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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
		2009
	Open to Public Inspection	

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St Mary's Medical Center of EVANSVILLE INC		D Employer identification number 35-0869065	
		Doing Business As		E Telephone number (812) 485-4000	
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3700 Washington Avenue		G Gross receipts \$ 436,320,696	
		City or town, state or country, and ZIP + 4 Evansville, IN 47750			
			F Name and address of principal officer Timothy Flesch 3700 Washington Avenue Evansville,IN 47750		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 ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ www.stmarys.org					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation 1941	M State of legal domicile IN

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities DEDICATED TO SPIRITUALLY CENTERED CARE, WHICH IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES		
	2	Check this box <input checked="" type="checkbox"/> 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 18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12	
	5	Total number of employees (Part V, line 2a)	5 3,379	
6	Total number of volunteers (estimate if necessary)	6 495		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 378,161	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -15,959	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,692,080	1,627,517
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	409,424,121	406,080,301
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,921,467	17,441,169
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,754,054	10,625,814
			390,948,788	435,774,801
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	175,214,475	184,865,065
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶941,685		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	231,241,933	221,869,186
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	406,456,408	406,734,251
	19	Revenue less expenses Subtract line 18 from line 12	-15,507,620	29,040,550
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	439,185,012	476,811,981
	21	Total liabilities (Part X, line 26)	214,203,890	225,475,685
	22	Net assets or fund balances Subtract line 21 from line 20	224,981,122	251,336,296

Part II	Signature Block
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Sign Here	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		2011-05-13 Date	
	JERRY R LAUE CHIEF EXECUTIVE OFFICER 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	DELOITTE TAX LLP 111 MONUMENT CIRCLE SUITE 2000 INDIANAPOLIS, IN 462045108		EIN ▶
			Phone no ▶ (317) 464-8600	

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

1 Briefly describe the organization's mission

DEDICATED TO SPIRITUALLY CENTERED CARE, WHICH IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES

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 \$ 305,203,526 including grants of \$) (Revenue \$ 409,674,905)
	ST MARY'S MEDICAL CENTER PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES, INCLUDING AMBULATORY CARE, CARDIAC SERVICES, CANCER TREATMENT, EMERGENCY CARE, NEUROSCIENCE SERVICES, ORTHOPEDIC SERVICES, RADIOLOGY SERVICES, REHABILITATION, PHYSICAL THERAPY, SPEECH THERAPY, SLEEP DISORDERS, SURGERY, PEDIATRICS, AND INPATIENT REHAB SOME SERVICES OPERATED AT A LOSS TO ENSURE ALL SERVICES ARE AVAILABLE TO MEET COMMUNITY HEALTH CARE NEEDS DURING THE FISCAL YEAR ENDING JUNE 30, 2010, SMMC TREATED 16,627 INPATIENTS IN THE COMMUNITY FOR A TOTAL OF 84,632 PATIENT DAYS OF SERVICE SMMC ALSO PROVIDED SERVICES TO 615,427 OUTPATIENTS, INCLUDING 18,775 OUTPATIENT SURGERY PATIENTS, 51,512 EMERGENCY ROOM VISITS, 232,126 PHYSICIAN OFFICE VISITS, AND 72,305 CLINIC VISITS SEE SCHEDULE H AND O FOR ADDITIONAL INFORMATION

4b	(Code) (Expenses \$ 56,685,614 including grants of \$) (Revenue \$)
	ST MARY'S MEDICAL CENTER PROVIDES SUBSTANTIAL SERVICES TO THE ELDERLY AND POOR DURING THE FISCAL YEAR ENDING JUNE 30, 2010, APPROXIMATELY 46% OF SERVICES RENDERED WAS TO ELDERLY PATIENTS UNDER MEDICARE, AND ROUGHLY 7% OF SERVICES WERE PROVIDED TO PATIENT DEEMED INDIGENT UNDER STATE, COUNTY, OR SMMC GUIDELINES IN THE SPIRIT OF ASCENSION HEALTH PRINCIPLES, ST MARY'S HAS TAKEN STEPS TO ADDRESS ISSUES AFFECTING ACCESSIBILITY OF FINANCING AND THE DELIVERY OF HEALTHCARE TO ALL PERSONS FOR THE FISCAL YEAR, ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO UNINSURED AND UNDERINSURED TOTALED \$56,685,614 INCLUDING \$15,105,846 FOR CHARITY CARE, \$18,309,982 IN BAD DEBTS, \$2,430,524 IN GENERAL SERVICES AND \$20,839,263 IN UNPAID COST OF PUBLIC PROGRAMS SEE SCHEDULE H AND O FOR ADDITIONAL INFORMATION

[illegible]

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









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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>			
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>			
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>			
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>			
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Part I</i>	14b	Yes	
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 ? <i>If "Yes," complete Schedule F, Part II</i>	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 ? <i>If "Yes," complete Schedule F, Part III</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a271		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,379		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	18	
b	Enter the number of voting members that are independent . . .	1b	12	
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		No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ DOUGLAS KNIES 3700 Washington Avenue Evansville, IN 47750 (812) 485-4000

1b	Total	6,992,203	0	508,587
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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▶119

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
AMBULATORY CARE CENTER LLC 1125 PROFESSIONAL BLVD EVANSVILLE, IN 47714	MEDICAL SERVICES	23,954,648
OHIO VALLEY HEART CARE INC 901 ST MARYS DRIVE SUITE 300 EVANSVILLE, IN 47714	MEDICAL SERVICES	3,934,163
ANESTHESIOLOGY GROUP ASSOCIATES 21 S E FIRST STREET SUITE 500 EVANSVILLE, IN 47714	MEDICAL SERVICES	2,042,285
EVANSVILLE SURGICAL ASSOCIATES 520 MARY STREET SUITE 520 EVANSVILLE, IN 47710	MEDICAL SERVICES	2,034,675
ST MARY'S CATH LAB MGMT CO LLC 3700 WASHINGTON AVENUE EVANSVILLE, IN 47750	MEDICAL SERVICES MANAGEMENT	1,570,970

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 ▶48

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,309,018				
	e	Government grants (contributions)	1e	283,876				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	34,623				
	g	Noncash contributions included in lines 1a-1f \$ 70,897						
	h	Total. Add lines 1a-1f		1,627,517				
Program Service Revenue			Business Code					
	2a	OUTPATIENT SERVICE REV	621,110	208,912,553	208,912,553			
	b	INPATIENT SERVICE REV	621,110	197,167,748	197,167,748			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		406,080,301				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		17,324,816			17,324,816	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			870,133					
		b	Less rental expenses	528,236				
		c	Rental income or (loss)	341,897				
	d	Net rental income or (loss)		341,897			341,897	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				134,012				
		b	Less cost or other basis and sales expenses		17,659			
		c	Gain or (loss)		116,353			
	d	Net gain or (loss)		116,353	116,353			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
			a					
		b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
		b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances						
		a						
b		Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA/MISC SERV	722,320	1,702,312		94,699	1,607,613		
b	MGMT/DIRECTOR FEES	561,000	1,031,394	1,031,394				
c	LAB SERVICES	621,500	423,679		243,702	179,977		
d	All other revenue		7,126,532	2,446,857	39,760	4,639,915		
e	Total. Add lines 11a-11d		10,283,917					
12	Total revenue. See Instructions		435,774,801	409,674,905	378,161	24,094,218		

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,653,405		3,653,405	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	139,543,807	125,104,123	13,954,381	485,303
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,194,187	6,474,768	719,419	
9	Other employee benefits	24,856,096	22,328,561	2,485,610	41,925
10	Payroll taxes	9,617,570	8,621,182	961,757	34,631
11	Fees for services (non-employees)				
a	Management	12,044,929	10,839,246	1,204,493	1,190
b	Legal	824,226	738,059	82,423	3,744
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	32,718,677	29,446,809	3,271,868	
12	Advertising and promotion	299,021	266,891	30,519	1,611
13	Office expenses	639,632	559,467	63,963	16,202
14	Information technology	16,902,121	15,203,820	1,690,212	8,089
15	Royalties				
16	Occupancy	11,220,590	10,098,473	1,122,059	58
17	Travel	117,765	98,822	11,159	7,784
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	598,146	536,103	59,815	2,228
20	Interest	4,301,881	3,871,693	430,188	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,987,978	15,289,180	1,698,798	
23	Insurance	2,571,001	2,313,901	257,100	
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	SUPPLIES	64,247,358	57,822,622	6,424,736	
b	PURCHASED SERVICES	22,381,006	20,142,905	2,238,101	
c	BAD DEBTS AND COLLECTIO	18,309,982	16,478,984	1,830,998	
d	COST OF GOODS SOLD	5,745,247	5,170,722	574,525	
e	MAINTENANCE AND REPAIR	3,545,944	3,191,350	354,594	
f	All other expenses	8,413,682	7,291,459	783,303	338,920
25	Total functional expenses. Add lines 1 through 24f	406,734,251	361,889,140	43,903,426	941,685
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			11,058,418	1	7,019,864
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			57,425,112	4	64,811,065
	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			1,475,190	7	1,307,836
	8	Inventories for sale or use			6,865,023	8	5,088,688
	9	Prepaid expenses and deferred charges			4,784,425	9	2,996,456
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	334,346,627			
	b	Less accumulated depreciation	10b	242,838,970	105,189,536	10c	91,507,657
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			226,032,142	12	282,463,801
	13	Investments—program-related. See Part IV, line 11			28,875	13	35,990
	14	Intangible assets			4,158,290	14	4,158,291
	15	Other assets. See Part IV, line 11			22,168,001	15	17,422,333
	16	Total assets. Add lines 1 through 15 (must equal line 34)			439,185,012	16	476,811,981
Liabilities	17	Accounts payable and accrued expenses			35,751,558	17	40,712,902
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	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			142,030,174	23	140,603,140
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			36,422,158	25	44,159,643
	26	Total liabilities. Add lines 17 through 25			214,203,890	26	225,475,685
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			224,981,122	27	251,336,296
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			224,981,122	33	251,336,296
	34	Total liabilities and net assets/fund balances			439,185,012	34	476,811,981

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Mary's Medical Center of EVANSVILLE INC

Employer identification number
35-0869065

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(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?

h

☐

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Additional Data

Software ID:

Software Version:

EIN: 35-0869065

Name: St Mary's Medical Center of EVANSVILLE INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER XAVIER BALANCE DC CHAIR	10 00	X						0	0	0
RITA EYKAMP VICE CHAIR	2 00	X						0	0	0
MICHAEL HERRELL MD SECRETARY	2 00	X						0	0	0
RONALD ROMAIN TREASURER	2 00	X						0	0	0
GREG DONALDSON BOARD MEMBER	2 00	X						0	0	0
PRASAD GADE MD BOARD MEMBER	2 00	X						0	0	0
TERRENCE KEATING BOARD MEMBER	2 00	X						0	0	0
MARK LEMOND BOARD MEMBER	2 00	X						0	0	0
DANIEL SCHENK PHD BOARD MEMBER	2 00	X						0	0	0
MARIE BUSSING-BURKS BOARD MEMBER	2 00	X						0	0	0
PHIL DUNCAN BOARD MEMBER	2 00	X						0	0	0
MICHAEL R HINTON BOARD MEMBER	2 00	X						0	0	0
JOSEPH MURDOCK BOARD MEMBER	2 00	X						0	0	0
SUSAN HARDWICK BOARD MEMBER	2 00	X						0	0	0
LAWRENCE J KREMER BOARD MEMBER	2 00	X						0	0	0
PHILLIP L STIVER MD BOARD MEMBER	2 00	X						0	0	0
TIMOTHY FLESCH PRESIDENT/CEO	65 00	X		X				1,069,346	0	29,860
JOHN POLIN JR MD PHYSICIAN/BOARD MEMBER	60 00	X						222,188	0	10,391
MICHAEL P BROWNING SR VP/CFO	65 00				X			343,970	0	79,810
DARCY ELLISON SR VP/CNO	65 00				X			266,268	0	26,808
JOHN GALLAGHER SR VP/CMO	60 00				X			388,341	0	65,943
GWEN SANDEFUR SR VP/SYSTEM DEVELOPMENT	65 00				X			357,477	0	30,582
ROBERT SPEAR MD SR VP/CORPORATE QUALITY	55 00				X			530,651	0	29,241
MICHAEL S KLUEH CRO	55 00				X			202,522	0	28,341
BARBARA K CLAYTON VP MANAGED CARE	55 00				X			249,376	0	23,990

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD F VOZEL VP REG OP SERVICES	60 00				X			235,188	0	24,983
MUREENA TURNQUEST-WELLS PHYSICIAN	40 00					X		624,433	0	56,446
JOSE SALGADO PHYSICIAN	65 00					X		688,160	0	19,472
ALLISON R MELTON PHYSICIAN	40 00					X		615,048	0	26,465
HEATHER L SCHROEDER PHYSICIAN	40 00					X		655,096	0	25,653
DEANGELA L CRUTCHER PHYSICIAN	40 00					X		544,139	0	30,602

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
SUPPLIES	64,247,358	57,822,622	6,424,736	
PURCHASED SERVICES	22,381,006	20,142,905	2,238,101	
BAD DEBTS AND COLLECTIO	18,309,982	16,478,984	1,830,998	
COST OF GOODS SOLD	5,745,247	5,170,722	574,525	
MAINTENANCE AND REPAIR	3,545,944	3,191,350	354,594	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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 St Mary's Medical Center of EVANSVILLE INC	Employer identification number 35-0869065
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
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?		No		
	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	Yes		3,296	
	j Total lines 1c through 1i			3,296	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	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 1i	Explanation of Other Lobbying Activities	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St Mary's Medical Center of EVANSVILLE INC	Employer identification number 35-0869065
--	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,016,328		10,016,328
b Buildings		152,242,277	112,055,060	40,187,217
c Leasehold improvements		4,977,963	3,408,119	1,569,844
d Equipment		158,068,856	120,356,101	37,712,755
e Other		9,041,203	7,019,690	2,021,513
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				91,507,657

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	PER THE FINANCIAL STATEMENTS OF ST. MARY'S HEALTH SYSTEM OF AMERICA, INC. (WHICH INCLUDES THE ACTIVITY OF ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.) THERE IS NO CURRENT YEAR ASC 740 (FKA FIN 48) FOOTNOTE FOR THE CURRENT YEAR.

Additional Data

Software ID:
Software Version:
EIN: 35-0869065
Name: St Mary's Medical Center of EVANSVILLE INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
PENSION LIABILITY	31,010,997
DEFERRED COMPENSATION	5,160,328
OTHER NONCURRENT LIABILITIES	1,220,669
SELF INSURANCE LIABILITY	1,389,096
ESTIMATED SETTLEMENT LIABILITY	1,021,792
AH SAVINGS LIABILITY	627,635
TAXES PAYABLE- CURRENT PORTION	53,850
INTERCOMPANY PAYABLES	2,266,189
OTHER CURRENT LIABILITIES	159,099
VALUATION ALLOWANCE	1,249,988

Employer identification number

35-0869065

1	For grantmakers. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
3	Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Mary's Medical Center of EVANSVILLE INC

Employer identification number
35-0869065

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			15,105,845		15,105,845	3 890 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			43,309,430	22,470,168	20,839,262	5 360 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			58,415,275	22,470,168	35,945,107	9 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,133,199	210,384	1,922,815	0 500 %
f Health professions education (from Worksheet 5)			965		965	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			407,885		407,885	0 110 %
j Total Other Benefits			2,542,049	210,384	2,331,665	0 610 %
k Total. Add lines 7d and 7j			60,957,324	22,680,552	38,276,772	9 860 %

Part IICommunity 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
1Physical improvements and housing			1,359		1,359	0 %
2Economic development						
3Community support			25,000		25,000	0 010 %
4Environmental improvements						
5Leadership development and training for community members			5,000		5,000	0 %
6Coalition building			25,000		25,000	0 010 %
7Community health improvement advocacy			42,500		42,500	0 010 %
8Workforce development						
9Other						
10Total			98,859		98,859	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	6,210,746
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,766,803
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	111,830,408
6	Enter Medicare allowable costs of care relating to payments on line 5	6	138,208,753
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-26,378,345
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement 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 %
1ST MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT COMPANY LLC	MANAGEMENT	50 000 %	0 %	50 000 %
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
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

See additional data

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

See additional data

- 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

See additional data

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

Part VI, Line 4 ST MARY'S MEDICAL CENTER OF EVANSVILLE IS LOCATED IN EVANSVILLE, INDIANA AND SERVES VANDERBURGH AND CONTINGUOUS COUNTRIES IN SOUTHERN INDIANA AND NORTH-CENTRAL KENTUCKY THE PRIMARY SERVICE AREA IS DEFINED AS VENDERBURGH, WARRICK AND POSEY COUNTIES THE POPULATION FOR THE PRIMARY SERVICE AREA WAS 259,712 IN 2010 WITH A GROWTH TO 261,775 BY 2015 ALSO THE MEDIAN INCOME FOR THE PRIMARY SERVICE AREA WAS \$49,564 FOR 2010 WITH 11 57% OF PERSONS BELOW POVERTY LEVEL

- 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

See additional data

- 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)

See additional data

- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

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

IN

Additional Data

Software ID:

Software Version:

EIN: 35-0869065

Name: St Mary's Medical Center of EVANSVILLE 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)
ST MARY'S MEDICAL CENTER 3700 WASHINGTON AVENUE EVANSVILLE,IN 47750	X	X	X	X			X		
ST MARY'S HOPE RESOURCE CENTER 3801 BELLEMEADE AVE SUITE 120 EVANSVILLE,IN 47714								X	FAMILY CANCER COUNSELING
ST MARY'S FOR CHILDREN 3900 WASHINGTON AVENUE EVANSVILLE,IN 47714								X	CHILDREN'S HEALTH FACILITY
ST MARY'S WEIGHT MANAGEMENT CENTER 950 S KENMORE EVANSVILLE,IN 47714								X	WEIGHT MANAGEMENT FACILITY
ST MARY'S SURGICARE 1125 PROFESSIONAL BLVD EVANSVILLE,IN 47714		X							
ST MARY'S SURGICARE 300 CIRCLE FRONT DRIVE EVANSVILLE,IN 47715		X							
ST MARY'S REHAB 3900 WASHINGTON AVENUE EVANSVILLE,IN 47714	X								
ST MARY'S OUTPATIENT REHAB 1144 WASHINGTON SQUARE EVANSVILLE,IN 47715								X	OUTPATIENT REHAB CLINIC
ST MARY'S SENIOR SERVICES 1146 WASHINGTON SQUARE EVANSVILLE,IN 47715								X	SENIOR CITIZEN PRIMARY CARE FACILITY
ST MARY'S IMAGING AND LAB 1138 WASHINGTON SQUARE EVANSVILLE,IN 47715								X	IMAGING SERVICES/RADIOLOGY
ST MARY'S OCCMED 2330 LYNCH ROAD EVANSVILLE,IN 47711								X	OCCUPATIONAL MEDICINE CLINIC
ST MARY'S SENIOR CONNECTION 951 S HEBRON EVANSVILLE,IN 47714								X	SENIOR CITIZEN MEDICARE/INSURANCE
JOSLIN DIABETES CENTER 3801 BELLEMEADE AVENUE EVANSVILLE,IN 47714								X	DIABETES SERVICE CENTER
ST MARY'S PHYSICIANS HEALTH GROUP 3801 BELLEMEADE AVENUE EVANSVILLE,IN 47714								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIANS HEALTH GROUP 8077 ROSE HILL DRIVE NEWBURGH,IN 47630								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIANS OFFICES 801 ST MARYS DRIVE EVANSVILLE,IN 47714								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIANS HEALTH GROUP 304 E HWY 68 BOX 370 HAUBSTADT,IN 47639								X	PRIMARY CARE FACILITY
ST MARY'S CONVENIENT CARE - EAST 10444 SR 66 FRONTAGE ROAD NORTH NEWBRUGH,IN 47630								X	PRIMARY CARE FACILITY
ST MARY'S CONVENIENT CARE - WEST 5320 WESTON ROAD EVANSVILLE,IN 47712								X	PRIMARY CARE FACILITY
ST MARY'S PROFESSIONAL BUILDING 1400 PROFESSIONAL BUILDING EVANSVILLE,IN 47714								X	PRIMARY CARE FACILITY
ST MARY'S OBGYN 7839 S PROFESSIONAL DRIVE FORT BRANCH,IN 47648								X	OBSTETRICS/GYNECOLOGY
ST MARY'S OBGYN 908 S HEBRON DRIVE EVANSVILLE,IN 47714								X	OBSTETRICS/GYNECOLOGY
ST MARY'S INTEGRITY FAMILY PHYSICIANS 6221 E PHYSICIANS COURT EVANSVILE,IN 47715								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIAN OFFICES 3700 BELLEMEADE AVENUE EVANSVILE,IN 47714								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIAN OFFICES 8601 N KENTUCKY AVENUE SUITE J EVANSVILLE,IN 47725								X	PRIMARY CARE FACILITY
ST MARY'S ROCKPORT PHYSICIAN OFFICE 105 S SECOND STREET ROCKPORT,IN 47635								X	PRIMARY CARE FACILITY
ST MARY'S IM OF DUBOIS COUNTY 751 W NINTH STREET JASPER,IN 47546								X	PRIMARY CARE FACILITY
ST MARY'S PHYSICIAN OFFICES 1202 W BUENA VISTA ROAD EVANSVILE,IN 47710								X	PRIMARY CARE FACILITY
ST MARY'S WEST SIDE CONNECTION 2345 W FRANKLIN STREET EVANSVILLE,IN 47712								X	PRIMARY CARE FACILITY
ST MARY'S LYNNVILLE PHYSICIAN OFFICE 12067 SPURGEON ROAD LYNNVILLE,IN 47619								X	PRIMARY CARE FACILITY
ST MARY'S HUNTINGBURG PHYSICIAN OFFICE 7240 S US 231 HUNTINGBURG,IN 47542								X	PRIMARY CARE FACILITY
ST MARY'S BOONVILLE PHYSICIAN OFFICE 1116 MILLIS AVENUE BOONVILLE,IN 47601								X	PRIMARY CARE FACILITY
ST MARY'S ELBERFELD PHYSICIAN OFFICE 110 W SYCAMORE STREET ELBERFELD,IN 47613								X	PRIMARY CARE FACILITY
ST MARY'S HEBRON PEDIATRICS 7220 E VIRGINIA STREET EVANSVILLE,IN 47715								X	PEDIATRICS
ST MARY'S PHYSICIAN OFFICES 2522 WATERBRIDGE WAY EVANSVILE,IN 47710								X	PRIMARY CARE FACILITY
ST MARY'S CENTER FOR ADVANCED MEDICINE 901 ST MARYS DRIVE EVANSVILE,IN 47714								X	IMAGING SERVICES/RADIOLOGY
ST MARY'S WEST SIDE X-RAY 2345 W FRANKLIN STREET EVANSVILE,IN 47712								X	IMAGING SERVICES/RADIOLOGY
ST MARY'S PRE-PROCEDURE CLINIC 1140 WASHINGTON AVENUE EVANSVILLE,IN 47714								X	PRE SCREENING SERVICES
ST MARY'S FOR WOMEN 711 ST MARYS DRIVE EVANSVILLE,IN 47714								X	OBSTETRICS/GYNECOLOGY
MEDPEDS 3524 FIRST AVENUE EVANSVILLE,IN 47710								X	PRIMARY CARE FACILITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c THE ORGANIZATION PROVIDES MEDICALLY NECESSARY CARE TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN, GENDER, DISABILITY, OR ECONOMIC STATUS THE HOSPITAL USES A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL) TO DETERMINE FREE AND DISCOUNTED CARE AT A MINIMUM, PATIENTS WITH INCOME LESS THAN OR EQUAL TO 200% OF THE FPL, WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR SERVICES THAT HAVE BEEN PROVIDED TO THEM ALSO, AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 200% OF THE FPL BUT NOT EXCEEDING 300% OF THE FPL, ARE ELIGIBLE TO RECEIVE A DISCOUNT ON THE SERVICES PROVIDED TO THEM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY) THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f THE AMOUNT OF BAD DEBT EXPENSE REPORT ON FORM 990, PART IX, LINE 25, COLUMN (A)IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN PART I, LINE 7, COLUMN (F) IS \$18,293,826

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 THE ORGANIZATION IS A PART OF THE ST MARY'S HEALTH SYSTEM OF AMERICA, INC CONSOLIDATED AUDIT THE PROVISION FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIABLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2010 WAS \$18,293,826 AT CHARGES (\$6,210,746 AT COST)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 ASCENSION HEALTH AND RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SURPLUS (SHORTFALL) IS NOT TREATED AS COMMUNITY BENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY AND THE FINANCIAL ASSISTANCE PROGRAM IS FOLLOWED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

ST MARY'S MEDICAL CENTER OPERATES A FAMILY PRACTICE CLINIC THAT PROVIDES FAMILY PRACTICE SERVICES FOR THE COMMUNITY REGARDLESS OF ABILITY TO PAY THIS CLINIC IS OPERATED AT A LOSS AND IS PRIMARILY FOCUSED ON PROVIDING CARE FOR THE INDIGENT AND MEDICAID POPULATION THIS CLINIC OPERATED AT A LOSS OF \$685,491 IN FY10 ST MARY'S MEDICAL CENTER OPERATES A DEDICATED SENIOR HEALTH CLINIC THAT FOCUSES ON GERIATRIC CARE FOR THE MEDICARE POPULATION THIS CLINIC OPERATED AT A LOSS OF \$824,396 IN FY10 AND WAS ALMOST 100% MEDICARE ST MARY'S MEDICAL CENTER OPERATES A DEDICATED CENTER FOR CHILDREN AND RESOURCE CENTER THAT FOCUSES ON CHILDREN IN THE COMMUNITY AND PROVIDES SPECIALIZED SERVICES AND RESOURCES FOR THEIR FAMILIES THIS CENTER OPERATED AT A LOSS OF \$435,017 IN FY10 ST MARY'S MEDICAL CENTER OPERATES THE HOPE RESOURCE CENTER FOR THOSE DIAGNOSED OR RECOVERING FROM CANCER ALONG WITH CLASSES FOR THEIR LOVED ONES THE CENTER FOCUSES ON HEALING THE SPIRITUAL AND EMOTIONAL PART OF THE PATIENTS JOURNEY THROUGH CANCER AND THE RECOVERY THE CENTER OFFERS MASSAGE, YOGA, AND OTHER CLASSES IN A CALMING ATMOSPHERE THIS CENTER OPERATED AT A LOSS OF \$77,122 IN FY10

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 COMMUNITIES ARE DYNAMIC IN WHICH MULTIPLE FACTORS INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS AS PART OF THE ST MARY'S HEALTH SYSTEM, THE GOAL OF ST MARY'S MEDICAL CENTER OF EVANSVILLE IS TO WORK WITH ITS COMMUNITY TO CONDUCT AN ASSESSMENT AT LEAST EVERY THREE YEARS ASSESSMENTS MAY INCLUDE PRIMARY SURVEY DATA, SECONDARY DATA, FOCUS GROUP INPUT, COMMUNITY LEADERS' SURVEY AND OTHER DATA RESULTS ARE MADE AVAILABLE TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY THESE NEEDS ASSESSMENTS ARE ALSO UTILIZED IN CREATING THE HOSPITAL'S INTERGRATED STRATEGIC FINANCIAL AND OPERATIONAL PLAN TO THAT END, ST MARY'S MEDICAL CENTER HAS BROUGHT TOGETHER A COMMUNITY ROUNDTABLE WITH THE PURPOSE OF DETERMINING THE RESOURCES AND NEEDS, PRIORTIZING ACTION AND WORKING IN PARTNERSHIP TO ADDRESS IDENTIFIED CHALLENGES WITHIN A DESIGNATED AREA SURROUNDING THE HOSPITAL ST MARY'S MEDICAL CENTER ALSO IDENTIFIES COMMUNITY HEALTH NEED BY EMPLOYING OTHER PUBLIC AGENCY NEEDS ASSESSMENT SUCH AS WELBORN BAPTIST FOUNDATION AND THE UNITED WAY

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 ST MARY'S MEDICAL CENTER COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S CHARITY CARE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELp patients in applying for any public programs for which they may qualify ALL SELF-PAY PATIENTS RECEIVE A 15% DISCOUNT OFF THE TOP ALL CHARGES BEFORE STATEMENTS ARE MAILED

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 WHILE MOST OF ST MARY'S MEDICAL CENTER OF EVANSVILLE'S COMMUNITY BENEFIT ACTIVITIES DIRECTLY IMPACT THE HEALTH OF ITS COMMUNITIES, ST MARY'S ALSO INVESTS IN COMMUNITY BUILDING ACTIVITIES THAT INDIRECTLY IMPROVE HEALTH BY IMPROVING QUALITY OF LIFE WITHIN THE COMMUNITY RESEARCH HAS ESTABLISHED THAT FACTORS SUCH AS ECONOMIC STATUS, EMPLOYEMENT, HOUSING, EDUCATION LEVEL, AND BUILT ENVIRONMENT CAN ALL BE POWERFUL SOCIAL DETERMINANTS OF HEALTH ADDITIONALLY, HELPING TO CREATE GREATER CAPACITY WITHIN THE COMMUNITY TO ADDRESS A BROAD RANGE OF QUALITY OF LIFE ISSUES ALSO IMPACTS HEALTH IN FISCAL YEAR 2010, ST MARY'S COMMUNITY BUILDING ACTIVITIES INCLUDED UNITED WAY DAY OF CARING, GREAT EXPECTATIONS, BACK TO SCHOOL HEALTH BLITZ, LEADERSHIP EVANSVILLE, AREA 10 BOARD READINESS TASK FORCE, AND KIDGITS EVENT ABOUT PEDIATRIC TRAUMA

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO ALL PERSON IN THE COMMUNITY, AND IN KEEPING WITH ITS NOT-FOR-PROFIT STATUS, ST MARY'S MEDICAL CENTER OF EVANSVILLE - DELIVERS PATIENT SERVICES, INCLUDING EMERGENCY DEPARTMENT SERVICES AND URGENT CARE SITES, TO ALL INDIVIDUALS REQUIRING HEALTHCARE, WITHOUT REGARD TO PATIENT RACE, ETHNICITY, ECONOMIC STATUS, INSURANCE STATUS OR ABILITY TO PAY - MAINTAINS AN OPEN MEDICAL STAFF THAT ALLOWS CREDENTIALLED PHYSICIANS TO PRACTICE AT ITS FACILITIES - TRAINS AND EDUCATES HEALTH CARE PROFESSIONALS- PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICAID AND MEDICARE TO PROVIDE TO THE POOR AND ELDERLY APPLICATION EVENTS ARE HELD AS WELL AS FOLLOW UP ASSISTANCE FOR INSURANCE -HEALTH ACCESS ADVOCATES ("HAA") ARE COMMUNITY BASED STAFF WHOSE PRIMARY ROLE IS TO SIGN CHILDREN UP FOR HOOSIER HEALTHCARE INSURANCE THEY CAN DO THIS BY ASSISTING FAMILIES IN APPLYING FOR HOOSIER HEALTHCARE INSURANCE HERE IN THE OFFICE, IN THE COMMUNITY, OR AT THE PATIENT'S HOME DURING THIS PROCESS, THEY CAN ALSO ASSIST FAMILIES WITH BASIC NEEDS SUCH AS FOOD, SHELTER AND CLOTHING THE ADVOCATES CAN ALSO ASSIST ADULTS WITH APPLYING FOR MEDICAID, HEALTHY INDIANA PLAN, AND OTHER RESOURCES SUCH AS PHARMACEUTICAL APPLICATIONS FOR THOSE WHO QUALIFY HAA WILL AT TIMES TRANSPORT PATIENTS TO NECESSARY APPOINTMENTS ADDITIONALLY, HAA PROVIDES ASSITANCE TO THE LATINO POPULATION BY PROVIDING A BI-LINGUAL ASSOCIATE THIS ASSOCIATE SPEARHEADS A CERTIFIED MEDICAL INTERPRETER TRAINING PROGRAM THROUGH THE BRIDGING THE GAP PROGRAM - IS GOVERNED BY A BOARD IN WHICH INDEPENDENT COMMUNITY MEMBERS COMPRISE A MAJORITY- CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS AND HOLDS MEMBERSHIP ON OTHER PUBLIC AGENCY BOARDS TO ENHANCE WELL BEING OF THE COMMUNITY IN PARTNERSHIP PROGRAMS- PROVIDES DENTAL SERVICES FOR PRIMARY SERVICE AREA WITH MOBILE DENTAL FOR KIDS CLINIC-NUTRITION COUNSELING IS PROVIDED TO THE COMMUNITY AND SPECIFICALLY AREA SCHOOLS AND YOUTH GROUPS, SUCH AS FOOD PYRAMID PROGRAMS, STAFF HEALTH FAIR, ETC-COMPLIMENTARY THERAPIES INCLUDING MESSAGES, YOGA CLASSES, AND STRESS REDUCTION CLASSES AT HOPE RESOURCE CENTER FOR CANCER PATIENTS AND SURVIVORS -MALL WALKING PROGRAMS AND MONTHLY BLOOD PRESSURE SCREENING AT LOCAL MALL-CHRISTMAS PROGRAMS FOR THE POOR GREAT EXPECTATIONS AREA FAMILIES WHO NEED ASSISTANCE DURING THE CHRISTMAS SEASON ARE IDENTIFIED FROM LOCAL GROUPS SUCH AS UNITED WAY, CHURCHES, AND SCHOOL SYSTEMS ASSOCIATES OF ST MARY'S GIVE MONEY, FOOD, CLOTHING, TOYS, ETC TO FAMILIES IN NEED EACH YEAR -AUTISM VISIT WITH SANTA-WNIN KIDS DAY - MOBILE DENTAL KARE LAB-CPR CLASSES GIVEN AT LOCAL DAYCARES AND SCHOOLS-JOSLIN AND DIABETIC FOOT CLINIC - LECTURES, CLASSES, AND EXERCISE INSERVICES -SAFESITTERS EDUCATION FOR TEENAGERS PREPARING TO TAKE CARE OF YOUNG CHILDREN, TODDLERS, AND INFANTS-ST MARY'S NIGHTS AT CHILDREN'S MUSEUM OF EVANSVILLE -YOUTH FIRST RETREATS-AMERICAN RED CROSS BLOOD DRIVES-AMBULANCE, REHAB, AND MISC BILLINGS PAID FOR PATIENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 AS A PART OF ST MARY'S HEALTH SYSTEM, ST MARY'S MEDICAL CENTER IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES WHILE DESIGNATED ASSOCIATES AT ST MARY'S MEDICAL CENTER DEVOTE ALL OR SIGNIFICANT PORTION OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST MARY'S HEALTH COMMUNITY DEVELOPMENT AND SERVICE STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHINCAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELLS AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST MARY'S HEALTH IN WHICH ST MARY'S MEDICAL CENTER PARTICIPATES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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 St Mary's Medical Center of EVANSVILLE INC	Employer identification number 35-0869065
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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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TIMOTHY FLESCH	(i)	465,903	396,605	206,838	7,700	22,160	1,099,206	0
	(ii)	0	0	0	0	0	0	0
JOHN POLIN JR MD	(i)	177,791	0	44,397	0	10,391	232,579	0
	(ii)	0	0	0	0	0	0	0
MICHAEL P BROWNING	(i)	234,180	70,037	39,753	17,896	61,914	423,780	0
	(ii)	0	0	0	0	0	0	0
DARCY ELLISON	(i)	181,612	54,051	30,605	4,726	22,082	293,076	0
	(ii)	0	0	0	0	0	0	0
JOHN GALLAGHER	(i)	226,324	115,332	46,685	7,442	58,501	454,284	0
	(ii)	0	0	0	0	0	0	0
GWEN SANDEFUR	(i)	293,940	53,283	10,254	1,181	29,401	388,059	0
	(ii)	0	0	0	0	0	0	0
ROBERT SPEAR MD	(i)	293,268	154,819	82,564	7,700	21,541	559,892	0
	(ii)	0	0	0	0	0	0	0
MICHAEL S KLUEH	(i)	169,151	29,308	4,063	1,890	26,451	230,863	0
	(ii)	0	0	0	0	0	0	0
BARBARA K CLAYTON	(i)	147,297	56,195	45,884	4,416	19,574	273,366	0
	(ii)	0	0	0	0	0	0	0
GERALD F VOZEL	(i)	176,206	32,868	26,114	4,131	20,852	260,171	0
	(ii)	0	0	0	0	0	0	0
MUREENA TURNQUEST-WELLS	(i)	434,344	157,089	33,000	0	56,446	680,879	0
	(ii)	0	0	0	0	0	0	0
JOSE SALGADO	(i)	648,418	0	39,742	0	19,472	707,632	0
	(ii)	0	0	0	0	0	0	0
ALLISON R MELTON	(i)	566,543	14,165	34,340	5,775	20,690	641,513	0
	(ii)	0	0	0	0	0	0	0
HEATHER L SCHROEDER	(i)	616,552	16,091	22,453	5,642	20,011	680,749	0
	(ii)	0	0	0	0	0	0	0
DEANGELA L CRUTCHER	(i)	507,856	2,813	33,470	5,775	24,827	574,741	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PAID FOR TRAVEL FOR COMPANIONS FOR 5 OF THE OFFICERS/HIGHLY COMPENSATED EMPLOYEES LISTED IN FORM 990, PART VII. ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC. WILL ONLY REIMBURSE A BUSINESS TRAVEL EXPENSE WHEN ALL OF THE FOLLOWING IRS REQUIREMENTS ARE MET: 1. EXPENSE MUST BE INCURRED IN CONNECTION WITH A BUSINESS PURPOSE. 2. EXPENSE MUST BE SUBSTANTIATED WITH ALL REQUIRED DOCUMENTS. 3. ALL EXPENSES INCURRED FOR SPOUSAL TRAVEL ARE TREATED AS TAXABLE INCOME TO THE EMPLOYEE WHOSE SPOUSE ACCOMPANIES HIM/HER ON THE TRIP. ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC. INCLUDED THE TRAVEL FOR COMPANIONS EXPENSE IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.
	Part I, Line 4a	Part I, Line 4b: TIMOTHY FLESCH \$173,919; MICHAEL BROWNING \$16,500; JOHN E. POLIN, JR. \$16,500; ROBERT K. SPEAR \$56,251; JOHN T. GALLAGHER, MD \$16,500; BARBARA CLAYTON \$16,500; GERALD VOZEL \$10,010; MUREENA TURNQUEST-WELLS \$16,500; HEATHER SCHROEDER \$5,077; ALLISON MELTON \$16,500; DEANGELA CRUTCHER \$15,400; JOSE SALGADO \$16,500. ALL EMPLOYEES AND AMOUNTS LISTED ARE VOLUNTARY DEFERRALS OR COMPANY CONTRIBUTIONS TO VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION; MAKE-UP PLANS; VOLUNTARY DEFERRAL PLANS; DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
St Mary's Medical Center of EVANSVILLE INC

Employer identification number
35-0869065

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL EQUIPMENT)	X	8	70,897	COST OR SELLING PRICE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 35-0869065

Name: St Mary's Medical Center of EVANSVILLE INC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133032131

SCHEDULE O
(Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
St Mary's Medical Center of EVANSVILLE INC

Employer identification number
35-0869065

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CLASSES OF MEMBERS OR STOCKHOLDERS ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC HAS A SINGLE CORPORATE MEMBER, ST MARY'S HEALTH SYSTEM OF AMERICA, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC HAS A SINGLE CORPORATE MEMBER, ST MARY'S HEALTH SYSTEM OF AMERICA, INC WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, ST MARY'S HEALTH SYSTEM OF AMERICA, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990 CONSISTS OF PROVIDING THE FORM 990 TO THE GOVERNING BODY IN APRIL TO ALLOW FOR A THOROUGH REVIEW BY THE GOVERNING BODY PRIOR TO THE FILING DATE OF MAY 16TH THE GOVERNING BODY WILL REVIEW THE FORM 990 VIA A SECURE WEB-BASED PORTAL AND ASK ANY QUESTIONS REGARDING THE FORM 990 ANY QUESTIONS AND RESPONSES WILL BE POSTED TO THE WEB-BASED PORTAL BEFORE THE RETURN IS FILED ALL QUESTIONS AND RESPONSES WILL BE REVIEWED AND DISCLOSED IN THE MEETING MINUTES OF THE NEXT BOARD MEETING FOLLOWING THE REVIEW OF THE 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARTIABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION PROCESS FOR TOP OFFICIAL IN DETERMING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMMITTEE OF THE ST MARY'S HEALTH SYSTEM BOARD REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT WERE COMPARED TO OTHER HOSPITALS IN THE AREA THAT HOLD THE SAME POSITION DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED COMPENSATION PROCESS FOR OFFICERS IN DETERMING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMMITTEE OF THE ST MARY'S HEALTH SYSTEM BOARD REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER HOSPITALS' EMPLOYEES IN THE AREA THAT HOLD THE SAME POSITION DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	CHANGE IN FINANCIAL PROCESS	THE FINANCIAL STATEMENTS OF ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC WERE AUDITED ON A CONSOLIDATED BASIS AN AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT AUDITED THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6		THE TOTAL NUMBER OF VOLUNTEERS FOR THIS ORGANIZATION IS 495 THIS CONSISTS OF VOLUNTEERS SERVING ON THE BOARD OF DIRECTORS, AS WELL AS OTHER VOLUNTEERS WHO ARE HIGHLY VISABLE THROUGHOUT THE HOSPITAL THEY GIVE THEIR TIME AND TALENT TO THE FOLLOWING DEPARTMENTS AND HOSPITAL NEEDS ST MARY'S GIFT SHOP, LIBRARY, SAME DAY SURGERY, PATIENT MAIL DELIVERY, PATIENT FLOWER DELIVERY, DIABETIC FOOT CLINIC, SECURITY-SHUTTLE SERVICE, ADMIT/ESCORT SERVICE, PEDIATRICS, RADIOLOGY, HEALTH MATTERS, EMERGENCY ROOM, PATIENT SURVEYS 5 CENTRAL, PATIENT SERVICES/AMBASSADORS, PASTORAL CARE, APOTHECARY, REHAB INSTITUTE, AND PET THERAPY THE VALUE OF VOLUNTEER SERVICES PROVIDED IN FISCAL YEAR 2010 TO ST MARY'S MEDICAL CENTER OF EVANSVILLE, INC WAS \$723,438

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4		AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST MARY'S MEDICAL CENTER CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES, AND SOCIETY AS A WHOLE THE GOAL OF ST MARY'S MEDICAL CENTER IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH ST MARY'S MEDICAL CENTER FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, AND MEDICAL RESEARCH OUR CONCERN FOR ALL HUMAN LIFE AND DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT ST MARY'S MEDICAL CENTER IS A 494-BED ACUTE CARE HOSPITAL ST MARY'S MEDICAL CENTER SERVICES THE TRI-STATE AREA AROUND SOUTHERN INDIANA, INCLUDING SOUTHEASTERN ILLINOIS, AND NORTHWESTERN KENTUCKY ST MARY'S MEDICAL CENTER SEEKS TO IMPROVE THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL HEALTH STATUS OF ITS SURROUNDING COMMUNITY IN ADDITION TO PROVIDING HEALTH CARE SERVICES TO ALL INDIVIDUALS WHO REQUIRE MEDICAL ATTENTION, ST MARY'S MEDICAL CENTER HAS DEVELOPED THE FOLLOWING PROGRAMS TO HELP ACHIEVE ITS MISSION ST MARY'S PROVIDES SIGNIFICANT RESOURCE ONLINE FOR PUBLIC USE AND EDUCATION AT WWW.STMARYS.ORG SUCH ITEMS INCLUDE INFORMATION ON ALLERGIES, ASTHMA, BACK PAIN, CANCER, DIABETES, HEART DISEASE, KIDNEY DISEASE, MEN'S HEALTH, ORTHOPEDIC HEALTH, MENTAL HEALTH, PARENTING, PATIENT SAFETY, PREGNANCY, SENIOR HEALTH, STRESS, STROKE, WEIGHT MANAGEMENT AND WOMEN'S HEALTH PLEASE VISIT WWW.STMARYS.ORG FOR A FULL LIST OF SERVICES

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 16B		ST MARY'S HEALTH SYSTEM OF AMERICA, INC AND SUBSIDIARES (ST MARY'S) JOINT VENTURE OPERATING AGREEMENTS ARE NEGOTIATED WITH OTHER MEMBERS OF THE JOINT VENTURE TO ENSURE THAT ADEQUATE SAFEGUARDS ARE IN PLACE TO PROTECT ST MARY'S EXEMPT STATUS EACH AGREEMENT CONTAINS SPECIFIC LANGUAGE RELATED TO THE PROVISION OF HEALTH CARE SERVICES WITH FOCUS ON COMMUNITY HEALTH BENEFIT AND MUST FOLLOW A FORMAL REVIEW PROCESS PRIOR TO CONTRACT EXECUTION ST MARY'S CONTINUALLY ENSURES THAT ITS EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL ST MARY'S JOINT VENTURES

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A, COLUMN B	TRACKING OF HOURS BY ENTITIES	OFFICERS OF ST MARY'S MEDICAL CENTER PROVIDE SERVICES TO ST MARY'S HEALTH SYSTEM OF AMERICA, INC AND AFFILIATES HOURS WORKED ARE NOT TRACKED SEPARATELY FOR EACH ENTITY THEREFORE, HOURS FOR ALL OFFICERS REPORTED ON FORM 990, PART VII, COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES, AND INDEPENDENT CONTRACTORS REPRESENT AGGREGATE HOURS WORKED PER WEEK FOR ALL ENTITIES

Identifier	Return Reference	Explanation
FORM 990, PART VII, LINE 1A, COLUMNS D, E, AND F	COMPENSATION AMOUNTS REPORTED FOR MANAGING ALL ST MARY'S ENTITIES	OFFICERS OF ST MARY'S MEDICAL CENTER OF EVANSVILLE PROVIDE SERVICES TO ST MARY'S HEALTH SYSTEM OF AMERICA, INC AND ITS AFFILIATES COMPENSATION IS NOT REPORTED SEPARATELY BY ENTITY THEREFORE, COMPENSATION AMOUNTS REPORTED ON FORM 990, PART VII, COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES REPRESENT COMPENSATION PAID FOR MANAGING ST MARY'S HEALTH SYSTEM OF AMERICA, INC AND ALL RELATED ENTITIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization St Mary's Medical Center of EVANSVILLE INC	Employer identification number 35-0869065
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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
St Mary's Breast Center LLC 3700 Washington Ave Evansville, IN 47750 35-1935526	Mammography	IN	1,213,513	1,900,858	Seton
St Mary's Physician Network LLC 3700 Washington Ave Evansville, IN 47750 20-5023387	Physician Practice	IN	-7,569,767	6,134,298	SMMC
Primary Physician Network LLC 3700 Washington Ave Evansville, IN 47750 20-8775914	Physician Practice	IN	-2,430,936	3,274,337	SMMC
Physicians' Health Group LLC 3700 Washington Ave Evansville, IN 47750 04-3679294	DISSOLVED	IN	0	0	SMMC
St Mary's Physicians' Health Group LLC 3700 Washington Ave Evansville, IN 47750 26-1356310	Physician Practice	IN	-2,156,740	2,594,755	SMMC

Part II

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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
St Mary's Medical Group Inc 3700 Washington Ave Evansville, IN47750 35-2076827	Investment	IN	SMHS	C	28,406	9,155,469	100 000 %
Ohio Valley Heart Care Inc 901 St Marys Drive Suite 300 Evansville, IN47714 35-1487233	Cardiology Group	IN	SMHS	C	-790,557	4,712,223	100 000 %

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

Yes

Yes

No

No

No

Yes

No

Yes

No

No

No

Yes

Yes

Yes

Yes

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)		

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.

[illegible]

Software ID:

Software Version:

EIN: 35-0869065

Name: St Mary's Medical Center of EVANSVILLE 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
St Mary's At Home Inc 3700 Washington Avenue Evansville, IN47750 35-1899560	DME/Home Care	IN	501c3	11a	Seton
St Mary's Building Corporation 3700 Washington Avenue Evansville, IN47750 23-7248362	Real Estate	IN	501c2		Seton
St Mary's Warrick EMS Inc 3700 Washington Avenue Evansville, IN47750 20-5342518	EMS	IN	501c4		SMHS
Medical Management Inc 3700 Washington Avenue Evansville, IN47750 35-1831570	DORMANT	IN	501c3	11C	SMHS
St Mary's Health System of America Inc 3700 Washington Avenue Evansville, IN47750 35-2057801	Health Ministry Parent	IN	501c3	11c	Ascension Health
Seton Health Corporation of Southern Indiana Inc 3700 Washington Avenue Evansville, IN47750 35-1679526	Investment	IN	501c3	11C	SMHS
St Mary's Home Health Care Services Inc 3700 Washington Avenue Evansville, IN47750 35-1899562	DORMANT	IN	501c3	11a	Seton
St Mary's Medical Center Foundation Inc 3700 Washington Avenue Evansville, IN47750 23-7045370	Fundraising	IN	501c3	11a	SMMC
St Mary's Warrick Hospital Foundation Inc 1116 Millis Avenue Boonville, IN47601 35-1961890	Fundraising	IN	501c3	11a	SMW
St Mary's Warrick Hospital Inc 1116 Millis Avenue Boonville, IN47601 35-1343019	Hospital	IN	501c3	3	SMHS
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	501c3	11a	N/A

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) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Ambulatory Care Center LLC 1125 Professional Blvd Evansville, IN47714 35-2006018	OP Surgery	IN	N/A	RELATED	3,514,663	3,723,680		No		Yes	
Genesis Health Alliance LLC 3700 Washington Ave Evansville, IN47750 20-8223181	GPO	IN	N/A	RELATED	8,543	43,216		No		Yes	
Radiation Oncology Center of Soutwest Indiana LLC 3699 Epworth Rd Newburgh, IN47630 26-3429077	Management	IN	N/A	RELATED	486,182	871,759		No			No
Memorial HospitalSeton Health Corporation Sleep ManagementLLC 800 West 9th Street Jasper, IN47546 26-3635457	Management	IN	N/A	RELATED	54,070	108,460		No			No
St Mary's Acute Dialysis Services LLC 3700 Washington Ave Evansville, IN47750 27-1346179	Management	IN	N/A	RELATED	314,091	326,091		No		Yes	
Seton Health Services LLC 3700 Washington Ave Evansville, IN47750 27-0451316	Equip Rental	IN	N/A	RELATED				No		Yes	
St Mary's Freestanding Cath Lab LLC 3700 Washington Ave Evansville, IN47750 32-0086252	Management	IN	OVHC	RELATED	757,137	638,401		No		Yes	
St Mary's Peripheral Vascular Services Management Company LLC 3700 Washington Ave Evansville, IN47750 20-5062635	Management	IN	N/A	RELATED	46,303	282,551		No		Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST MARY'S MEDICAL CENTER FOUNDATION INC	C	724,696
(2)	ASCENSION HEALTH	E	5,843,996
(3)	ST MARY'S BUILDING CORPORATION LLC	I	654,211
(4)	ST MARY'S HEALTH SYSTEM OF AMERICA INC	J	145,346
(5)	AMBULATORY CARE CENTER LLC	K	36,383,962
(6)	OHIO VALLEY HEART CARE INC	K	3,614,842
(7)	ST MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT COMPANY LLC	K	1,217,235
(8)	ST MARY'S FREESTANDING CATH LAB LLC	K	1,543,363
(9)	ASCENSION HEALTH	O	38,421,536
(10)	ST MARY'S WARRICK HOSPITAL INC	D	83,077
(11)	ST MARY'S AT HOME INC	P	3,869,988
(12)	SETON HEALTH CORPORATION OF SOUTHERN INDIANA INC	P	1,691,849
(13)	ST MARY'S BUILDING CORPORATION LLC	P	598,348
(14)	ST MARY'S WARRICK EMS INC	P	278,574
(15)	ST MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT COMPANY LLC	P	298,470
(16)	ASCENSION HEALTH	Q	7,783,000
(17)	ST MARY'S MEDICAL CENTER FOUNDATION INC	R	868,198
(18)	ST MARY'S HEALTH SYSTEM OF AMERICA INC	R	10,006,604
(19)	AMBULATORY CARE CENTER LLC	P	24,633,807
(20)	ST MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT COMPANY LLC	E	186,461
(21)	ST MARY'S HEALTH SYSTEM OF AMERICA INC	O	2,328,339