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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010</b>				
<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Deaconess Hospital Inc		<b>D Employer identification number</b> 35-0593390
		Doing Business As		<b>E Telephone number</b> (812) 450-2370
		Number and street (or P O box if mail is not delivered to street address) 600 MARY STREET	Room/suite	<b>G Gross receipts \$</b> 580,059,742
		City or town, state or country, and ZIP + 4 EVANSVILLE, IN 47747		
	<b>F Name and address of principal officer</b> LINDA E WHITE PRESIDENT/CEO 600 MARY STREET EVANSVILLE, IN 47747		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> www.deaconess.com		<b>H(c)</b> Group exemption number		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 1895	<b>M State of legal domicile</b> IN







## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities DEACONESS HOSPITAL PROVIDES QUALITY HEALTHCARE SERVICES WITH A COMPASSIONATE AND CARING SPIRIT TO PERSONS, FAMILIES AND COMMUNITIES OF THE TRI-STATE	
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> <u>1</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> <u></u>
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> <u>5,54</u>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> <u>10</u>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> <u>8,679,29</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> <u></u>

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h) . . . . .	1,221,896	1,809,153
	9	Program service revenue (Part VIII, line 2g) . . . . .	483,100,660	487,028,074
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . .	11,615,625	4,920,579
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,652,466	34,195,826
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	533,590,647	527,953,632
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . .	276,650	215,303
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . .	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	215,324,559	225,824,244
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . .	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>295,256</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . .	270,535,827	257,674,542
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	486,137,036	483,714,089
	19	Revenue less expenses Subtract line 18 from line 12 . . . . .	47,453,611	44,239,543
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16) . . . . .	702,922,543	734,618,250
	21	Total liabilities (Part X, line 26) . . . . .	370,074,161	361,198,226
	22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	332,848,382	373,420,024

<b>Part II</b>	<b>Signature Block</b>
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<p>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</p>			
<p><b>Sign Here</b></p>	<table border="1"> <tr> <td> <p>Signature of officer</p> <p><u>Linda E White President &amp; CEO</u></p> <p>Type or print name and title</p> </td> <td> <p>2011-02-07</p> <p>Date</p> </td> </tr> </table>	<p>Signature of officer</p> <p><u>Linda E White President &amp; CEO</u></p> <p>Type or print name and title</p>	<p>2011-02-07</p> <p>Date</p>
<p>Signature of officer</p> <p><u>Linda E White President &amp; CEO</u></p> <p>Type or print name and title</p>	<p>2011-02-07</p> <p>Date</p>		

<b>Paid</b>  <b>Preparer's</b>  <b>Use Only</b>	Preparer's signature 	Date	Check if self-employed  	Preparer's identifying number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 	ERNST & YOUNG US LLP <hr/> PO Box 44972  Indianapolis, IN 462440972			EIN 
					Phone no  (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

DEACONESS HOSPITAL PROVIDES QUALITY HEALTHCARE SERVICES WITH A COMPASSIONATE AND CARING SPIRIT TO PERSONS, FAMILIES AND COMMUNITIES OF THE TRI-STATE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ 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 \$ 160,713,938 including grants of \$ ) (Revenue \$ 341,363,516 )

Patient Service Revenue - Deaconess Hospital is a major referral center for a 25-county tri-state area in Southwestern Indiana, Western Kentucky, and Southeastern Illinois The Hospital and its facilities are located on four campuses which include the main 28-acre campus on the near north side of Evansville in Vanderburgh County, the 63-acre Gateway Campus located in Warrick County on the eastern border of Vanderburgh County, and two other eastside Evansville locations for psychiatric behavioral services and rehabilitation services The Hospital operates a Main Campus with a total of 318 beds consisting of 24 intensive care beds, 26 cardiac intensive care beds, 66 cardiac beds, 23 oncology/pulmonology beds, 61 orthopaedic/neurological beds, 5 pediatric trauma beds, 13 mental health beds, 96 medical/surgical beds and 4 hospice beds In addition, the Hospital provides a full-array of comprehensive outpatient and ambulatory services on its Main Campus and other specific services at multiple sites within its primary and secondary service areas The Hospital operates the 94 bed Deaconess Gateway Hospital which was opened in January 2006, on the Gateway Campus consisting of 13 adult intensive care beds, 17 pediatric and pediatric intensive care beds, 32 medical/surgical beds, 16 orthopaedic beds, and 16 neurosurgical beds The Hospital provides a full array of comprehensive outpatient and ambulatory services on the Gateway Campus The Hospital owns and operates Deaconess Cross Pointe a free-standing, 60-bed inpatient psychiatric hospital located approximately 7 miles east of the Main Campus in Evansville

4b

(Code ) (Expenses \$ 282,688,443 including grants of \$ ) (Revenue \$ 133,737,341 )

Charity Care / Subsidized Care- Deaconess Hospital makes a distinction between charity and bad debt In determining an individual or family's ability to pay, Deaconess Hospital evaluates whether or not the responsible party has sufficient resources available for payment If an individual is determined to not have sufficient resources to pay, they are considered eligible for charity care and will not be processed through either internal or external collections Accounts of charity care patients who are unable to pay do not result in bad debt and are not collected upon Deaconess Hospital provides care to persons covered by governmental programs below cost Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients To the extent reimbursement is below cost, Deaconess Hospital absorbs these costs in meeting its mission to the community In support of its mission, Deaconess Hospital provided \$20.6 million of charity care and \$31.3 million of subsidized services to the Medicaid program, and \$40.3 million of subsidized services to the Medicare program

4c

(Code ) (Expenses \$ 17,713,724 including grants of \$ ) (Revenue \$ 11,927,217 )

Graduate Medical Education, Medical Education and Community Benefit - Deaconess Hospital plays an active role in medical education, operating a three year family medicine residency program and a post-graduate pharmacy residency program Deaconess Hospital also provides continuing medical education programs for attending physicians, other health professionals, other allied health programs, community health programs and a chaplain residency program In addition to educational services, Deaconess Hospital provided \$5.4 million in community benefit activities (all on a cost basis), serving a minimum of 641,445 people within the Tri-State area

4d

















Other program services (Describe in Schedule O )

(Expenses \$ 215,303 including grants of \$ 215,303 ) (Revenue \$ 16,089,590 )

4e

Total program service expenses \$ 461,331,408

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
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		No
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 . . . . .	1a412		
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 . . . . .	2a5,549		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		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		No
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	Yes	

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		No
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		
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. CHERYL A WATHEN 600 MARY STREET Evansville, IN 47747 (812) 450-2370

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

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

Form 990 (2009)



<b>1b Total</b>	8,836,805	1,431,312	973,516
-----------------	-----------	-----------	---------

**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▶167

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	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	
<b>5</b>	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
EVANSVILLE SURGERY CENTER ASSOCLLC 520 MARY STREET EVANSVILLE, IN 47710	SURGICAL SVCS	36,736,387
BOVIS LEND LEASE INC 1801 W END AVENUE SUITE 600 NASHVILLE, TN 37203	BLDG CONTRACTOR	18,450,426
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE/CONSUL	9,414,572
WINK CONSTRUCTION INC 4007 E EICHEL AVENUE EVANSVILLE, IN 47716	BLDG CONTRACTOR	3,033,198
ARUP LABORATORIES PO BOX 27964 SALT LAKE CITY, UT 84127	LABORATORY	2,165,232

**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 ▶71

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	208,955			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	176,007			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,424,191			
	g	Noncash contributions included in lines 1a-1f \$ 1,454					
	h	Total. Add lines 1a-1f . . . . .		1,809,153			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 900,099	487,028,074	487,028,074		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		487,028,074			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		5,610,522		
4		Income from investment of tax-exempt bond proceeds . .		149			149
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real 6,455,065	(ii) Personal			
b		Less rental expenses	2,966,115				
c		Rental income or (loss)	3,488,950				
d		Net rental income or (loss) . . . . .		3,488,950			3,488,950
7a		Gross amount from sales of assets other than inventory	(i) Securities 48,251,186	(ii) Other 39,712			
b		Less cost or other basis and sales expenses	48,912,951	68,039			
c		Gain or (loss)	-661,765	-28,327			
d		Net gain or (loss) . . . . .		-690,092			-690,092
8a		Gross income from fundraising events (not including \$ 208,955 of contributions reported on line 1c) See Part IV, line 18 . . . .	a 39,250				
b		Less direct expenses . . . .	b 159,005				
c		Net income or (loss) from fundraising events . .		-119,755			-119,755
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances . . . .	a				
b		Less cost of goods sold . . . .	b				
c		Net income or (loss) from sales of inventory . .		0			
		Miscellaneous Revenue	Business Code				
11a		INVESTMENT IN JOINT VENTURES	900,099	16,089,590	16,089,590		
b	LABORATORY SALES	621,500	8,358,621		8,358,621		
c	OTHER HOSPITAL SERVICES	900,099	6,057,750			6,057,750	
d	All other revenue . . . . .		320,670		320,670		
e	Total. Add lines 11a-11d . . . . .		30,826,631				
12	Total revenue. See Instructions . . . . .		527,953,632	503,117,664	8,679,291	14,347,524	

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	215,303	215,303		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,700,343		5,700,343	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	168,387,792	165,923,744	2,245,308	218,740
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	13,817,103	12,650,921	1,166,182	
9	Other employee benefits . . . . .	25,694,618	24,467,077	1,227,541	
10	Payroll taxes . . . . .	12,224,388	11,671,599	552,789	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	966,032	365,607	600,425	
c	Accounting . . . . .	233,451		233,451	
d	Lobbying . . . . .	30,764		30,764	
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	277,335		276,834	501
g	Other . . . . .	54,068,416	50,707,079	3,354,214	7,123
12	Advertising and promotion . . . . .	685,024	100,026	584,998	
13	Office expenses . . . . .	91,407,208	90,657,240	705,264	44,704
14	Information technology . . . . .	8,532,400	7,553,523	978,877	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	16,230,644	14,748,454	1,482,190	
17	Travel . . . . .	605,528	511,315	93,905	308
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	621,129	470,147	150,982	
20	Interest . . . . .	6,374,865	6,374,865		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	30,877,465	28,736,287	2,138,916	2,262
23	Insurance . . . . .	3,154,119	3,149,602	4,517	
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	PROVISION FOR BAD DEBTS	23,784,726	23,784,726		
b	EQUIP RENTAL/MAINTENANCE	13,532,803	13,372,783	160,020	
c	AGENCY COLLECTION FEES	5,150,431	5,150,431		
d	DUES & SUBSCRIPTIONS	571,932	289,139	281,263	1,530
e	MISCELLANEOUS	570,270	431,540	118,642	20,088
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	483,714,089	461,331,408	22,087,425	295,256
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 . . . . .				1	
	2	Savings and temporary cash investments . . . . .			27,945,770	2	45,404,178
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			90,460,730	4	103,136,210
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			3,682,013	8	5,359,268
	9	Prepaid expenses and deferred charges . . . . .			4,811,478	9	4,844,936
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	646,537,046			
	b	Less accumulated depreciation . . . . .	10b	321,425,049	284,502,073	10c	325,111,997
	11	Investments—publicly traded securities . . . . .			230,672,547	11	192,039,805
	12	Investments—other securities See Part IV, line 11 . . . . .			34,159,545	12	31,252,043
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			16,076,946	14	15,940,119
	15	Other assets See Part IV, line 11 . . . . .			10,611,441	15	11,529,694
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			702,922,543	16	734,618,250
Liabilities	17	Accounts payable and accrued expenses . . . . .			54,382,213	17	55,207,479
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			229,031,236	20	224,161,915
	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 . . . . .			139,127	23	19,721
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			86,521,585	25	81,809,111
	26	Total liabilities. Add lines 17 through 25 . . . . .			370,074,161	26	361,198,226
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 . . . . .			325,414,596	27	365,289,535
	28	Temporarily restricted net assets . . . . .			2,968,260	28	3,424,795
	29	Permanently restricted net assets . . . . .			4,465,526	29	4,705,694
	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 . . . . .			332,848,382	33	373,420,024
	34	Total liabilities and net assets/fund balances . . . . .			702,922,543	34	734,618,250

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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	
<b>d</b> 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		
<b>3a</b> 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>b</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  
Deaconess Hospital Inc

Employer identification number  
35-0593390

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 <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

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

☐

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

☐

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

☐



Part IV

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

Additional Data

Software ID:

Software Version:

EIN: 35-0593390

Name: Deaconess Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA WHITE PRESIDENT/CEO	50 0	X		X				1,807,619	350,850	178,330
DAVID D CHRISTESON MD DIRECTOR	5 0	X						0	429,073	45,280
RUSTON L STOLTZ MD DIRECTOR	5 0	X						2,713	306,267	7,871
DAVID A KOEHLER JR MD DIRECTOR	5 0	X						31,887	108,589	4,483
BRUCE ROMICK MD DIRECTOR	5 0	X						21,538	0	0
WILLIAM R PENLAND MD DIRECTOR	5 0	X						11,600	0	0
JEROME A BENKERT DIRECTOR	5 0	X						9,200	0	0
BRUCE STALLINGS DIRECTOR	5 0	X						8,400	0	0
ROBERT B WRIGHT DIRECTOR	5 0	X						8,000	0	0
MATTHEW R LEE MD DIRECTOR	5 0	X						8,000	0	0
DR H RAY HOOPS DIRECTOR	5 0	X						6,800	0	0
BRUCE ADYE MD DIRECTOR	5 0	X						6,400	0	0
JOHN D ENGELBRECHT TREASURER	5 0	X						6,000	0	0
STEVEN T TITZER CPA DIRECTOR	5 0	X						6,000	0	0
REV DR JOSEPH FRACCARO DIRECTOR	5 0	X						5,200	0	0
IRA G BOOTS DIRECTOR	5 0	X						4,000	0	0
ROBERT G JONES DIRECTOR	5 0	X						3,600	0	0
STEVEN A CHURCH DIRECTOR	5 0	X						3,200	0	0
RICHARD M STIVERS SVP & CFO	50 0			X				759,797	236,533	53,438
HARRY L SMITH JR PRESIDENT	50 0			X				524,250	0	132,281
JAMES R PORTER MD CHIEF MED OFFICER	50 0				X			381,166	0	98,464
SHAWN W MCCOY CHIEF ADMIN OFFICER	50 0				X			357,777	0	86,486
CHERONA J HAJEWSKI CHIEF NURSE OFFICER	50 0				X			318,533	0	78,378
BRUCE E EPMEIER VICE PRESIDENT	50 0				X			251,139	0	58,516
LARRY F PILE HR DIRECTOR	50 0				X			224,674	0	19,538

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			
CHERYL A WATHEN INTERIM CFO	50 0				X			216,784	0	43,422
RICHARD B PERRY CONTROLLER	50 0				X			164,296	0	25,044
JOYCE A THOMAS PHARMACY DIRECTOR	50 0				X			161,281	0	25,817
VENKATESH R MADADI anesthesiologist	50 0					X		761,459	0	22,872
RAJESH J PATEL MD anesthesiologist	50 0					X		753,318	0	29,110
NIRMAL JOSHI MD anesthesiologist	50 0					X		729,755	0	24,723
AYMAN EL FAR MD anesthesiologist	50 0					X		656,349	0	21,728
SUSAN DOUGLAS MD ANESTHESIOLOGIST	50 0					X		626,070	0	17,735

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
PROVISION FOR BAD DEBTS	23,784,726	23,784,726		
EQUIP RENTAL/MAINTENANCE	13,532,803	13,372,783	160,020	
AGENCY COLLECTION FEES	5,150,431	5,150,431		
DUES & SUBSCRIPTIONS	571,932	289,139	281,263	1,530
MISCELLANEOUS	570,270	431,540	118,642	20,088

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 Deaconess Hospital Inc	Employer identification number 35-0593390
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(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		30,764	
	j Total lines 1c through 1i			30,764	
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?				No

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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule C	Part II-B, Line 1i	Lobbying expenditures consisted of a portion of membership dues to professional organizations in which Deaconess Hospital and its employees are members. The lobbying portion of the dues is noted on the membership application or billing statement.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Deaconess Hospital Inc

Employer identification number  
35-0593390

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)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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? ☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

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

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009



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 . . . . .	7,433,786	7,797,671		
b	Contributions . . . . .	1,683,536	728,055		
c	Investment earnings or losses . . . . .	281,910	203,927		
d	Grants or scholarships . . . . .	192,998	203,726		
e	Other expenditures for facilities and programs . . . . .	790,792	1,211,206		
f	Administrative expenses . . . . .	284,953	288,387		
g	End of year balance . . . . .	8,130,489	7,433,786		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 66 000 % %

b

Permanent endowment ▶ 34 000 % %

c

Term endowment ▶ 0 % %

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)	No
(ii) related organizations . . . . .	3a(ii)	No
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 . . . . .		10,266,155		10,266,155
b Buildings . . . . .		358,532,138	182,464,922	176,067,216
c Leasehold improvements . . . . .				
d Equipment . . . . .		188,130,649	138,960,127	49,170,522
e Other . . . . .		89,608,104		89,608,104
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				325,111,997



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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Deaconess Hospital Inc

Employer identification number  
35-0593390

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		DH PARTY OF YR (event type)	DH CLASSIC (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	154,903	93,302	248,205
	2	Less Charitable contributions . . . .	132,503	76,452	208,955
	3	Gross income (line 1 minus line 2) . . . .	22,400	16,850	39,250
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	9,007		9,007
	7	Food and beverages . . . .	58,615	17,273	75,888
	8	Entertainment . . . .	9,495	19,001	28,496
	9	Other direct expenses . . . .	32,543	13,071	45,614
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			159,005
	11	Net income summary Combine lines 3, column d, and line 10. . . . .			-119,755

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . .			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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**  
Deaconess Hospital Inc

**Employer identification number**  
35-0593390

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 type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 300 %</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) . . . .			19,638,639		19,638,639	3 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			46,660,663	14,778,402	31,882,261	6 340 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			66,299,302	14,778,402	51,520,900	10 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			747,633	82,111	665,522	0 130 %
f Health professions education (from Worksheet 5) . . . .			3,616,209	1,433,196	2,183,013	0 430 %
g Subsidized health services (from Worksheet 6) . . . .			10,261,099	8,397,662	1,863,437	0 370 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			1,169,759	289,671	880,088	0 180 %
j Total Other Benefits . . . .			15,794,700	10,202,640	5,592,060	1 110 %
k Total. Add lines 7d and 7j . . . .			82,094,002	24,981,042	57,112,960	0

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
1	Physical improvements and housing		348		348	
2	Economic development		1,760		1,760	
3	Community support		11,234		11,234	
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		5,097		5,097	
7	Community health improvement advocacy					
8	Workforce development		72,159	15,405	56,754	0.010 %
9	Other					
10	Total		90,598	15,405	75,193	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,803,769
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	
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	123,661,234
6	Enter Medicare allowable costs of care relating to payments on line 5	6	138,807,124
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-15,145,890
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 type="checkbox"/> Cost to charge ratio <input checked="" 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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part V**   **Facility Information**

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

See Additional Data Table

Part VI

Supplemental Information

Complete this part to provide the following information

1

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

Not Applicable - Deaconess Hospital prepares its own Community Benefit Report

Subsidized health services attributed to physician clinics have a cost of \$891,803

Bad debt expense included on Form 990, Part IX, line 25, column (a), but subtracted for purposes of calculating percentage in this column is \$23,784,726

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

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

The Medicare total revenue and allowable costs were estimated based upon the 2009 Medicare Cost Report and the 2010 contractual model for expected reimbursement The Medicare shortfall for Deaconess Hospital is treated as community benefit due to the hospital providing care to Medicare patients at less than the allowable Medicare costs

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

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

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

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

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

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

Deaconess Hospital is a major referral center for a 25-county Tri-State area in Southwestern Indiana, Western Kentucky, and Southeastern Illinois The Hospital and its facilities are located on four campuses which include the main 28-acre campus on the near north side of Evansville in Vanderburgh County, the 63-acre Gateway Campus located in Warrick County on the eastern border of Vanderburgh County, and two other eastside Evansville locations for psychiatric behavioral services and rehabilitation services The Hospital operates a Main Campus with a total of 318 beds consisting of 24 intensive care beds, 26 cardiac intensive beds, 66 cardiac beds, 23 oncology/pulmonology beds, 61 orthopaedic/neurological beds, 5 pediatric trauma beds, 13 mental health beds, 96 medical/surgical beds and 4 hospice beds In addition, the Hospital provides a full-array of comprehensive outpatient and ambulatory services on its Main Campus and other specific services at multiple sites within its primary and secondary service areas The Hospital operates the 94 bed Deaconess Gateway Hospital which was opened in January 2006, on the Gateway Campus consisting of 13 adult intensive care beds, 17 pediatric and pediatric intensive care beds, 32 medical/surgical beds, 16 orthopaedic beds and 16 neurosurgical beds The Hospital provides a full array of comprehensive outpatient and ambulatory services on the Gateway Campus The Hospital owns and operates Deaconess Cross Pointe, a free-standing, 60 - bed inpatient psychiatric hospital located approximately 7 miles east of the Main Campus in Evansville Also, the Hospital is an owner in three joint venture hospitals, Deaconess Women's Hospital of Southern Indiana, LLC d/b/a The Women's Hospital, a free standing specialty 74-bed women's and infant's hospital (located on the Gateway Campus), HealthSouth/Deaconess, LLC d/b/a Tri-State Regional Rehabilitation Hospital, a 78-bed inpatient acute rehabilitation hospital located approximately 8 miles to the southeast of the Main Campus and the Heart Hospital at Deaconess Gateway, LLC, a 24-bed cardiovascular specialty hospital which resides on the Gateway Campus The Hospital plays an active role in medical education, operating a three-year family medicine residency program, a post-graduate pharmacy residency program, and several undergraduate medical affiliations The Hospital also provides continuing medical education programs for attending physicians, other health professionals, other allied health programs, and the community at large The Hospital, through its related corporations, provides outreach services to nursing homes, physicians' offices and surrounding smaller hospitals in its service area `

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

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

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

List of States Where Community Benefit Report is Filed INDIANA

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 communit es served

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

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

### Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 35-0593390  
**Name:** Deaconess Hospital Inc

**Form 990 Schedule H, Part V - Facility Information**[illegible]

Name of the organization  
Deaconess Hospital Inc

Employer identification number  
35-0593390

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aurora Inc1100 Lincoln Avenue Evansville,IN 47714	351759576	3	10,000				General Support
Evansville Area Comm Churches713 N 2nd Avenue Evansville,IN 47710	350886837	3	12,000				Food for Food Pantry
Girl Scouts of Raintree CouncilPO Box 1350 Evansville,IN 47706	353876380	3	7,575				Healthier You Prog
Economic Development Coalition100 NW 2nd StSte 208 Evansville,IN 47737	320152630	3	25,000				General Support
Evansville Museum of Arts & Science411 SE Riverside Drive Evansville,IN 47713	350874517	3	10,000				Capital Campaign
American Cancer Society6301Old Boonville HwySteB Evansville,IN 47715	381387120	3	6,000				General Support
YMCA of SW Indiana Inc222 NW 6th Street Evansville,IN 47708	350869074	3	11,500				General Support
Evansville Regional BuisnessOne Vectren Sq Ste 744 Evansville,IN 47708	030408032	6	10,000				General Support
Four Rivers Resource Services1001 E Main St PO Box 367 Washington,IN 47501	351665140	3	6,000				Capital Campaign
United Way of Southwestern IndianaPO Box 18 Evansville,IN 47701	350868069	3	15,000				General Support

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

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

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

[illegible]

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.

Department of the Treasury

Internal Revenue Service

Name of the organization

Deaconess Hospital Inc

Employer identification number

35-0593390

Part I

Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e g , maid, chauffeur, chef)

b

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

2

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

3

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

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4

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

a

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

b

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

c

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

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a

The organization?

b

Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a

The organization?

b

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b	Yes	
7		No
8		No
9		

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

Cat No 50053T

Schedule J (Form 990) 2009

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

[illegible]

**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
SUPPLEMENTAL INFORMATION	Part 1, Line 1a	Social club dues are paid for Linda White and Harry Smith for organization business only. Any personal use of the club must be paid by the employees. Part 1, Line 4b Linda White: supplemental retirement payout of \$1,309,125, contributions made to a supplemental accumulation account of \$149,645, contributions made to a 457 plan of \$16,500, supplemental accumulation account payout of \$88,569. Harry Smith: contributions to supplemental accumulation account of \$100,707, contributions made to a 457 plan of \$16,500. Richard Stivers: supplemental retirement payment of \$433,225, supplemental accumulation account payout of \$58,023, contributions made to a 457 plan of \$16,500. James Porter: supplemental accumulation account contributions of \$71,143, contributions made to a 457 plan of \$16,500. Shawn McCoy: supplemental accumulation account contributions of \$59,430, contributions made to a 457 plan of \$16,500. Cherona Hajewski: supplemental accumulation account contributions of \$38,580, contributions made to a 457 plan of \$16,500. Bruce Epmeier: supplemental accumulation account contributions of \$37,149, contributions made to a 457 plan of \$16,500, supplemental accumulation account payout of \$15,521. Nirmal Joshi: contributions made to a 457 plan of \$438. Ayman Elfar: contributions made to a 457 plan of \$2,885. Rajesh Patel: contributions made to a 457 plan of \$16,500. Venkatesh Madadi: contributions made to a 457 plan of \$16,500. David Christeson: contributions made to a 457 plan of \$16,500. Ruston Stoltz: contributions made to a 457 plan of \$16,500. Part 1, Line 6b: Incentive compensation payments are based upon successful achievement of established inpatient satisfaction measures, outpatient satisfaction measures, compliance with publicly reported quality indicators, operating margin as well as other technical and personal functional goals. Deaconess Hospital's incentive compensation programs are formulated to reward behavior that balances patient needs and efficient delivery of patient care to ensure the best outcomes are achieved.



Software ID:  
Software Version:  
EIN: 35-0593390  
Name: Deaconess Hospital Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
LINDA WHITE	(i) 307,823 (ii) 289,696	151,669 0	1,348,127 65,154	161,405 0	14,167 14,167	1,983,191 369,017	1,397,694 0
DAVID D CHRISTESON MD	(i) 0 (ii) 341,058	0 86,074	0 1,941	0 25,113	0 25,482	0 479,668	0 0
RUSTON L STOLTZ MD	(i) 0 (ii) 276,243	0 29,304	2,713 720	0 7,601	0 5,585	2,713 319,453	0 0
RICHARD M STIVERS	(i) 208,544 (ii) 196,232	90,267 0	460,986 45,701	37,315 0	10,719 10,719	807,831 252,652	491,246 0
HARRY L SMITH JR	(i) 421,404 (ii) 0	95,062 0	7,784 4,000	112,467 0	30,883 0	667,600 4,000	0 0
JAMES R PORTER MD	(i) 319,584 (ii) 0	59,641 0	1,941 0	82,903 0	21,057 0	485,126 0	0 0
SHAWN W MCCOY	(i) 288,399 (ii) 0	64,603 0	4,775 2,800	71,190 0	22,082 0	451,049 2,800	0 0
CHERONA J HAJEWSKI	(i) 264,087 (ii) 0	49,833 0	4,613 0	50,340 0	28,381 0	397,254 0	0 0
BRUCE E EPMEIER	(i) 195,388 (ii) 0	36,789 0	18,962 0	46,363 0	16,971 0	314,473 0	15,521 0
LARRY F PILE	(i) 190,774 (ii) 0	32,278 0	1,622 0	5,847 0	19,006 0	249,527 0	0 0
CHERYL A WATHEN	(i) 193,664 (ii) 0	21,419 0	1,701 2,200	22,825 0	25,912 0	265,521 2,200	0 0
RICHARD B PERRY	(i) 135,237 (ii) 0	27,838 0	1,221 0	7,842 0	22,517 0	194,655 0	0 0
JOYCE A THOMAS	(i) 142,040 (ii) 0	19,241 0	0 0	23,517 0	7,615 0	192,413 0	0 0
VENKATESH R MADADI	(i) 699,538 (ii) 0	0 0	61,921 0	6,749 0	21,439 0	789,647 0	0 0
RAJESH J PATEL MD	(i) 696,713 (ii) 0	0 0	56,605 0	10,655 0	23,770 0	787,743 0	0 0
NIRMAL JOSHI MD	(i) 660,936 (ii) 0	0 0	68,819 0	5,308 0	24,730 0	759,793 0	0 0
AYMAN EL FAR MD	(i) 599,732 (ii) 0	0 0	56,617 0	5,605 0	21,439 0	683,393 0	0 0
SUSAN DOUGLAS MD	(i) 571,854 (ii) 0	0 0	54,216 0	12,040 0	10,150 0	648,260 0	0 0

<div>Schedule K (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Name of the organization Deaconess Hospital Inc</div>	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection
Employer identification number		35-0593390

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY	35-1602316	45471AAJI	03-26-2009	55,914,771	FACILITY CONSTRUCTION		X		X
B	INDIANA FINANCE AUTHORITY	35-1602316	45471AAG7	03-26-2009	40,000,000	FACILITY CONSTRUCTION		X		X
C	INDIANA HLTH FACILITY FINANCING AUTHORITY	35-1611409	4547977Y1	05-27-2004	55,371,597	FACILITY CONSTRUCTION		X		X
D	INDIANA HLTH FACILITY FINANCING AUTHORITY	35-1611409	4547978A2	05-27-2004	25,000,000	FACILITY CONSTRUCTION		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	55,914,771		40,000,000		55,581,965		25,000,000			
2	Gross proceeds in reserve funds	12,025,077		2,672,335		5,255,622					
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	825,245		460,597		2,798,830		322,484			
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	43,064,449		36,867,068		47,527,513		24,677,516			
8	Year of substantial completion	2011		2011		2006		2006			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X			
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X			
11	Has the final allocation of proceeds been made?	X		X		X		X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		1 590 %		1 000 %		1 100 %		1 760 %		
6	Total of lines 4 and 5		1 590 %		1 000 %		1 100 %		1 760 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV

Arbitrage

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047  

2009

Open to Public Inspection

Name of the organization  
Deaconess Hospital Inc

Employer identification number  
35-0593390

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Misty Adye	Family Mbr of Bd Mbr	30,851	Compensation		No
Alex Seibert	Family of Key Employee	72,636	Compensation		No
Letta Fraccaro	Family Mbr of Bd Mbr	45,365	Compensation		No
Ann Tornatta	Family Mbr of Bd Mbr	95,074	Compensation		No
Nancy Koehler	Family Mbr of Bd Mbr	111,316	Compensation		No
Vectren Energy Delivery	Common Bd Mbr	5,216,591	Gas/ Electric Utility		No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493039008111	
SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
					2009
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization Deaconess Hospital Inc				Employer identification number  35-0593390	

Identifier	Return Reference	Explanation
Form 990, Part I, Line 1	Organization's Mission or Most Significant Activities	Deaconess Hospital provides quality healthcare services with a compassionate and caring spirit to persons, families and communities of the Tri-State At Deaconess Hospital, our values are based on our commitment to Quality We define Quality as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve Our Values are quality in everything we do, respect for all people, efficiency and effectiveness in the use of resources, innovation toward continuous systems improvement, partnership with those we serve and with suppliers, education for continuous growth and knowledge and pride in workmanship To accomplish its mission, Deaconess Hospital is committed to improving the quality of life for the people of the Tri-State by demonstrating excellence in healthcare services, providing access to healthcare, providing charity care to those in need, promoting healthy lifestyles, offering spiritual and psychological support, supporting health related education, and advancing health knowledge through research FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES Other Program Service Revenue consists of Deaconess Hospital's income from the investment in joint ventures Other Program Service expenses consisted of Community Benefit grants/assistance
FORM 990, Part VI, Line 6	CLASSES OF MEMBERS OR STOCKHOLDERS	Deaconess Health System, Inc is the sole corporate member of Deaconess Hospital, Inc Form 990, Part VI, Line 7a ELECTION OF MEMBERS AND THEIR RIGHTS The Board of Directors may elect one or more Non-Medical Staff Members of the governing body through an approved election and approval process The election and approval process for Non-Medical Staff Members begins with a recommendation by the Governance Committee for Membership to the Board of Directors That recommendation is then reviewed and approved by the Board of Directors Depending on the decision reached by the Board of Directors, Membership may or may not be granted to that individual Medical Staff Executive Council Leadership are appointed to Board of Directors Membership through their position as elected Medical Staff Leaders Through the election process of the Medical Staff Executive Council, their appointment is confirmed and approved Form 990, Part VI, Line 9 OFFICERS WHO CANNOT BE REACHED Richard M Stivers 9901 Browning Road Evansville, IN 47725 Form 990, Part VI, Line 11a Organization's process to review form 990 The process that Deaconess Hospital utilizes to present the Form 990 to its governing body prior to filing is to present the Form 990 to the Controller, CFO and CEO of the organization for review After this review is performed and all questions are answered, the Form 990 is presented to the Board of Directors at the board meeting prior to the filing date of the Form 990 Any additional questions are answered and the final filing is then completed Form 990, Part VI, Line 12c ENFORCEMENT OF CONFLICTS POLICY Conflict of Interest review and compliance activities are conducted throughout the year under the direction of Deaconess Hospital's Corporate Compliance Officer Upon appointment and, annually, thereafter, officers, directors, trustees, and key employees, also known as interested persons, are required to complete "The Conflicts of Interest Questionnaire" and/or "The Disclosure Questionnaire" These documents serve to ensure interested persons or committee members with board delegated powers have an appropriate and timely manner in which to disclose any potential conflicts Conflicts are considered with respect to outside interest, investments, outside activities, and business interests among the interested persons as well as their family members On a periodic basis, reviews occur to ensure Deaconess Hospital operates in a manner consistent with its charitable purpose Subjects that are reviewed on a periodic basis include compensation, physician relationships, partnership and joint venture arrangements
Form 990, Part VI, Line 15a		COMPENSATION PROCESS FOR TOP OFFICIAL Deaconess Hospital utilizes a compensation committee to approve executive, director and physician compensation as well as executive and physician benefits programs The Compensation Committee is appointed by the Board of Directors and must meet the independence requirements of the SEC The Committee has the power and authority to, annually review and approve and recommend to the Board of Directors for its final approval for the CEO and each other executive officer of the System all elements of executive compensation, monitor broadly the structure, philosophy or competitiveness of the system's general hiring or compensation practices, oversee the establishment and administration of the Company's broad-based benefits plans and programs, and review or approve significant amendments or changes to the plans and programs, to retain and terminate any compensation consultant to be used to assist in the evaluation of director, CEO or executive officer compensation and shall have the sole authority to approve the consultant's fees and other retention terms The Committee also has the authority to obtain advice and assistance from internal or external legal, accounting or other advisors, to approve all Physician and Physician-related contracts and to make regular reports to the Board Form 990, Part VI, Line 15b Compensation Process for Officers Deaconess Hospital utilizes a compensation committee to approve executive, director and physician compensation as well as executive and physician benefits programs The Compensation Committee is appointed by the Board of Directors and must meet the independence requirements of the SEC The Committee has the power and authority to, annually review and approve and recommend to the Board of Directors for its final approval for the CEO and each other executive officer of the System all elements of executive compensation, monitor broadly the structure, philosophy or competitiveness of the system's general hiring or compensation practices, oversee the establishment and administration of the Company's broad-based benefits plans and programs, and review or approve significant amendments or changes to the plans and programs, to retain and terminate any compensation consultant to be used to assist in the evaluation of director, CEO or executive officer compensation and shall have the sole authority to approve the consultant's fees and other retention terms The Committee also has the authority to obtain advice and assistance from internal or external legal, accounting or other advisors, to approve all Physician and Physician-related contracts and to make regular reports to the Board Form 990, Part VI, Line 19 Governing Documents Disclosure Explanation Deaconess Hospital does not make its governing documents, conflict of interest policy or financial statements available to the public Form 990, PART VII, SECTION B The average worked hours of Ms White and Mr Stivers are reported as 50 hours per week on the Deaconess Hospital, Inc return This time relates to hours worked and paid from Deaconess Hospital, Inc , the paymaster for Ms White and Mr Stivers A portion of those 50 hours relates to time devoted to Deaconess Health System issues and concerns The allocation of time for service to Deaconess Health System is 20 hours and 10 hours per week for Ms White and Mr Stivers, respectively
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTS PERSON	NAME AND RELATIONSHIP AMOUNT AND DESCRIPTION SHARE REVENUE SOUTH CENTRAL COMMUNICATIONS \$ 143,470 BOARD MEMBER ADVERTISING PROVIDER SHERRI MCCOY \$ 19,532 FAM OF KEY EMPL COMPENSATION



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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
								Yes	No		Yes	No	
Deaconess Hlth Plns													
350 W Columbia Suite 400 Evansville, IN47710 38-3492529	Perf Prov	IN	na		Related	259,460	1,866,266	No				No	
Heartcare Hlth Sys													
415 W Columbia Evansville, IN47710 35-2038344	Healthcare	IN	na		Related	-627,211	157,166	No				No	
Progressive Hlth IN													
150 N Rosenberger Evansville, IN47712 20-8480988	Outpatient	IN	na		Related	1,281,525	1,075,269	No				No	
Hrt Hosp Deac Gtewy													
4007 Gateway Blvd Newburgh, IN47630 26-1766835	Hospital	DE	na		Related	922,511	7,996,728	No				No	
Tri-St Rad Oncology													
1500 Rosecrans Avenue Manhattan Beach, CA90266 26-3706834	Outpatient	DE	na		Related	1,183,247	3,501,042	No				No	

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
Tri-St Med Mgmt 600 Mary Street Evansville, IN47747 35-1875888	Phy Mgmt	IN	na	C	0	0	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		Yes	No
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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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

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



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: 35-0593390

Name: Deaconess Hospital Inc

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Deaconess Clinic Inc	p	5,499,498
(2)	Heart Hosp at Deac Gateway LLC	p	5,761,912
(3)	Heart Hosp at Deac Gateway LLC	n	6,871,258
(4)	Deaconess Health Plans LLC	p	214,649
(5)	Deaconess Clinic Inc	i	291,485
(6)	Deaconess Health System LLC	p	132,465
(7)	Deaconess Health System LLC	j	1,423,678
(8)	Deaconess Health System LLC	Q	18,171,317
(9)	Heartcare Health System LLC	B	595,667
(10)	Deaconess Health System LLC	N	664,969
(11)	Heartcare Health System LLC	P	238,766
(12)	Deaconess Health Plans LLC	I	53,247