITAL UTILIZES A VARIETY OF TOOLS TO ASSESS THE HEALTH CARE NEEDS OF ITS SERVICE AREA THESE TECHNIQUES INCLUDE ANALYZING DATA FROM ADMISSION AND DIAGNOSIS CODES, REVIEWING EMERGENCY DEPARTMENT STATISTICS, AND PARTNERING WITH LOCAL AGENCIES SUCH AS THE HEALTH DEPARTMENT, UNITED WAY, INDIANA UNIVERSITY, AND CITY OF BLOOMINGTON PARKS AND RECREATION THE HOSPITAL USES THE RESULTS OF ITS NEEDS ASSESSMENT TO TARGET ITS COMMUNITY BENEFIT ACTIVITIES

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

LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE BLOOMINGTON HOSPITAL EMPLOYS A PATIENT FINANCIAL SERVICES (PFS) TEAM OF CASE WORKERS AND FINANCIAL ASSISTANCE REPRESENTATIVES TO EDUCATE PATIENTS ABOUT GOVERNMENTAL ASSISTANCE PROGRAMS AND THE HOSPITAL'S INTERNAL FINANCIAL ASSISTANCE PROGRAM UNINSURED PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE, AND, IF ELIGIBLE, THE PFS TEAM REACHES OUT TO THE PATIENTS WITH EDUCATION ON THE APPROPRIATE ASSISTANCE PROGRAM THIS EDUCATION TAKES PLACE VIA ROOM VISITS TO UNINSURED INPATIENT PATIENTS AND DISCUSSIONS IN THE EMERGENCY DEPARTMENT WITH UNINSURED OUTPATIENT PATIENTS THE PFS TEAM ASSISTS PATIENTS IN COMPLETING THE MEDICAID, HEALTHY INDIANA PLAN, AND CHARITY APPLICATION PAPERWORK AND SERVES AS THEIR ADVOCATES THROUGHOUT THE APPLICATION PROCESS THIS ADVOCACY CAN EXTEND AS FAR AS ATTENDING A COURTROOM HEARING IN SUPPORT OF A PATIENT'S MEDICAID ELIGIBILITY APPEAL IF HIS OR HER APPLICATION IS ORIGINALLY DENIED BY THE STATE THE HOSPITAL ALSO NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE PROGRAMS AT OTHER POINTS DURING THE REVENUE CYCLE FOR EXAMPLE, HOSPITAL STAFF ALERT PATIENTS TO FINANCIAL ASSISTANCE PROGRAMS DURING PRE-HOSPITALIZATION CHARGE ESTIMATE REQUESTS AND POST-HOSPITALIZATION BILLING INQUIRIES THE HOSPITAL GOES TO EXTRAORDINARY MEASURES TO EDUCATE AND ASSIST PATIENTS REGARDING THE FINANCIAL ASSISTANCE PROGRAMS THAT ARE POTENTIALLY AVAILABLE TO THEM THE BLOOMINGTON HOSPITAL HAS ALSO FUNDED AN EXTENSIVE OUTREACH PROGRAM TO RAISE AWARENESS OF AND ENROLLMENT IN INDIANA'S STATE SPONSORED HEALTH INSURANCE PROGRAM (THE HEALTHY INDIANA PLAN) THE HOSPITAL EMPLOYS TWO HEALTHY INDIANA PLAN (HIP) ENROLLMENT COORDINATORS WHOSE PRIMARY RESPONSIBILITY IS TO PROMOTE THE HIP PROGRAM WITHIN OUR SERVICE AREA THE HOSPITAL PROMOTES THIS PROGRAM THROUGH DIRECT MAILINGS, NEWSPAPER ADVERTISEMENTS, HIP ENROLLMENT EVENTS, AND OTHER EVENTS WITHIN THE COMMUNITY THE HIP ENROLLMENT COORDINATORS MEET WITH PATIENTS THAT NEED ASSISTANCE COMPLETING HEALTHY INDIANA PLAN APPLICATIONS AND ARE AVAILABLE TO ANSWER ANY QUESTIONS THAT MAY ARISE DURING THE APPLICATION PROCESS THIS TREMENDOUS OUTREACH INITIATIVE DEMONSTRATES THE HOSPITAL'S COMMITMENT TO EDUCATING ITS PATIENT BASE ABOUT THE FINANCIAL ASSISTANCE PROGRAMS THAT ARE AVAILABLE WITHIN THE COMMUNITY

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

LINE 4 - COMMUNITY INFORMATION THE BLOOMINGTON HOSPITAL IS LOCATED IN MONROE COUNTY AND SERVES AS A REGIONAL REFERRAL CENTER FOR ITS TEN COUNTY SERVICE AREA MONROE COUNTY IS LOCATED IN SOUTH CENTRAL INDIANA AND HAS A POPULATION OF 130,738 THE OTHER NINE COUNTIES IN THE HOSPITAL'S SERVICE AREA ARE COMPRISED OF PRIMARILY RURAL COMMUNITIES BLOOMINGTON IS THE LARGEST TOWN IN MONROE COUNTY WITH A POPULATION OF 71,318 THE LARGEST ETHNIC POPULATION IN MONROE COUNTY IS WHITE (89 %), FOLLOWED BY THE ASIAN (4 %), BLACK (3 %), TWO OR MORE RACE GROUPS (1 %) AND AMERICAN INDIAN/ALASKA NATIVE (0.4 %) HISPANICS MAKE UP (2 %) OF THE POPULATION, WITH NON-HISPANICS EQUALING 97.6 % MONROE COUNTY HAS A LOWER-THAN-AVERAGE MEDIAN HOUSEHOLD INCOME OF \$34,675 AND A HIGHER-THAN-AVERAGE POVERTY RATE OF 22.7 PERCENT LACK OF INCOME SERVES AS A BARRIER TO ACCESSING NUTRITIOUS FOOD, PHYSICAL ACTIVITIES AND TRANSPORTATION TO SUCH RESOURCES THIS SITUATION IS EXACERBATED IN THE MORE RURAL AREAS OF MONROE COUNTY WHERE THERE ARE FEW PUBLIC TRANSPORTATION OPTIONS HOWEVER, THE COUNTY IS RESOURCE-RICH WITH A VIBRANT HEALTH CARE AND SOCIAL ASSISTANCE NETWORK, EXTENSIVE PARKS AND RECREATION PROGRAMS AND FACILITIES AND HOME TO INDIANA UNIVERSITY'S MAIN CAMPUS

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

LINE 5 - COMMUNITY BUILDING ACTIVITIES THE BLOOMINGTON HOSPITAL PROVIDES FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY AGENCIES THAT BENEFIT THE HEALTH OF THE COMMUNITY THIS COMMUNITY SUPPORT IS PROVIDED TO SUCH ENTITIES AS THE CITY OF BLOOMINGTON PARKS AND RECREATION, IVY TECH COMMUNITY COLLEGE, AND LOCAL SCHOOL SYSTEMS THE BLOOMINGTON HOSPITAL ALSO IMPROVES THE HEALTH OF ITS COMMUNITY THROUGH COLLABORATIONS AND PARTNERSHIPS SUCH AS THE ACTIVE LIVING COALITION AND THE ACTIVE AGING COALITION THE ACTIVE LIVING COALITION IS COMPRISED OF INDIVIDUALS AND ORGANIZATIONS REPRESENTING COMMUNITY SECTORS OF HEALTH CARE, EDUCATION, CITY GOVERNMENT, COUNTY GOVERNMENT, BUSINESS, AND SERVICE ORGANIZATIONS WHO ARE ADDRESSING THE PUBLIC HEALTH ISSUE OF PHYSICAL INACTIVITY THE COALITION STRIVES TO INCREASE THE NUMBER OF PEOPLE WHO ENGAGE IN A HEALTHY, PHYSICALLY ACTIVE LIFESTYLE THROUGH COLLABORATIVE EFFORTS ON COMMUNITY EVENTS, RESEARCH, NETWORKING AND PROGRAMMING THAT LEADS TO INCREASED PHYSICAL ACTIVITY OPPORTUNITIES FOR ALL WHO RESIDE IN MONROE COUNTY THIS PROGRAM IS OFFERED AT NO CHARGE TO THE PARTICIPANTS WHO ARE REFERRED BY THEIR HEALTHCARE PRACTITIONER THE ACTIVE AGING COALITION IS A GRASSROOTS NETWORKING ORGANIZATION CONSISTING OF SENIORS AND THE BUSINESSES AND NON-PROFIT ORGANIZATIONS WHO SERVE THEM THE GOAL OF THE COALITION IS TO IDENTIFY SPECIFIC AREAS OF NEED IMPACTING SENIORS AND CREATE FOCUS GROUPS TO WORK ON THESE AREAS

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.)

LINE 6 - OTHER INFORMATION FURTHERING OUR EXEMPT PURPOSE THE BLOOMINGTON HOSPITAL IS INVOLVED IN SEVERAL INITIATIVES TO INCREASE ACCESS TO CARE WITHIN OUR COMMUNITY IN 2009, THE HOSPITAL BEGAN CONSTRUCTION ON A NEW PRIMARY CARE CLINIC THAT WILL PROVIDE FIVE NEW FAMILY CARE HEALTHCARE PRACTITIONERS TO THE COMMUNITY THIS CLINIC WILL HELP MEET THE PRIMARY CARE SHORTAGE AND ACCESS TO CARE ISSUES PRESENT IN THE COMMUNITY THE HOSPITAL ALSO FINANCIALLY SUPPORTS THE LOCAL VOLUNTEERS IN MEDICINE UNINSURED CLINIC BY PROVIDING FREE TESTING SERVICES, STAFF SUPPORT, AND BOARD LEADERSHIP FURTHERMORE, THE HOSPITAL PROVIDES SUPPORT TO (OLCOTT CENTER) THAT IS FREE OF CHARGE TO THE COMMUNITY FINALLY, THE HOSPITAL SERVES AS THE SPONSORING AGENCY FOR THE WIC PROGRAM OF MONROE AND GREENE COUNTIES, THE MONROE COUNTY PUBLIC HEALTH CLINIC, AND THE POSITIVE LINK HIV AND AIDS AWARENESS AND CARE COORDINATION PROGRAM

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 communities served

LINE 7 - AFFILIATED HEALTH CARE SYSTEM THE BLOOMINGTON HOSPITAL INTEGRATED INTO THE CLARIAN HEALTH SYSTEM FAMILIARITY AND PURCHASING POWER WHILE ALSO ALLOWING IT TO RETAIN INDEPENDENCE IN TERMS OF FINANCIAL SERVICES, AND PROGRAM DECISIONS GOING FORWARD, THE BLOOMINGTON HOSPITAL WILL WORK COOPERATIVELY WITH OTHER CLARIAN HEALTH ENTITIES TO TACKLE STATEWIDE HEALTH ISSUES

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

Additional Data

Software ID:
Software Version:
EIN: 35-1720796
Name: Bloomington Hospital Inc

Form 990 Schedule H, 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)
BLOOMINGTON HOSPITAL INC 601 WEST SECOND STREET BLOOMINGTON, IN 474032317	X	X					X		
BH Rebound at Monroe County YMCA 2125 South Highland Avenue BLOOMINGTON, IN 474016773		X							PROVIDER BASED OUTPATIENT DEPT
BH Diabetes Care Center 220 WEST ALLEN STREET BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Rebound - West 2499 WEST COTA DRIVE BLOOMINGTON, IN 474034217		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Radiation Oncology 2620 COTA DRIVE BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
BH Allied Health Diagnostic Srv-McIntire 2920 MC INTIRE DRIVE BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Wound Care Center 2920 MC INTIRE DRIVE BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Rebound - East 328 SOUTH WOODCREST DRIVE BLOOMINGTON, IN 47401		X							PROVIDER BASED OUTPATIENT DEPT
BH Children's Therapy Clinic 350 LANDMARK AVENUE SUITE B BLOOMINGTON, IN 47403		X							Provider Based Outpatient Dept
BH Behavioral Health Outpatient Services 445 SOUTH LANDMARK AVENUE BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
BH Congestive Heart Failure Clinic 714 SOUTH ROGERS STREET BLOOMINGTON, IN 47403		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Advance Pain Center 880 AUTO MALL ROAD BLOOMINGTON, IN 47401		X							PROVIDER BASED OUTPATIENT DEPT
BH Radiation Oncology Center - Spencer ROUTE 11 STATE ROAD 37 PO BOX 49 BLOOMINGTON, IN 47421		X							PROVIDER BASED OUTPATIENT DEPT
BH Cardiopulmonary Rehab Nashville 103 WILLOW STREET NASHVILLE, IN 47448		X							PROVIDER BASED OUTPATIENT DEPT
Bloomington Hospital Rebound - Spencer 5 CRANE AVENUE SPENCER, IN 47460		X							PROVIDER BASED OUTPATIENT DEPT
BH Cardiopulmonary Rehab - Spencer 5 CRANE AVENUE SPENCER, IN 47460		X							PROVIDER BASED OUTPATIENT DEPT
BH Pacemaker Clinic - Spencer 5 CRANE AVENUE SPENCER, IN 47460		X							PATIENT BASED OUTPATIENT DEPT
Bloomington Hospital Ambulance Services 601 WEST SECOND STREET BLOOMINGHAM, IN 474032317		X							HOSPITAL AMBULANCE SERVICE
BH Offsite Laboratory - Aegis 2920 MC INTIRE DRIVE BLOOMINGTON, IN 47403		X							OFFSITE LABORATORY SITE
BH Offsite Laboratory SERVICES McIntire 2920 MC INTIRE DRIVE BLOOMINGTON, IN 47403		X							OFFSITE LABORATORY SITE
BH Offsite Laboratory Bloomington OBGYN 421 WEST FIRST STREET BLOOMINGTON, IN 47403		X							OFFSITE LABORATORY SITE
BH Offsite Laboratory Anticoagulation CL 451 LANDMARK AVENUE BLOOMINGTON, IN 47403		X							OFFSITE LABORATORY SITE
BH Community Health Services 333 EAST MILLER DRIVE BLOOMINGTON, IN 47401									HOSPITAL BASED COMMUNITY HEALTH SERVICES
BH Home Medical Equipment 1355 WEST BLOOMFIELD ROAD SUITE 4 BLOOMINGTON, IN 47403									HOSPITAL BASED DURABLE MED EQUIP SUPPLIER
BH Home Health Services 333 EAST MILLER DRIVE BLOOMINGTON, IN 47401									HOSPITAL BASED HOME HEALTH AGENCY
Bloomington Hospital Hospice 619 WEST FIRST STREET BLOOMINGTON, IN 47403									HOSPITAL BASED HOSPICE
BH Center for Occupational Health 3443 WEST THIRD STREET BLOOMINGTON, IN 47404									HOSPITAL BASED OCCUPATIONAL HEALTH PROGRAM
Bloomington Hospital Promptcare - West 3443 WEST THIRD STREET BLOOMINGTON, IN 47404									HOSPITAL BASED URGENT CARE CLINIC
Bloomington Hospital Promptcare - East 326 SOUTH WOODCREST DRIVE BLOOMINGTON, IN 47404									HOSPITAL BASED URGENT CARE CLINIC
BH Promptcare - French Lick 8695 WEST JACK CARNES WAY FRENCH LICK, IN 47432									HOSPITAL BASED URGENT CARE CLINIC

**Schedule I
(Form 990)****2009****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Bloomington Hospital IncEmployer identification number
35-1720796**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BLOOMINGTON PARKS & RECREATIONPO BOX 848 BLOOMINGTON, IN 47402	356000954	501(c)(3)	20,000				SEE SCHEDULE I, PART IV
GREATER BLOOMINGTON CHAMBER OF COMMERCE 400 WEST SEVENTH STREET SUITE 102 BLOOMINGTON, IN 47402	350183215	501(c)(6)	11,900				SEE SCHEDULE I, PART IV
INDIANA AIDS FUND 429 EAST VERNON STREET SUITE 300 INDIANAPOLIS, IN 46702	356203550	501(c)(3)	11,000				

- 2 Enter total number of section 501(c)(3) and government organizations ► 2
- 3 Enter total number of other organizations ► 1

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

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

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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Bloomington Hospital Inc**Employer identification number**

35-1720796

Part I Questions Regarding Compensation

Yes

No

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?

b Any related organization?

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?

b Any related organization?

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

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

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

1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
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				
MARK MOORE	(i) 421,774 (ii) 0	8,944 0	55,758 0	155,822 0	11,615 0	653,913 0	0 0
JAMES MYERS	(i) 209,816 (ii) 0	4,972 0	39,818 0	74,727 0	10,439 0	339,772 0	0 0
RUTH ANN MORRIS	(i) 200,756 (ii) 0	4,363 0	23,296 0	62,360 0	10,455 0	301,230 0	0 0
L GENE PERRY	(i) 162,496 (ii) 0	3,789 0	33,865 0	58,916 0	6,043 0	265,109 0	0 0
LARRY R BAILEY	(i) 198,285 (ii) 0	4,283 0	17,664 0	31,616 0	14,758 0	266,606 0	0 0
MARK MCMATH	(i) 165,287 (ii) 0	3,737 0	11,794 0	31,371 0	14,641 0	226,830 0	0 0
MARK CRAIN	(i) 145,243 (ii) 0	3,217 0	13,284 0	40,243 0	10,396 0	212,383 0	0 0
STEVEN DECKARD	(i) 137,163 (ii) 0	3,264 0	28,917 0	37,317 0	10,406 0	217,067 0	0 0
AMARTYA DEB GOSWAMI MD	(i) 291,789 (ii) 0	0 0	9,360 0	13,500 0	15,123 0	329,772 0	0 0
LEE MCKINLEY MD	(i) 269,584 (ii) 0	0 0	23,032 0	36,787 0	10,661 0	340,064 0	0 0
A PERRY GRIFFITH MD	(i) 212,769 (ii) 0	0 0	16,743 0	10,532 0	14,814 0	254,858 0	0 0
JOEL H GRIFFITH MD	(i) 198,983 (ii) 0	0 0	23,645 0	42,736 0	14,786 0	280,150 0	0 0
WILLIAM VAN DE RIET	(i) 190,100 (ii) 0	0 0	30,779 0	42,126 0	10,557 0	273,562 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
LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS	AS PART OF THE EXECUTIVE COMPENSATION PLAN RECOMMENDED BY BLOOMINGTON HOSPITAL BY A PROFESSIONAL COMPENSATION CONSULTING FIRM, THE HOSPITAL OFFERS TO ELIGIBLE SENIOR EXECUTIVES THE OPPURTUNITY TO PARTICIPATE IN A NON-QUALIFIED 457(F) DEFERRED COMPNESATION PLAN FOLLOWING ARE THE PARTICIPANTS IN THE PLAN AND THE AMOUNTS THAT WERE CONTRIBUTED BY BOTH EMPLOYER AND EMPLOYEE DURING 2009 MARK MOORE 111,796 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN JAMES MYERS 38,536 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN AND 16,500 EMPLOYEE-PAID CONTRIBUTION TO 457(B) PLAN RUTH ANN MORRIS 21,820 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN L GENE PERRY 18,948 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN LARRY BAILEY 21,416 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN MARK MCMATH 22,796 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN STEVEN DECKARD 6,856 EMPLOYER-PAID CONTRIBUTION TO 457(F) PLAN
LINE 7	EXECUTIVE COMPENSATION PLAN	ACCORDING TO THE HOSPITAL'S EXECUTIVE COMPENSATION PLAN, ANNUAL GOALS WILL BE SET FOR EACH MEMBER OF THE SENIOR LEADERSHIP GROUP, AND THE DEGREE OF SUCCESSFUL COMPLETION DETERMINED FOLLOWING THE END OF THE YEAR WILL DETERMINE THAT LEADER'S ANNUAL BONUS, IF ANY ANY PAYOUTS WILL BE IN THE FORM OF A LUMP SUM AND WILL NOT AFFECT THE LEADER'S BASE PAY THE LEADER MAY ELECT TO DEFER ANY OR ALL OF THE BONUS COMPENSATION THROUGH THE BLOOMINGTON HOSPITAL 457(B) PLAN, SUBJECT TO ANY PLAN RESTRICTIONS OR REQUIREMENTS THE AMOUNT OF MERIT PAYMENT FOR THE CEO SHALL BE DETERMINED BY THE COMPENSATION COMMITTEE, ALL OTHER SENIOR LEADERS' PAYMENTS SHALL BE RECOMMENDED BY THE CEO TO THE COMPENSATION COMMITTEE FOR APPROVAL PRIOR TO ANY AWARD
PART II	L GENE PERRY - BH OF ORANGE COUNTY	L GENE PERRY IS AN EMPLOYEE OF BLOOMINGTON HOSPITAL, BUT SERVES AS CHIEF EXECUTIVE OFFICER FOR THE BLOOMINGTON HOSPITAL OF ORANGE COUNTY, A RELATED NOT-FOR-PROFIT ENTITY BECAUSE EIGHTY PERCENT OF MR PERRY'S TIME IS DEVOTED TO BHOC, THAT ENTITY REIMBURSES BH FOR EIGHTY PERCENT OF ITS PAYROLL COSTS FOR MR PERRY, RECOGNIZING THIS COST AS MANAGEMENT FEES

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
Bloomington Hospital Inc**Employer identification number**

35-1720796

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?	(c) Original principal amount	(d) Balance due	(e) In default?	(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No
	To From							

Total ► \$ _____

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
MONROE BANK	SEE SCHEDULE O	1,200,000	GEN BANKING TRANSACTIONS		No
OLD NATIONAL BANK	SEE SCHEDULE O	6,965,256	GEN BANKING TRANSACTIONS		No
BORMA	SEE SCHEDULE O	605,000	MEDICAL SERV PROVIDER		No
BELINDA CRAIN	SEE SCHEDULE O	70,402	RELATIVE IS BH EMPL		No

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.**2009**Open to Public
Inspection

Employer identification number

35-1720796

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	BLOOMINGTON HOSPITAL'S PRIMARY REASON FOR EXISTENCE IS TO PROVIDE HIGH-QUALITY MEDICAL CARE FOR ITS COMMUNITY. TO ACCOMPLISH THIS END, THE HOSPITAL HAS INCURRED SIGNIFICANT EXPENSE TO ACQUIRE THE BEST MEDICAL SUPPLIES AND EQUIPMENT AVAILABLE. MEDICAL SERVICES, BOTH INPATIENT AND OUTPATIENT, ARE SUBJECT TO ONGOING IMPROVEMENT AND EXPANSION IN RESPONSE TO THE CHANGING NEEDS OF THE COMMUNITY. AS THE ONLY FULL-SERVICE MEDICAL/SURGICAL HOSPITAL IN MONROE COUNTY, BLOOMINGTON HOSPITAL PROVIDES SERVICES TO A LARGE POPULATION. RESIDENTS OF OWEN, BROWN, GREENE, AND LAWRENCE COUNTIES ARE ALSO SIGNIFICANT USERS OF THE HOSPITAL'S SERVICES. DURING THE FISCAL YEAR ENDING DECEMBER 31, 2009, BLOOMINGTON HOSPITAL DISCHARGED A TOTAL OF 13,030 ADULT AND PEDIATRIC INPATIENTS, AS WELL AS 1,926 NEWBORN INFANTS. IN ADDITION, APPROXIMATELY 907,000 MEDICAL PROCEDURES WERE PERFORMED FOR HOSPITAL OUTPATIENTS. SINCE ITS INCEPTION, BLOOMINGTON HOSPITAL HAS PROVIDED MEDICAL CARE TO ANY AND ALL PATIENTS PRESENTING THEMSELVES FOR SERVICE, REGARDLESS OF THEIR ABILITY TO PAY. THE VALUE OF FREE CARE PROVIDED TO PATIENTS WHO QUALIFIED FOR HOSPITAL CHARITY DURING FISCAL YEAR 2009 WAS \$17,994,000. THE HOSPITAL IS ALSO A FULL PARTICIPANT IN PROVIDING CARE TO MEDICARE AND MEDICAID PATIENTS, AT REIMBURSABLE AMOUNTS CONSIDERABLY LOWER THAN ITS NORMAL CHARGES. DURING 2009, THE HOSPITAL WAS EXTREMELY SUCCESSFUL IN ENROLLING MEMBERS OF ITS COMMUNITY IN THE RECENTLY CREATED STATE HEALTH CARE PROGRAM KNOWN AS THE HEALTHY INDIANA PLAN (HIP). ALTHOUGH REIMBURSEMENT TO THE HOSPITAL UNDER THIS PROGRAM IS EXTREMELY LOW IN COMPARISON TO GROSS PATIENT CHARGES, THE ENROLLMENT ASSISTANCE PROVIDED TO INDIVIDUALS SHOULD BE VIEWED AS A COMMUNITY BENEFIT SINCE SUCCESSFUL ENROLLEES ARE THEN COVERED FOR MOST OTHER ESSENTIAL MEDICAL SERVICES FROM OTHER PROVIDERS THAN JUST THE HOSPITAL ITSELF. THE HOSPITAL IS ALSO AN ACTIVE PARTICIPANT IN A NEWLY ORGANIZED LOCAL PROGRAM KNOWN AS VOLUNTEERS IN MEDICINE (VIM), THROUGH WHICH IT PROVIDED FREE MEDICAL SERVICES VALUED AT MORE THAN \$2.5 MILLION IN ORDER TO PROMOTE GOOD HEALTH CARE AND TO EMPHASIZE THE IMPORTANCE OF PREVENTIVE MEDICINE. THE HOSPITAL OFFERS FREE LECTURES PRESENTED BY KNOWLEDGEABLE PROFESSIONALS TO THE BLOOMINGTON COMMUNITY. HISTORICALLY, THESE LECTURES, WHICH ARE HELD AT THE HOSPITAL, HAVE BEEN WELL ATTENDED AND WELL RECEIVED BY THE RESIDENTS OF MONROE AND SURROUNDING COUNTIES. TOPICS COVERED BY THESE FREE SEMINARS IN 2009 INCLUDE NUTRITION, DIABETES, OBESITY, AND CANCER PREVENTION. IN ADDITION TO PROVIDING EDUCATIONAL SESSIONS FOR SENIORS, THE HOSPITAL HAS ALSO DEVELOPED ITS SENIORITY PLUS PLAN, DESIGNED TO PROVIDE A FULL RANGE OF FREE SERVICE AND ADVICE TO THIS GROUP IN ADDITION TO EXTENSIVE DISCOUNT PROGRAMS THAT HAVE BEEN ARRANGED BY HOSPITAL STAFF ON BEHALF OF SENIORITY PLUS MEMBERS. THE BLOOMINGTON HOSPITAL SENIORITY PLUS PROGRAM IS LIVELY AND THRIVING, USING THE SERVICES OF HOSPITAL EMPLOYEES AND VOLUNTEERS TO ASSIST ITS SENIOR MEMBERS IN WHATEVER WAYS THEY CAN, INCLUDING AMONG OTHER THINGS NUTRITION AND INSURANCE COUNSELING. BLOOMINGTON HOSPITAL IS ACTIVELY INVOLVED IN EDUCATION FOR STUDENTS ENROLLED IN VARIOUS POST-SECONDARY VOCATIONAL AND ACADEMIC PROGRAMS, INCLUDING, BUT NOT LIMITED TO, NURSING, RESPIRATORY THERAPY, CLINICAL INFORMATICS, SURGICAL TECHNOLOGY, EMERGENCY MEDICAL RESPONSE, CLINICAL ENGINEERING, PHARMACY, LABORATORY, AND FOOD AND NUTRITION SERVICES. ALSO, TO FURTHER ITS EDUCATIONAL GOALS, THE HOSPITAL OFFERS CAREER COUNSELING TO LOCAL HIGH SCHOOLS AND JUNIOR HIGH SCHOOLS, EVEN PROVIDING A HEALTH CARE CAREER CAMP FOR STUDENTS DURING THE SUMMER MONTHS. THROUGH THIS PROCESS, THE HOSPITAL HOPES TO INFORM YOUNG PEOPLE OF LITTLE KNOWN WAYS IN WHICH ONE MAY SERVE WITHIN THE MEDICAL COMMUNITY. THROUGHOUT THE YEAR, BLOOMINGTON HOSPITAL HAS PROVIDED THE COMFORT OF VARIOUS COUNSELING AND SUPPORT GROUPS AT NO CHARGE TO ALL THOSE WHO NEED AND DESIRE THIS SERVICE, ADDRESSING SUCH ISSUES AS SMOKING CESSATION, DIABETES MANAGEMENT, AND COPING WITH THE LOSS OF A LOVED ONE. THE HOSPITAL HAS ALSO CONTRIBUTED TO THE SAFETY AND WELL BEING OF THE CHILDREN IN ITS COMMUNITY BY PROVIDING CAR SEAT SAFETY CHECKS, BICYCLE HELMETS, SUNSCREEN, AND LEAD TESTING, ALL WITHOUT CHARGE TO THE BENEFICIARIES.
Form 990, Part IV, line 12	Audited Financial Statements	THE FINANCIAL STATEMENTS OF BLOOMINGTON HOSPITAL, INC., BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC., AND AFFILIATES, ARE AUDITED ON A CONSOLIDATED BASIS BY AN INDEPENDENT ACCOUNTING FIRM. UPON CONCLUSION OF THIS AUDIT, A REPORT IS PREPARED AND PUBLISHED IN ACCORDANCE WITH GAAP.
Form 990, Part VI, line 4	Relationships & Changes to Organizing Documents	AS OF DECEMBER 31, 2009, BLOOMINGTON HOSPITAL SIGNED AN AFFILIATION AGREEMENT WITH CLARIAN HEALTH PARTNERS, INC., A LEADING 501(C)(3) HEALTH CARE PROVIDER IN THE STATE OF INDIANA. BH AND CLARIAN HAD NO SUCH RELATIONSHIP DURING THE FISCAL YEAR ENDED DECEMBER 31, 2009, AND CLARIAN HAD NO INTEREST IN BH'S EARNINGS DURING THAT PERIOD, BUT FOR ALL PERIODS GOING FORWARD FROM THAT DATE, BH MODIFIED ITS ARTICLES OF INCORPORATION TO PROVIDE FOR THE FOLLOWING NEW ARRANGEMENT. SECTION 1.5. SOLE MEMBER CLARIAN IS THE HOSPITAL'S SOLE MEMBER. CLARIAN SHALL HAVE, AND THE HOSPITAL SHALL NOT BE AUTHORIZED TO TAKE ANY ACTION INCONSISTENT WITH, THE POWERS RESERVED TO CLARIAN, AS SET FORTH IN THESE BY-LAWS. NO ACTION OF THE HOSPITAL'S BOARD OR OF ANY OFFICER OR AGENT OF THE HOSPITAL REGARDING ANY MATTERS THAT ARE SUBJECT TO CLARIAN'S RESERVED POWERS SHALL HAVE ANY FORCE OR EFFECT WITHOUT PRIOR NOTICE TO AND THE WRITTEN APPROVAL OF CLARIAN. SECTION 1.6. AMENDMENT OF ARTICLES AND BY-LAWS. HOSPITAL MAY AMEND ITS ARTICLES OF INCORPORATION AND BY-LAWS WITHIN THE POWERS OF AMENDMENT GRANTED BY THE ACT, PROVIDED, HOWEVER, (I) NEITHER THE ARTICLES OF INCORPORATION NOR THESE BY-LAWS MAY BE AMENDED IN ANY MANNER WITHOUT PRIOR APPROVAL BY A SUPERMAJORITY VOTE OF THE BOARD AND PRIOR WRITTEN APPROVAL BY CLARIAN AND (II) ANY AMENDMENT THAT WOULD MATERIALLY CHANGE THE RIGHTS AND RESPONSIBILITIES OF THE COUNCIL, AS SET FORTH IN THE ARTICLES OF INCORPORATION OR THESE BY-LAWS (INCLUDING AMENDMENT OF THIS SECTION 1.6) (INCLUDING WITHOUT LIMITATION, ANY AMENDMENT THAT WOULD IN ANY WAY RELATE TO THE NUMBER OF DIRECTORS OF HOSPITAL, THE SOURCE OF THEIR APPOINTMENTS, THE PROVISION WITH RESPECT TO SUPERMAJORITY VOTING, THE PROVISIONS REGARDING THE COUNCIL'S COMMITTEE INVOLVEMENT OR PROVISIONS WITH RESPECT TO THE REMOVAL OF SUCH DIRECTORS), SHALL ALSO REQUIRE THE PRIOR APPROVAL OF THE COUNCIL. FORM 990, PART VI, LINE 6 MEMBER AS OF 12/31/2009, CLARIAN HEALTH PARTNERS, INC. IS THE SOLE MEMBER OF BLOOMINGTON HOSPITAL, INC. FORM 990, PART VI, LINE 7A RIGHTS TO ELECT MEMBERS OF THE GOVERNING BODY. ANY AMENDMENT THAT WOULD IN ANY WAY RELATE TO THE NUMBER OF DIRECTORS OF HOSPITAL, THE SOURCE OF THEIR APPOINTMENTS, THE PROVISION WITH RESPECT TO SUPERMAJORITY VOTING, THE PROVISIONS REGARDING THE COUNCIL'S COMMITTEE INVOLVEMENT OR PROVISIONS WITH RESPECT TO THE REMOVAL OF SUCH DIRECTORS, SHALL REQUIRE THE PRIOR APPROVAL OF CLARIAN HEALTH PARTNERS, INC. FORM 990, PART VI, LINE 7B APPROVAL BY MEMBER FOR DECISIONS OF THE GOVERNING BODY. NO ACTION OF THE HOSPITAL'S BOARD OR OF ANY OFFICER OR AGENT OF THE HOSPITAL REGARDING ANY MATTERS THAT ARE SUBJECT TO CLARIAN'S RESERVED POWERS SHALL HAVE ANY FORCE OR EFFECT WITHOUT PRIOR NOTICE TO AND THE WRITTEN APPROVAL OF CLARIAN.
Form 990, Part VI, line 11A	Review of Form 990	BLOOMINGTON HOSPITAL'S CHIEF FINANCIAL OFFICER PRESENTS THE COMPLETED, BUT UNFILED, IRS FORM 990 TO A FULL MEETING OF THE HOSPITAL'S BOARD OF DIRECTORS ON AN ANNUAL BASIS. DURING THIS MEETING, DIRECTORS ARE ENCOURAGED TO ASK ANY QUESTIONS THEY MAY HAVE RELEVANT TO THE CONTENTS OF THE RETURN. NOT UNTIL THE BOARD HAS EXPRESSED ITS APPROVAL IS THE RETURN FILED ELECTRONICALLY WITH THE IRS.
Form 990, Part VI, line 12c	Conflict of Interest Policy	FOLLOWING THE ANNUAL SUBMISSION OF ALL RELEVANT PERSONS' CONFLICT OF INTEREST FORMS, THE HOSPITAL AUDIT AND COMPLIANCE COMMITTEE MEETS TO REVIEW ALL RESPONSES AND TO DETERMINE WHETHER ANY OF THE POTENTIAL CONFLICTS THAT HAVE BEEN DOCUMENTED WOULD PREVENT ANYONE'S SERVING ON THE BOARD OF DIRECTORS, OR CONTINUING AS A KEY EMPLOYEE. FOLLOWING ARE KEY EXCERPTS TAKEN FROM THE HOSPITAL'S 2009 CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS, EX-OFFICIO BOARD MEMBERS, COMMITTEE MEMBERS OR SENIOR MANAGEMENT TEAM MEMBERS SHOULD ACT IN GOOD FAITH AND IN THE BEST INTERESTS OF BLOOMINGTON HOSPITAL. ANY MEMBER HAVING AN EXISTING OR POTENTIAL INTEREST IN A CONTRACT OR OTHER TRANSACTION PRESENTED TO THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF FOR DELIBERATION, AUTHORIZATION, APPROVAL, OR RATIFICATION, OR ANY PERSON WHO REASONABLY BELIEVES SUCH AN INTEREST EXISTS IN A MEMBER SHALL MAKE A PROMPT, FULL, AND FRANK DISCLOSURE OF THE INTEREST TO THE BOARD OR COMMITTEE AT THE EARLIEST POSSIBLE MEETING OF THE BOARD OR COMMITTEE. A MEMBER OWES A DUTY OF LOYALTY TO THE HOSPITAL. A CONFLICT OCCURS WHEN A MEMBER HAS A DIRECT OR INDIRECT PROFESSIONAL OR PERSONAL INTEREST THAT COMPETES WITH THE INTERESTS OF THE HOSPITAL. A CONFLICT OF INTEREST EXISTS WHENEVER AN INDIVIDUAL COULD BENEFIT PRIVATELY OR APPEAR TO BENEFIT PRIVATELY FROM A TRANSACTION OR SITUATION HAVING CLEARLY AND EXPLICITLY DEFINED ITS DISABLING GUIDELINES. THE HOSPITAL'S CONFLICT OF INTERESTS POLICY GOES ON TO STATE THAT THE BOARD OF DIRECTORS SHALL BE COMPOSED OF AT LEAST TEN INDEPENDENT MEMBERS, DEFINED AS ONE WHO HAS NO DIRECT OR INDIRECT MATERIAL CONFLICT OF INTEREST WITH THE HOSPITAL. THIS POLICY REQUIRES (A) REGULAR ANNUAL STATEMENTS FROM MEMBERS THAT DISCLOSE EXISTING AND POTENTIAL CONFLICTS OF INTEREST, AND (B) CORRECTIVE AND DISCIPLINARY ACTION WITH RESPECT TO THE TRANSGRESSIONS OF SUCH POLICIES.
Form 990, Part VI, line 15a&b	Key Executive Employee Compensation	BLOOMINGTON HOSPITAL HAS A FORMAL WRITTEN POLICY DESCRIBING AND DEFINING ITS DETERMINATION OF COMPENSATION TO ITS KEY EXECUTIVE EMPLOYEES. REFERRED TO INTERNALLY AS THE SENIOR LEADERSHIP GROUP (SLG). FOLLOWING IS A PORTION OF THAT POLICY, EXPLAINING THE GENERAL POLICY OVERSIGHT. THE COMPENSATION COMMITTEE IS TO BE COMPRISED OF INDEPENDENT MEMBERS AND IS RESPONSIBLE FOR REVIEWING AND APPROVING ANY CHANGES TO EXECUTIVE COMPENSATION AND/OR BENEFITS ON AN ANNUAL BASIS. ANY CHANGES ARE TO BE REASONABLE, MARKET COMPETITIVE AND BASED UPON MARKET INFORMATION SUPPLIED BY INDEPENDENT CONSULTANTS. INDEPENDENT CONSULTANTS SHALL BE EMPLOYED BY THE COMPENSATION COMMITTEE AND NOT BY THE ADMINISTRATIVE STAFF. CONSULTANTS SHALL REPORT THEIR FINDINGS DIRECTLY TO THE COMPENSATION COMMITTEE. MEMBERS OF THE ADMINISTRATIVE STAFF SHALL NOT BE PRESENT WHILE DISCUSSIONS ARE HELD TO DETERMINE THE LEVEL OF COMPENSATION AND BENEFITS FOR THE SLG. MINUTES OF COMPENSATION COMMITTEE PROCEEDINGS SHALL BE KEPT THAT REFLECT THE COMMITTEE'S INDEPENDENCE AND IDENTIFIED CONFLICTS OF INTEREST. WHAT DECISIONS WERE MADE AND WHAT INDIVIDUALS WERE PRESENT. A DESCRIPTION OF ANY DISCUSSION ELEMENTS AND APPROXIMATELY HOW LONG DELIBERATIONS LASTED FOR EACH DECISION MADE. ANY CHANGES MADE TO THIS SENIOR LEADERSHIP GROUP COMPENSATION POLICY MUST BE APPROVED BY THE FULL BLOOMINGTON HOSPITAL BOARD OF DIRECTORS. SALARY ADJUSTMENTS FOR ANY SLG MEMBER, BENEFIT CHANGES FOR ANY SLG MEMBER, AND CHANGES TO THE EXECUTIVE INCENTIVE PLAN MUST BE APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO ANY SUCH ADJUSTMENTS BEING MADE. THE CHAIR SHALL SHOW APPROVAL OF ANY CHANGES AND THE CORRESPONDING EFFECTIVE DATE(S) BY AFFIXING HIS/HER SIGNATURE TO A DOCUMENT DELINEATING THE DETAIL OF THE APPROVED CHANGES. ALL SUCH APPROVED CHANGES WILL BE DISCLOSED TO THE FULL BOARD OF DIRECTORS AT THE NEXT REGULARLY SCHEDULED MEETING VIA A REPORT FROM THE CHAIR OF THE COMPENSATION COMMITTEE.
Form 990, Part VI, line 19	Document Availability to Public	BLOOMINGTON HOSPITAL ASKS THAT ANYONE REQUESTING A COPY OF ITS IRS FORM 990 COME TO ITS ADMINISTRATIVE OFFICE TO ACCESS THAT COPY. REQUESTS TO SEE THE RETURN CAN BE SUBMITTED VIA THE HOSPITAL'S INTERNET WEB SITE OR BY TELEPHONING THE GENERAL SWITCHBOARD NUMBER FOR THE HOSPITAL. THE HOSPITAL STAFF ATTEMPTS TO RESPOND TO ALL REQUESTS FOR ACCESS, REGARDLESS OF THE MEANS OF TRANSMISSION, WITHIN A 24-HOUR PERIOD. COMPLIANCE POLICIES, SUCH AS THOSE DEFINING CONFLICTS OF INTEREST, ARE AVAILABLE TO HOSPITAL EMPLOYEES VIA AN EXTENSIVE BLOOMINGTON HOSPITAL INTRANET SITE. ANYONE TO OUTSIDE THE HOSPITAL, MAY REQUEST A COPY VIA THE PUBLIC INTERNET SITE OR BY TELEPHONE. FINANCIAL STATEMENTS, TOO, ARE AVAILABLE FOR VIEWING UPON REQUEST, BUT MUST BE OBTAINED IN PERSON. STATEMENTS, TOO, ARE AVAILABLE FOR VIEWING UPON REQUEST, BUT MUST BE OBTAINED IN PERSON FROM THE HOSPITAL'S ADMINISTRATIVE OFFICES.
Form 990, Part XI, line 2	Financial Statement Review	THE FINANCIAL STATEMENTS OF BLOOMINGTON HOSPITAL, INC., BLOOMINGTON HOSPITAL OF ORANGE COUNTY, INC., AND AFFILIATES, ARE AUDITED ON A CONSOLIDATED BASIS BY AN INDEPENDENT ACCOUNTING FIRM. UPON CONCLUSION OF THIS AUDIT, A REPORT IS PREPARED IN ACCORDANCE WITH GAAP, AND SHARED WITH THE BLOOMINGTON HOSPITAL AUDIT AND COMPLIANCE COMMITTEE FOR ITS REVIEW AND ACCEPTANCE, AND THEN PUBLISHED FOR MORE GENERAL USE.

Identifier	Return Reference	Explanation
Form 990, Schedule L, Part IV	Business Transactions Involving Interested Persons	MARK BRADFORD, A BH DIRECTOR, IS PRESIDENT OF THE MONROE BANK. BLOOMINGTON HOSPITAL'S PRIMARY BANK, MONROE BANK, FINANCED APPROXIMATELY \$1.2 MILLION OF BH PATIENT ACCOUNTS DURING 2009, IN ADDITION TO PROVIDING CUSTODYARY COMMERCIAL BANKING SERVICES. CHRIS KROLL, A BH DIRECTOR, IS A KEY EMPLOYEE OF OLD NATIONAL BANK, WITH WHICH ENTITY BLOOMINGTON HOSPITAL RE-FINANCED \$10,565,256 OF EXISTING DEBT DURING 2008. THE UNPAID BALANCE ON THIS DEBT WAS \$6,965,256 AS OF DECEMBER 31, 2009. THE SELECTION OF OLD NATIONAL BANK DURING 2008 WAS AN OBJECTIVE DECISION BASED ON RESPONSES TO FORMAL REQUESTS FOR PROPOSALS. MR. KROLL RECEIVED HIMSELF A MEMORANDUM OF AGREEMENTS RELATING TO THE MATTER. CHARLES MCKEEN, A BH DIRECTOR, IS ALSO A MEMBER OF A MEDICAL PRACTICE, BORMA, WHICH CONTRACTS FOR SURGICAL MANAGEMENT AND ASSOCIATES (BORMA), WITH WHOM THE HOSPITAL CONTRACTS FOR SURGICAL MANAGEMENT AND MEDICAL SERVICES. BH PAID THE MEDICAL GROUP BORMA, BUT NOT DR. MCKEEN DIRECTLY, A TOTAL OF \$605,000 DURING 2009. MARK CRAIN, A BH KEY EMPLOYEE, IS THE FATHER-IN-LAW OF ANOTHER HOSPITAL EMPLOYEE, PHARMA CRIST BELINDA CRAIN. MS. CRAIN WAS PAID A TOTAL OF \$70,402 FOR THE HOURS THAT SHE WORKED FOR BH AS A PHARMACIST DURING 2009.

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► 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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**

Bloomington Hospital Inc

Employer identification number

35-1720796

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
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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
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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?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes No		Yes 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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
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?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

Software ID:

Software Version:

EIN: 35-1720796

Name: Bloomington 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
LOCAL COUNCIL OF WOMEN OF BLOOMINGTON POST OFFICE BOX 1149 Bloomington, IN47402 35-0992711	NON-PROFIT	IN	501(C)(3)	7	NA
BLOOMINGTON HOSPITAL OF ORANGE COUNTY Post Office Box 499 paoli, IN47454 35-2090919	HEALTHCARE	IN	501(C)(3)	3	MA
BLOOMINGTON HOSPITAL AUXILLARY INC POST OFFICE BOX 1149 Bloomington, IN47402 35-6041676	VOLUNTEERS	IN	501(C)(4)		Bloom Hosp
BLOOMINGTON HOSPITAL FOUNDATION INC 405 N Rogers Street Bloomington, IN47404 35-1720795	FUNDRAISING	IN	501(C)(3)	11-III-FI	Bloom Hosp
ORANGE COUNTY HOSPITAL FOUNDATION INC Post Office Box 499 Paoli, IN47454 31-0992486	FUNDRAISING	IN	501(C)(3)	11-III-FI	Bloom Hosp
CLARIAN HEALTH PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1955872	HEALTHCARE	IN	501(C)(3)	11-III-O	NA
CLARIAN ARNETT HEALTH SYSTEM INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	NA
CLARIAN TRANSPLANT INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 13-4350599	HEALTHCARE	IN	501(C)(3)	3	NA
EMERGENCY MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1932442	HEALTHCARE	IN	501(C)(3)	9	NA
METHODIST HEALTH FOUNDATION INC 1800 NORTH CAPITAL AVENUE INDIANAPOLIS, IN46202 35-6043086	FUNDRAISING	IN	501(C)(3)	3	NA
METHODIST HEALTH GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11	NA
METHODIST MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1945384	HEALTHCARE	IN	501(C)(3)	11	NA
METHODIST MEDICAL GROUP PHYSICIANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1814660	HEALTHCARE	IN	501(C)(3)	3	NA
METHODIST OCCUPATIONAL HEALTH CTRS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1844176	HEALTH CARE	IN	501(C)(3)	3	NA
METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-2023710	HEALTHCARE	IN	501(C)(3)	3	NA
MH HEALTHCARE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1766531	HEALTHCARE	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
GOSHEN HEALTH SYSTEM INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-1974765	HEALTHCARE	IN	501(C)(3)	3	NA
GOSHEN HOSPITAL ASSOCIATION INC 200 HIGH PARK AVENUE GOSHEN, IN46527 35-6001540	HEALTHCARE	IN	501(C)(3)	11	NZ
LAPORTE REGIONAL HEALTH SYSTEM INC 1007 LINCOLNWAY LAPORTE, TN46350 35-1125434	HEALTHCARE	TN	501(C)(3)	3	NA
LAPORTE REGIONAL PHYSICIAN NETWORK INC 1007 LINCOLNWAY LAPORTE, IN46350 31-1070868	HEALTHCARE	IN	501(C)(3)	3	NA
TIPTON HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-2772226	HEALTHCARE	IN	501(C)(3)	3	NA
BALL MEMORIAL HOSPITAL INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-0867958	HEALTHCARE	IN	501(C)(3)	3	NA
BLACKFORD COMMUNITY HOSPITAL INC 410 PILGRIM BOULEVARD HARTFORD CITY, IN47348 01-0646166	HEALTHCARE	IN	501(C)(3)	3	NA
HEALTHCARE CONNECTIONS INC 2410 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1925641	HEALTHCARE	IN	501(C)(3)	3	NA
INDIANA RADIOLOGY PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 20-1017034	HEALTHCARE		501(C)(3)	9	NA
INDIANA UNIVERSITY HEALTHCARE ASSOCIATE 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-1747218	HEALTHCARE		501(C)(3)	3	NA
MIDWEST HEALTH STRATEGIES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 61-1415688	HEALTHCARE	IN	501(C)(3)	9	NA
RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVENUE GOSHEN, IN46526 26-2008424	HEALTHCARE	IN	501(C)(3)	3	NA
THE BMH FOUNDATION INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 31-1111784	FUNDRAISING	IN	501(C)(3)	3	NA

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
BMH AUXILIARY INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN 47303 35-6025400	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) Disproportionate allocations?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?
CLARIAN HEALTH NETWORK LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 35-2055030	HEALTHCARE	IN	NA	N/A			Yes No		Yes No
CLARIAN HEALTH NORTH LLC 11700 North Meridian Street CARMEL, IN46032 43-1980602	HEALTHCARE	IN	NA	N/A			No		No
CLARIAN HLTH VENT FUND I LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-2523206	VENTURE CAPITAL	IN	NA	N/A			No		No
CLARIAN HEALTH WEST LLC 1111 NORH RONALD REAGAN PKWY AVON, IN46123 43-1980611	HEALTHCARE	IN	NA	N/A			No		No
HEALTH VENTURE MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 20-5740218	MGMT SERVICES	IN	NA	N/A			No		No
INDIANA ENDOSCOPY CENTERS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 20-8398421	HEALTHCARE	IN	NA	N/A			No		No
IN LAKES MANAGED CARE ORG LLC 310 S MAIN STREET GOSHEN, IN46526 35-1946663	HEALTHCARE	IN	NA	N/A			No		No
SENATE ST SURGERY CENTER LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 42-1709357	HEALTHCARE	IN	NA	N/A			No		No
THE HEALTHCARE GROUP LLC 8802 N MERIDIAN ST STE 100 INDIANAPOLIS, IN46260 35-2067373	MANAGED CARE	IN	NA	N/A			No		No
BALL OUTPATIENT SURGERY CENTER 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 27-0275794	HEALTHCARE	IN	NA	N/A			No		No
CARDINAL HEALTH INITIATIVES 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 30-0102702	PURCHASING	IN	NA	N/A			No		No
MID AMERICA SURGERY CENTER 2401 West University Avenue MUNCIE, IN47303 35-2002953	HEALTHCARE	IN	NA	N/A			No		No
BMH OUTPATIENT SURG SVCS 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 20-4567998	HEALTHCARE	IN	NA	N/A			No		No
CHV FUND MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN46204 26-2523151	VENTURE CAPITAL	IN	NA	N/A			No		No

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

(a)	(b)	(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
SOUTHERN INDIANA MEDICAL GROUP Post Office Box 1149 Bloomington, IN47402 35-1913875	HEALTHCARE	IN	NA	C			
CH ASSURANCE LTD 98-0395429	INSURANCE		NA	C			
CLARIAN HEALTH PLANS INC 26-2127080	HMO		NA	C			
CLARIAN HEALTH VENT INC 1776 MERIDIAN STREET STE 300 INDIANAPOLIS, IN46202 26-0752507	VENTURE CAPITAL	IN	NA	C			
CLARIAN RISK PUR GRP INC 950 N MERIDIAN STREET STE 800 INDIANAPOLIS, IN46204 20-1107674	INSURANCE	IN	NA	C			
CLARIAN HLTH RSK RET GRP INC 151 MEETING STREET STE 301 CHARLESTON, SC29401 20-1107674	INSURANCE	SC	NA	C			
M-PLAN INC 151 MEETING STRET STE 301 CHARLESTON, SC29401 35-1772506	HMO	SC	NA	C			
OCC-HEALTH REV SYS INC 1776 N MERIDIAN STREET STE 300 INDIANAPOLIS, IN46204 20-3308057	WORK COMP PPO	IN	NA	C			
PARKMOR DRUG INC 950 N MERIDIAN STREET STE 800 INDIANAPOLIS, IN46204 13-1394980	PHARMACY SALES	IN	NA	C			
BMH MEDICAL PAV ASSOC INC 1501 SOUTH MAIN STREET GOSHEN, IN46526 35-1858408	CONDO MGMT	IN	NA	C			
CARDINAL HEALTH VENT INC 2525 WEST UNIVERSITY AVENUE MUNCIE, IN47303 35-1611424	MANAGEMENT	IN	NA	C			
PILR INC 2401 WEST UNIVERSITY AVENUE MUNCIE, IN47303 20-4294750	DEVELOPMENT	IN	NA	C			

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

(a)	Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) SOUTHERN INDIANA MEDICAL GROUP INC		B	1,703,041
(2) BLOOMINGTON HOSPITAL AUXILIARY		C	75,247
(3) BLOOMINGTON HOSPITAL FOUNDATION		L	352,000
(4) BLOOMINGTON HOSPITAL AUXILIARY		M	81,569
(5) BLOOMINGTON HOSPITAL FOUNDATION		M	547,822
(6) BLOOMINGTON HOSPITAL OF ORANGE COUNTY		N	212,088
(7) CLARIAN HEALTH PARTNERS INC		O	1,087,388
(8) BLOOMINGTON HOSPITAL OF ORANGE COUNTY		P	2,254,988
(9) SOUTHERN INDIANA MEDICAL GROUP		P	159,530

Additional Data

Software ID:
Software Version:
EIN: 35-1720796
Name: Bloomington 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
		Or director	Individual trustee	Institutional Trustee	Official	Key employee			
MOYA ANDREWS DIRECTOR	2 0	X					0	0	0
BRAD BOMBA JR MD DIRECTOR	2 0	X					0	0	0
MARK BRADFORD DIRECTOR	2 0	X					0	0	0
SANDRA DEWEENE DIRECTOR	2 0	X					0	0	0
KAREN HANSON DIRECTOR	2 0	X					0	0	0
CHRIS KROLL DIRECTOR	2 0	X					0	0	0
CHARLES MCKEEN MD DIRECTOR	2 0	X					0	0	0
LEE MARCHANT DIRECTOR	2 0	X					0	0	0
BRUCE MONSON MD DIRECTOR	2 0	X					0	0	0
JERRY NEELY DIRECTOR	2 0	X					0	0	0
JAMES PERIN DIRECTOR	2 0	X					0	0	0
DAN PETERSON DIRECTOR	2 0	X					0	0	0
JOYCE POLING DIRECTOR	2 0	X					0	0	0
JEFFERSON SHREVE DIRECTOR	2 0	X					0	0	0
SUSAN WIER DIRECTOR	2 0	X					0	0	0
LINDA WILLIAMSON DIRECTOR	2 0	X					0	0	0
ANN WRENN DIRECTOR	2 0	X					0	0	0
LEA JAFFE DIRECTOR	2 0	X					0	0	0
MARK MOORE PRESIDENT AND CEO	50 0		X				486,476	0	167,437
JAMES MYERS CHIEF FINANCIAL OFFICER	50 0		X				254,606	0	85,166
RUTH ANN MORRIS CHIEF NURSING OFFICER	50 0			X			228,415	0	72,815
L GENE PERRY VICE PRESIDENT	50 0			X			200,150	0	64,959
LARRY R BAILEY CHIEF OPERATING OFFICER	50 0			X			220,232	0	46,374
MARK MCMATH CHIEF INFORMATION OFFICER	50 0			X			180,818	0	46,012
MARK CRAIN VICE PRESIDENT	50 0			X			161,744	0	50,639

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	Office	Key employee	Highest compensated employee			
STEVEN DECKARD VICE PRESIDENT	50 0			X			169,344	0	47,723
AMARTYA DEB GOSWAMI MD HOSPITALIST	40 0				X		301,149	0	28,623
LEE MCKINLEY MD PHYSICIAN	40 0				X		292,616	0	47,448
A PERRY GRIFFITH MD PSYCHIATRIST	40 0				X		229,512	0	25,346
JOEL H GRIFFITH MD PSYCHIATRIST	40 0				X		222,628	0	57,522
WILLIAM VAN DE RIET PHYSICIST	40 0				X		220,879	0	52,683

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 PT SRV REV	900,099	279,095,630	279,095,630		
NET LAB PT REV	621,500	29,583,330	24,026,731	5,556,599	
CAFETERIA REVENUE	722,210	1,401,255			1,401,255
JOINT VENTURE INCOME	900,099	716,286	716,286		
RELATED RENTAL REVENUE	531,120	509,049	509,049		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBTS	27,240,416	27,240,416		
MAINTENANCE AGREEMENTS	5,139,646	2,931,092	2,208,554	
UNRELATED BUSINESS INCOME TAX	695,567		695,567	
PURCHASED REPAIR SERVICES	1,563,521	1,165,452	398,069	
MISCELLANEOUS	3,176,039	2,683,531	492,508	