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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**St.Vincent Anderson Regional Hospital Foundation, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2015 Jackson Street**City, town, or post office, state, and ZIP code  
**Anderson, IN 46016-4339****F** Name and address of principal officer: **Tom VanOsdol**  
**same as C above****D** Employer identification number**35-2053693****E** Telephone number**(765) 646-8273****G** Gross receipts \$**1,389,572.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.stvincent.org****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1998****M** State of legal domicile: **IN****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities <b>To care compassionately for those we serve with dedication to excellence and Christian ideals.</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3	Number of voting members of the governing body (Part VI, line 1a)	3	14				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13				
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0				
6	Total number of volunteers (estimate if necessary)	6	70				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
				Prior Year		Current Year	
8	Contributions and grants (Part VIII, line 1h)			1,473,751.		1,173,771.	
9	Program service revenue (Part VIII, line 2g)			0.		0.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			154,821.		176,367.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			16,268.		541.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,644,840.		1,350,679.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			817,201.		618,909.	
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)			0.		0.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.		0.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			817,201.		618,909.	
19	Revenue less expenses. Subtract line 18 from line 12			827,639.		731,770.	
				Beginning of Current Year		End of Year	
20	Total assets (Part X, line 16)			5,129,254.		5,191,477.	
21	Total liabilities (Part X, line 26)			0.		0.	
22	Net assets or fund balances. Subtract line 21 from line 20			5,129,254.		5,191,477.	

**Part II Signature Block**

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

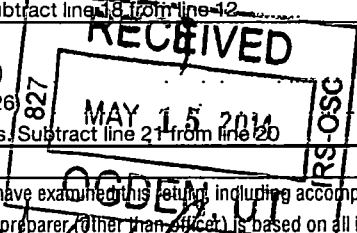
Sign Here ▶ Signature of officer **Tom VanOsdol** Date **5/5/2014**  
 ▶ Type or print name and title

Paid ▶ Print/Type preparer's name **Shawna M Jimenez** Preparer's signature **Shawna M. Jimenez** Date **04/30/14** Check if self-employed ☐ PTIN **P01222873**  
 Preparer ▶ Firm's name **Deloitte Tax, LLP** Firm's EIN **86-1065772**  
 Use Only ▶ Firm's address **111 Monument Circle, Suite 2000 Indianapolis, IN 46204-5108** Phone no. **(317) 464-8600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUN 09 2014

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2406

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

St. Vincent Anderson Regional Hospital Foundation is conducted for charitable, benevolent, educational and health care purposes. The foundation is a non-profit corporation organized to raise funds for specific projects of St. Vincent Anderson Regional Hospital, Inc.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations 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 \$ 618,909. including grants of \$ 618,909. ) (Revenue \$ )

St. Vincent Anderson Regional Hospital, Inc. and its predecessor corporation commenced the operation of the Children's Clinic in 1973; serving indigent children under the age of seven, three evenings per week. Nurses, physicians, dentists and other health care providers donated their services and St. Vincent Anderson Regional Hospital, Inc. donated the space and medical supplies. Since 1991, the clinic has operated four days per week, eight hours per day, serving children sixteen years of age and younger. Health care providers have contributed support, as before, and the costs associated with operations have been provided by gifts and fundraising activities. See Schedule O for a non-exhaustive list of community benefit programs.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 618,909.

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**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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	X	
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 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>	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <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>		X
<b>25b</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>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <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>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
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 (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	14	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	13	
<b>2</b> 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	X
<b>3</b> 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	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> 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	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Donald Apple - (765) 646-8132**  
**2015 Jackson Street, Anderson, IN 46016**

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Thomas VanOsdol President	0.20 40.40	X		X				0.	464,204.	53,412.
Marion Hovermale Chair	0.20 0.00	X		X				0.	0.	0.
Robert E Loose Treasurer	0.20 0.00	X		X				0.	0.	0.
Anita Canaday Secretary	0.20 0.00	X		X				0.	0.	0.
Frank Amos Director	0.20 0.00	X						0.	0.	0.
Frank Campbell, MD Director	0.20 0.00	X						0.	0.	0.
Matilda J Barber, MD Director	0.20 0.00	X						0.	0.	0.
Michael D Austin Director	0.20 0.00	X						0.	0.	0.
Marsha Dunkin (Thru 2/8/13) Director	0.20 0.00	X						0.	0.	0.
Brian Elmore Director	0.20 0.00	X						0.	0.	0.
Gary W Erskine Director	0.20 0.00	X						0.	0.	0.
Kashif Abdul-Rahman, MD Director	0.20 0.00	X						0.	0.	0.
Ida Campbell Director	0.20 0.00	X						0.	0.	0.
Donna Madinger Director	0.20 0.00	X						0.	0.	0.
Bobbette Snyder Director	0.20 0.00	X						0.	0.	0.
Pam H Jones Foundation Director	40.00 0.00			X				0.	75,762.	2,597.



09010414 140026 35-2053693 2012.05010 St.Vincent Anderson Regiona 35-20531

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Form 990 (2012)

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII ☐

			(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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	72,000.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,101,771.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		1,173,771.			
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		176,367.		176,367.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 72,000. of contributions reported on line 1c). See Part IV, line 18	a	39,434.			
		b	Less: direct expenses	b	38,893.		
		c	Net income or (loss) from fundraising events		541.		541.
		9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities				
		10 a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold		b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		1,350,679.	0.	0.	176,908.	

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Form 990 (2012)

35-2053693 Page 10

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	618,909.	618,909.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	618,909.	618,909.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Form 990 (2012)

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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,606,526.	1	374,555.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	796,065.	3	516,016.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	2,726,663.	12	4,300,906.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,129,254.	16	5,191,477.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	4,620,056.	28	4,680,692.
	29 Permanently restricted net assets	509,198.	29	510,785.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	5,129,254.	33	5,191,477.
	34 <b>Total liabilities and net assets/fund balances</b>	5,129,254.	34	5,191,477.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,350,679.
2	Total expenses (must equal Part IX, column (A), line 25)	2	618,909.
3	Revenue less expenses Subtract line 2 from line 1	3	731,770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,129,254.
5	Net unrealized gains (losses) on investments	5	126,517.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-796,064.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,191,477.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2012**

Open to Public  
Inspection

Name of the organization **St.Vincent Anderson Regional Hospital Foundation, Inc.** Employer identification number **35-2053693**

**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 described in **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 - Non-functionally integrated
- 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 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)		X
11g(ii)		X
11g(iii)		X

(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 monetary support
			Yes	No	Yes	No	Yes	No	
St.Vincent Anderson Reg	46-08772613		X						618,909.
<b>Total</b>	<b>1</b>								<b>618,909.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 ☐



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization** St.Vincent Anderson Regional Hospital  
Foundation, Inc.

**Employer identification number**  
35-2053693

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Schedule D (Form 990) 2012

35-2053693 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations

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

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 XIII and complete the following table:

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

	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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %
- b Permanent endowment ☐ \_\_\_\_\_ %
- c Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ 0.

Schedule D (Form 990) 2012

St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Schedule D (Form 990) 2012

35-2053693 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Merrill Lynch	3,533,970.	End-of-Year Market Value
(B) Bardsley Fund	525,947.	End-of-Year Market Value
(C) Long Term Cash Fund	240,989.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	4,300,906.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2012



Department of the Treasury  
Internal Revenue Service

**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

2012

## Open To Public Inspection

Name of the organization St. Vincent Anderson Regional Hospital  
Foundation, Inc.

Employer identification number  
35-2053693

## 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  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** 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 services?

☐ **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.

(i) Name and address 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			
<b>Total</b>						

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

**St. Vincent Anderson Regional Hospital  
Foundation, Inc.**

Schedule G (Form 990 or 990-EZ) 2012

35-2053693 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Children's Clinic Golf (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	111,434.		111,434.
	2	Less: Contributions	72,000.		72,000.
	3	Gross income (line 1 minus line 2)	39,434.		39,434.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,000.		3,000.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	35,893.		35,893.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 38,893.)
	11	Net income summary. Combine line 3, column (d), and line 10			541.

**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	Noncash 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 line 1, column d, and line 7			

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? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**St. Vincent Anderson Regional Hospital  
Foundation, Inc.**

Schedule G (Form 990 or 990-EZ) 2012

35-2053693 Page 3

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

► **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization
St. Vincent Anderson Regional Hospital Foundation, Inc.

**Employer identification number**  
35-2053693

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

- 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?

- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
St.Vincent Anderson Regional Hospital, Inc. - 2015 Jackson Street - Anderson, IN 46016	46-0877261	501(c)(3)	618,909.	0.			Operating grant

- |   |   |    |
|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 1. |
| 3 | Enter total number of other organizations listed in the line 1 table                            | 0. |

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**



[illegible]

<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
----------------	--

Schedule I, Part I, Line 2: The finance committee ensures that funds are

distributed appropriately according to Ascension Health's strategic

business plan and consistent with corporate policies and procedures.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**St.Vincent Anderson Regional Hospital  
Foundation, Inc.**

Employer identification number  
**35-2053693**

**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.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations 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 Regulations 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Part I, Line 3:**

St.Vincent Health, Inc., a related organization of St.Vincent Anderson Regional Hospital Foundation, Inc., uses the following to establish the compensation of the organization's CEO/Executive Director:

- Compensation committee
- Independent compensation consultant
- Written employment contract
- Compensation survey or study

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Employer identification number  
35-2053693

Form 990, Part III, Line 1, Description of Organization Mission:

primarily the Children's Clinic. Such programs are staffed and  
operated with direct involvement of St.Vincent Anderson Regional  
Hospital System for the purposes of providing general health care and  
facilities for children in need of health care on an outpatient basis  
without regard to race, creed, color, national origin, or sex, without  
charge. The cost of the services is defrayed by donations of services  
and from gifts and grants used for the care of poor children.

Form 990, Part VI, Section A, line 4: Saint John's Foundation, Inc.  
changed its name to St.Vincent Anderson Regional Hospital Foundation, Inc.  
effective January 1, 2013.

Form 990, Part VI, Section A, line 6: St.Vincent Anderson Regional  
Hospital Foundation, Inc. has a single corporate member, St.Vincent Health,  
Inc.

Form 990, Part VI, Section A, line 7a: St.Vincent Anderson Regional  
Hospital Foundation, Inc. has a single corporate member, St.Vincent Health,  
Inc. who has the ability to elect members to the governing body of  
St.Vincent Anderson Regional Hospital Foundation, Inc.

Form 990, Part VI, Section A, line 7b: All decisions that have a material  
impact to St.Vincent Anderson Regional Hospital Foundation, Inc.'s  
financial information or corporation as a whole are subject to approval by  
its sole corporate member, St.Vincent Health, Inc.

Name of the organization St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Employer identification number  
35-2053693

Form 990, Part VI, Section B, line 11: Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax exempt purpose.

Form 990, Part VI, Section B, Line 15: Compensation determinations of St.Vincent Anderson Regional Hospital Foundation, Inc.'s CEO, executive director, or top management official are made by a compensation committee

Name of the organization St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Employer identification number  
35-2053693

of St.Vincent Anderson Regional Hospital, Inc. In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided.

Compensation determinations of St.Vincent Anderson Regional Hospital Foundation, Inc.'s other officers or key employees are made by a compensation committee of St.Vincent Anderson Regional Hospital, Inc. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any documents open to public inspection upon request.

Form 990, Part III, Line 4:

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization **St.Vincent Anderson Regional Hospital  
Foundation, Inc.**

Employer identification number  
**35-2053693**

**Community Benefit Programs**

St.Vincent Anderson Regional Hospital Foundation, Inc. contributed for various needs at St.Vincent Anderson Regional Hospital, Inc. including the diabetes education, hospice, Marie's Hope, Sister Marie Bush scholarship, radiology scholarships, capital equipment for the hospital and educational expenses for hospital staff.



## Related Organizations and Unrelated Partnerships

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

Name of the organization
St. Vincent Anderson Regional Hospital Foundation, Inc.

**Employer identification number**  
**35-2053693**

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Ascension Health - 31-1662309							
PO Box 45998							
St Louis, MO 63145	National health system	Missouri	501(C)(3)	11A, I	Ascension Health Alliance		X
Central Indiana Health System Cardiac Services, Inc. - 35-1869951, 2001 W 86th Street, Indianapolis, IN 46260	Freestanding outpatient center	Indiana	501(C)(3)		St. Vincent Hospital & Health Care Center, Inc.		X
Jubilee Partnerships, Inc. - 35-2060765					St. Vincent Hospital & Health Care Center, Inc.		X
2301 N Park Avenue							
Indianapolis, IN 46205	Outreach activities	Indiana	501(C)(3)	1			
Rehabilitation Hospital of Indiana, Inc. - 35-1786005, 4141 Shore Drive, Indianapolis, IN 46254	Rehabilitation hospital	Indiana	501(C)(3)	3	St. Vincent Health Inc.		X

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2012

St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Schedule R (Form 990)

35-2053693

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Joseph Hospital & Health Center, Inc. - 35-0992717, 1907 W Sycamore Street, Kokomo, IN 46901	Hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Joseph Foundation of Kokomo, Indiana, Inc. - 23-7313206, 1907 W Sycamore Street, Kokomo, IN 46901	Supporting organization	Indiana	501(C)(3)	11A, I	St. Joseph Hospital & Health Center, Inc.		X
St. Vincent Anderson Regional Hospital, Inc. - 46-0877261, 2015 Jackson Street, Anderson, IN 46016	Hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Carmel Hospital, Inc. - 74-3107055, 13500 N Meridian Street, Carmel, IN 46032	Hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Clay Hospital, Inc. - 35-2112529 1206 E National Avenue Brazil, IN 47834	Critical access hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Dunn Hospital, Inc. - 27-2192831 1600 23rd Street Bedford, IN 47421	Critical access hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Fishers Hospital, Inc. - 45-4243702, 13861 Olio Road, Fishers, IN 46037	Hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Frankfort Hospital, Inc. - 35-2099320, 1300 S Jackson, Frankfort, IN 46041	Critical access hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X
St. Vincent Frankfort Hospital Foundation, Inc. - 35-1531734, 1300 S Jackson, Frankfort, IN 46041	Supporting organization	Indiana	501(C)(3)	11A, I	St. Vincent Frankfort Hospital, Inc.		X
St. Vincent Health, Inc. - 35-2052591 8425 Harcourt Road Indianapolis, IN 46260	Parent company	Indiana	501(C)(3)	11C, III-FI	Ascension Health		X
St. Vincent Health, Wellness and Preventive Care Institute, Inc. - 46-1227327, 8333 Naab Road, Ste 301, Indianapolis, IN 46260	Health and wellness services	Indiana	501(C)(3)	9	St. Vincent Health, Inc.		X
St. Vincent Hospital and Health Care Center, Inc. - 35-0869066, 2001 W 86th Street, Indianapolis, IN 46260	Hospital	Indiana	501(C)(3)	3	St. Vincent Health, Inc.		X

# St.Vincent Anderson Regional Hospital Foundation, Inc.

Schedule R (Form 990)

35-2053693

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St.Vincent Hospital Foundation, Inc. - 35-6088862, 10330 N Meridian Street, Ste 430N, Indianapolis, IN 46290	Supporting organization	Indiana	501(C)(3)	11A, I	St.Vincent Hospital & Health Care Center, Inc.		X
St.Vincent Jennings Hospital, Inc. - 35-1841606, 301 Henry Street, North Vernon, IN 47265	Critical access hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X
St.Vincent Madison County Health System, Inc. - 35-0876389, 1331 South A Street, Elwood, IN 46036	Hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X
St.Vincent Medical Group, Inc. - 27-2039417 8425 Harcourt Road Indianapolis, IN 46260	Physician professional services	Indiana	501(C)(3)	9	St.Vincent Health, Inc.		X
St.Vincent Mercy Hospital Foundation, Inc. - 31-1066871, 1331 South A Street, Elwood, IN 46036	Supporting organization	Indiana	501(C)(3)	11A, I	St.Vincent Madison County Health System		X
St.Vincent New Hope, Inc. - 35-1733591 8450 N Payne Road Indianapolis, IN 46260	Intermediate care facility	Indiana	501(C)(3)	9	St.Vincent Health, Inc.		X
St.Vincent Pediatric Rehab Center, Inc. - 35-2048898, 1707 W 86th Street, Indianapolis, IN 46260	Specialty hospital	Indiana	501(C)(3)	3	St.Vincent Hospital & Health Care Center, Inc.		X
St.Vincent Randolph Hospital, Inc. - 35-2103153, 473 Greenville Avenue, Winchester, IN 47394	Critical access hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X
St.Vincent Randolph Hospital Foundation, Inc. - 35-2133006, 473 Greenville Avenue, Winchester, IN 47394	Supporting organization	Indiana	501(C)(3)	11A, I	St.Vincent Randolph Hospital, Inc.		X
St.Vincent Salem Hospital, Inc. - 27-0847538 911 N Shelby Street Salem, IN 47167	Critical access hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X
St.Vincent Seton Specialty Hospital, Inc. - 35-1712001, 8050 Township Line Road, Indianapolis, IN 46260	Long term care hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X
St.Vincent Williamsport Hospital, Inc. - 35-0784551, 412 N Monroe Street, Williamsport, IN 47993	Critical access hospital	Indiana	501(C)(3)	3	St.Vincent Health, Inc.		X

St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Schedule R (Form 990)

35-2053693

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St.Vincent Williamsport Hospital Foundation, Inc. - 74-3130159, 412 N Monroe Street, Williamsport, IN 47993	Supporting organization	Indiana	501(C)(3)	11A, I	St.Vincent Williamsport Hospital, Inc.		X
SVSM, Inc. - 81-0607827							
2001 W 86th Street							
Indianapolis, IN 46260	Holding company	Indiana	501(C)(3)	11A, I	St.Vincent Health, Inc.		X
St. Mary's At Home, Inc. - 35-1899560							
3700 Washington Avenue							
Evansville, IN 47750	DME/Home care	Indiana	501(C)(3)	11A, I	St. Mary's Health Services, Inc.		X
St. Mary's Building Corporation - 23-7248362							
3700 Washington Avenue	Real estate holding company	Indiana	501(C)(2)		St. Mary's Health Services, Inc.		X
Evansville, IN 47750							
St. Mary's Warrick Emergency Medical Services, Inc. - 20-5342518, 3700 Washington Avenue, Evansville, IN 47750	Ambulance services	Indiana	501(C)(4)		St. Mary's Health Services, Inc.		X
St. Mary's Health, Inc. - 35-2057801							
3700 Washington Avenue							
Evansville, IN 47750	Health ministry parent	Indiana	501(C)(3)	11C, III-FI	St.Vincent Health, Inc.		X
St. Mary's Physician Network, LLC - 20-5023387, 3700 Washington Avenue, Evansville, IN 47750	Physician professional services	Indiana	501(C)(3)	9	St. Mary's Medical Group, LLC		X
St. Mary's Health Services, Inc. - 35-1679526, 3700 Washington Avenue, Evansville, IN 47750	Investment services	Indiana	501(C)(3)	11C, III-FI	St. Mary's Health, Inc.		X
St. Mary's CARE Partners, Inc. - 35-1899562							
3700 Washington Avenue	Tax-exempt affiliate reimbursements	Indiana	501(C)(3)	11A, I	St. Mary's Health, Inc.		X
Evansville, IN 47750							
St. Mary's Medical Center Foundation of Evansville, Inc. - 23-7045370, 3700 Washington Avenue, Evansville, IN 47750	Supporting organization	Indiana	501(C)(3)	11A, I	St. Mary's Medical Center of Evansville, Inc.		X
St. Mary's Medical Center of Evansville, Inc. - 35-0869065, 3700 Washington Avenue, Evansville, IN 47750	Hospital	Indiana	501(C)(3)	3	St. Mary's Health Services, Inc.		X
St. Mary's Warrick Hospital Foundation, Inc. - 35-1961890, 1116 Millis Avenue, Boonville, IN 47601	Supporting organization	Indiana	501(C)(3)	11A, I	St. Mary's Warrick Hospital, Inc.		X

## Part II

[illegible]

11 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

(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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No		Yes	No
Breast MRI Leasing Company, LLC - 42-6662493, 10330 N Meridian St, Ste 430N, Indianapolis, IN 46290	Sale and rental services	IN	St.Vincent Hospital and Health Care Center, Inc.	Related	230,642.	43,329.			N/A	X	50.00%
Carmel Ambulatory Surgery Center, LLC - 32-0014795, 13421 Old Meridian St, Ste 150, Carmel, IN 46032	Ambulatory surgery center	IN	St.Vincent Carmel Hospital, Inc.	Related	5,892,459.	1,896,555.			N/A	X	45.00%
Cooperative Managed Care Services, LLC - 35-1999227, 9045 River Road, Ste 250, Indianapolis, IN 46240	Case management	IN	St.Vincent Hospital and Health Care Center, Inc.	Unrelated	212,659.	2,119,265.			N/A	X	50.00%
Endoscopy Center, LLC - 32-0029881, 13421 Old Meridian St, Ste 150, Carmel, IN 46032	Endoscopy center	IN	St.Vincent Carmel Hospital, Inc.	Related	681,952.	357,300.			N/A	X	51.00%

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

[illegible]

St.Vincent Anderson Regional Hospital  
Foundation, Inc.

Schedule R (Form 990)

35-2053693

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Hancock Physician Network, LLC - 35-2051598, 801 N State Street, Greenfield, IN 46140	Primary care physician practices	IN	St.Vincent Hospital and Health Care Center, Inc.	Related	-2,692,272.	2,094,475.			N/A	X	50.00%
HCH SVH Cath Lab Services, LLC - 45-2087950, 1000 N 16th Street, New Castle, IN 47362	Cath lab services	IN	St.Vincent Health, Inc.	Related	-229,738.	1,629,927.			N/A	X	50.00%
Meridian Heights Associates, LLC - 26-4020296, 6100 W 96th Street, Ste 250, Indianapolis, IN 46278	Real estate holding	IN	St.Vincent Carmel Hospital, Inc.	Related	0.	3,029,284.			N/A	X	50.00%
Neuro Oncology Equipment, LLC - 74-3103803, 10330 N Meridian St, Ste 430N, Indianapolis, IN 46290	Sale and rental services	IN	St.Vincent Hospital and Health Care Center, Inc.	Related	151,678.	1,684,704.			N/A	X	50.00%
St.Vincent Health/USP, LLC - 20-3749962, 15305 Dallas Pkwy, Ste 1600, Addison, TX 75001	Ambulatory surgery center	IN	St.Vincent Health, Inc.	Related	136,436.	387,939.			N/A	X	50.00%
St.Vincent Heart Center of Indiana, LLC - 36-4492612, 10580 N Meridian Street, Indianapolis, IN 46290	Heart hospital	IN	Central Indiana Health System Cardiac Services, Inc.	Related	20,552,234.	78,811,464.			N/A	X	74.08%
Women's Physician Surgery Center, LLC - 35-2086841, 8081 Township Line Road, Indianapolis, IN 46260	Ambulatory surgery center	IN	St.Vincent Hospital and Health Care Center, Inc.	Related	-11,530.	252,917.			N/A	X	58.90%
Ambulatory Care Center, LLC - 35-2006018, 1125 Professional Blvd, Evansville, IN 47714	OP Surgery	IN	St. Mary's Health Services, Inc.	Related	4,879,396.	4,549,444.			N/A	X	50.00%
Seton Health Services, LLC - 27-0451316, 3700 Washington Avenue, Evansville, IN 47750	Equipment rental	IN	St. Mary's Health Services, Inc.	Related	36,943.	99,375.			N/A	X	50.00%

**Part III Continuation of Identification of Related Organizations Taxable as a Partnership**

[illegible]



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

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

**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 or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**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-s)	(c) Amount involved	(d) Method of determining amount involved
St. Vincent Anderson Regional Hospital, Inc.	B	618,909.	Fair market value
(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]

**Complete this part to provide additional information for responses to questions on Schedule R (see instructions)**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	ST.VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC.	35-2053693
	F/K/A SAINT JOHN'S FOUNDATION, INC.	
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2015 JACKSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ANDERSON, IN 46016-4339	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

DONALD APPLE

- The books are in the care of ☒ 2015 JACKSON STREET - ANDERSON, IN 46016

Telephone No. ☒ (765) 646-8132

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014

5 For calendar year ☐, or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO ENABLE TAXPAYER TO FILE A COMPLETE AND  
ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Samantha Bokori Title ☒ CPA

Date ☒ 2/4/14

Form 8868 (Rev. 1-2013)



**ARTICLES OF AMENDMENT TO THE ARTICLES  
OF INCORPORATION (NONPROFIT)**

State Form 4181 (R12 / 4-12) / Corporate Form No. 364-2 (May 1988)

Approved by State Board of Accounts 1995

RECEIVED

2012 DEC 28 AM 8:55

CONNIE LAWSON  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-8576

**INSTRUCTIONS:** Use 8 1/2" x 11" white paper for attachments.  
Present original and one copy to address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov)

Indiana Code 23-17-17-1 et seq.  
FILING FEE: \$30.00

The undersigned officer of the Nonprofit Corporation named in Article I below (hereinafter referred to as the "Corporation") desiring to give notice of corporate action effectuating Amendment(s) to the Articles of Incorporation, certifies the following facts:

This Corporation exists pursuant to (check appropriate box)

- ☐ The Indiana Not-For-Profit Corporation Act of 1971 (IC 23-7-1.1) as amended.  
☐ Indiana General Not-For-Profit Corporation Act (approved March 7, 1935)  
☒ Indiana Nonprofit Corporation Act of 1991 (IC 23-17-1) as amended

Indiana Secretary of State  
Packet: 1998060549  
Filing Date: 12/28/2012  
Effective Date: 01/01/2013

**ARTICLE I - AMENDMENTS:**

SECTION 1: The name of the Corporation is:

Saint John's Foundation, Inc.

SECTION 2: The date of Incorporation of the Corporation is (month, day, year)

June 1, 1998

SECTION 3: The name of the Corporation following this amendment to the Articles of Incorporation is:

St. Vincent Anderson Regional Hospital Foundation, Inc.

SECTION 4

The exact text of Article(s) All Articles

of the Articles of Incorporation is now as follows.

See Attached Amended and Restated Articles of Incorporation

APPROVED  
AND  
FILED  
*Connie Lawson*  
IND. SECRETARY OF STATE

SECTION 5

The date of adoption of the amendment to the Article(s) All Articles was November 16, 20 12

**ARTICLE 9 - MANNER OF ADOPTION AND VOTE**

**SECTION 1: Action by Board of Directors**

The Board of Directors duly adopted a resolution proposing to amend the Article(s) of Incorporation: (select one)

- ☒ At a meeting held on November 18, 20 12, at which a quorum of such Board was present.
- ☐ By written consent executed on \_\_\_\_\_, 20 12, and signed by all members of such Board.

**SECTION 2: Action by members**

**IF APPROVAL OF MEMBERS WAS NOT REQUIRED:**

The Amendment(s) were approved by a sufficient vote of the Board of Directors or Incorporators and approval of members was not required.

☐ Yes ☐ No

The Amendment(s) were approved by a person other than the members, and that approval pursuant to Indiana Code 23-17-17-1 was obtained.

☐ Yes ☐ No

**IF APPROVAL OF MEMBERS WAS REQUIRED:**

	TOTAL	MEMBERS OR DELEGATES ENTITLED TO VOTE AS A CLASS		
		1	2	3
MEMBERS OR DELEGATES ENTITLED TO VOTE	1			
MEMBERS OR DELEGATES VOTED IN FAVOR	1			
MEMBERS OR DELEGATES VOTED AGAINST	0			

Indiana Secretary of State  
Packet: 1998060549  
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Effective Date: 01/01/2013

☐ The manner of the adoption of the Articles of Amendment and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation, and the By-Laws of the Corporation.

I hereby verify, subject to penalties of perjury, that the facts contained herein are true.

Signature of current Officer

Printed name of Officer

Thomas J. VanOsdol

Title of Officer

President

Indiana Secretary of State  
Packet: 1998060549  
Filing Date: 12/28/2012  
Effective Date: 01/01/2013

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC.**

The undersigned officer of St. Vincent Anderson Regional Hospital Foundation, Inc. hereby amends and restates the provisions of its Articles of Incorporation in respects which are authorized under the Indiana Nonprofit Corporation Act of 1991 (hereinafter referred to as "Act").

**ARTICLE I**

**CORPORATION**

- 1.1 **Name.** The name of the corporation shall be St. Vincent Anderson Regional Hospital Foundation, Inc., a State nonprofit corporation (the "Corporation").
- 1.2 **Classification.** The Corporation is a public benefit corporation.
- 1.3 **Definitions.** As used in these Articles, the words and phrases not otherwise defined herein shall have the meanings set forth in the Bylaws.
- 1.4 **Philosophy.** The philosophy of the Corporation is that of the Sponsors as articulated and promoted through statements of mission, vision and values of the Corporation in accordance with the official teachings of the Roman Catholic Church and the Ethical and Religious Directives for Catholic Health Care Services as approved and promulgated, from time to time, by the United States Conference of Catholic Bishops.
- 1.5 **Effective Date.** These Articles shall be effective as of January 1, 2013.

**ARTICLE II**

**STATEMENT OF ROLE AND PURPOSES**

The Corporation will have a role statement that specifies the purposes it will serve and the manner in which the philosophy, mission and core values of Ascension Health and the Corporate Member will be carried out in the community served by the Corporation. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "Code"), including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code. Further, the Corporation is organized and at all times shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Sponsors, the Corporate Member (as defined herein) and such other of its

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Indiana Secretary of State  
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Subsidiary Organizations that qualify under Section 501(c)(3) and under Section 509(a)(1) or Section 509(a)(2) of the Code. The Corporation's purposes shall be consistent with and supportive of the corporate purposes of Ascension Health and the Corporation's purposes shall include the following:

- 2.1 Serve as an integral part of the Roman Catholic Church and carry out its mission in support of or in furtherance of the charitable purposes of the organizations described in this Article.
- 2.3 Further the philosophy and mission of Ascension Health of healing and service to the sick and poor, and promote, support and engage in any of the religious, charitable, scientific and educational ministries which are now, or may hereafter be established by Ascension Health, or sponsored by the Sponsors and which are in furtherance of or in support of the charitable purposes of the organizations described in this Article.
- 2.4 Raise funds for any or all of the organizations described in this Article from the public and from all other sources available; receive and maintain such funds and expend principal and income therefrom in support of or in furtherance of the charitable purposes of such organizations.
- 2.5 Acquire, own, use, lease as lessor or lessee, convey and otherwise deal in and with real and personal property and any interest therein, all in support of or in furtherance of the charitable purposes of organizations described in this Article.
- 2.6 Contract with other organizations (for profit and nonprofit), with individuals and with governmental agencies in support of or in furtherance of the charitable purposes of the organizations described in this Article.
- 2.7 Establish, develop, sponsor, promote and/or conduct educational programs, religious programs, scientific research, treatment facilities, rehabilitation centers, housing centers, management services, human service programs and other charitable activities, all in promotion and support of the interests and purposes of the organizations described in this Article.
- 2.8 Own or operate facilities or own other assets for public use and welfare in furtherance of the charitable purposes of the organizations described in this Article.
- 2.9 Engage in any lawful activities within the purposes for which a corporation may be organized under the Indiana Nonprofit Corporation Act of 1991 (the "Act"), as it may be amended from time to time, which are in furtherance of or in support of the charitable purposes of the organizations described in this Article.
- 2.10 Support institutions sponsored by the Sponsors, both within and without the State, and cooperate with other Ascension Health institutions.



Indiana Secretary of State  
Packet: 1998060549  
Filing Date: 12/28/2012  
Effective Date: 01/01/2013

- 2.11 Promote cooperation and exchange of knowledge and experience among the various apostolates of the Sponsors within the health care mission.
- 2.12 Otherwise operate in support of or in furtherance of the charitable purposes of the organizations described in this Article, and do so exclusively for religious, charitable, scientific or educational purposes within the meaning of Section 501(c)(3) of the Code and in the course of such operation:
- (i) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons unless allowed by Section 501(c)(3) of the Code and the Act except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
  - (ii) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
  - (iii) Notwithstanding any other provisions of the Corporation's Governing Documents, the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

### **ARTICLE III**

#### **PERIOD OF EXISTENCE**

- 3.1 The period during which the Corporation shall continue is perpetual.

### **ARTICLE IV**

#### **REGISTERED AGENT AND REGISTERED OFFICE**

- 4.1 **Registered Agent.** The name and address of the Corporation's registered agent for service of process is James R. Willey, Hall Render Killian Heath & Lyman, P.C.; 8402 Harcourt Road; Suite 820; Indianapolis, Indiana 46260.
- 4.2 **Registered Office.** The mailing address of the principal office of the Corporation is 2015 Jackson Street, Anderson, Indiana 46016.

## **ARTICLE V**

### **MEMBERSHIP**

- 5.1 **Number and Eligibility.** There shall be one member of the Corporation, which shall be known as the "Corporate Member," and such Corporate Member shall be St. Vincent Anderson Regional Hospital, Inc., a State nonprofit corporation.
- 5.2 **Meetings.** Meetings of the Corporate Member shall be held at such time, date and place, both within or without the State of Indiana, as shall be specified by the Corporate Member.

## **ARTICLE VI**

### **BOARD OF DIRECTORS**

- 6.1 **Number, Eligibility and Qualifications.** The Board of Directors shall consist of such members as shall from time to time be fixed by resolution of the Corporate Member. The President of the Corporate Member and the President of the Corporation shall each serve as *ex officio* Directors with vote. In the event the same person serves as President of the Corporate Member and President of the Corporation, such person shall only be entitled to one (1) vote as a Board member. The President of the Victoria Guild at St. Vincent Anderson Regional Hospital, Inc. shall also serve as an *ex officio* Director with vote. To be eligible for Board membership, a Director candidate shall satisfy the selection criteria and personal characteristics as may be established by the Corporate Member from time to time.
- 6.2 **Powers and Responsibilities.** The business, property, affairs and funds of the Corporation shall be managed, supervised and controlled by its Board of Directors who shall exercise all of the powers of the Corporation not reserved to the Corporate Member, Ascension Health or to its Members and in accordance with the System Policies and subject to the limitations contained in Governing Documents of the Corporation and applicable law.
- 6.3 **Powers Reserved to Corporate Member.** All action of the Corporation shall be by its Board of Directors, subject to the following matters which require the approval of the Corporate Member:
- 6.3-a Approve the mission and vision statements for the Corporation and assure compliance with the philosophy, mission, vision, Sponsor expectations and core values of the System.

- 6.3-b Approve changes to the Governing Documents of the Corporation and its non-controlled subsidiary organizations.
- 6.3-c Appoint, upon the recommendation of the Board of the Corporation, or remove, with or without cause, the members of the Board of Directors of the Corporation. Removal does not require a recommendation of the Corporation's Board.
- 6.3-d Approve the incurrence of debt of the Corporation in accordance with the System Authority Matrix.
- 6.3-e Subject to canonical requirements, approve and recommend the formation of legal entities, the sale, transfer or substantial change in use of all or substantially all of the assets of the Corporation and its Subsidiary Organizations, or the divestiture, dissolution, closure, merger, consolidation, or change in corporate membership of the Corporation and its Subsidiary Organizations in accordance with the System Authority Matrix.
- 6.3-f Approve the transfer or encumbrance of the assets of the Corporation in accordance with the System Authority Matrix.
- 6.3-g Approve the operating budget and capital plan for the Corporation.

## **ARTICLE VII**

### **PROVISIONS FOR REGULATION AND CONDUCT OF THE AFFAIRS OF THE HOSPITAL**

- 7.1 **Amendments.** The power to approve changes to the Governing Documents of the Corporation that are consistent with the System's Requirements for Governing Documents shall be vested in the Corporation's Board, subject to the approval of St. Vincent Health, Inc.'s board. The power to approve changes to the Governing Documents of the Corporation that are inconsistent with the System's Requirements for Governing Documents shall be vested in the Ascension Health Board. The Governing Documents of the Corporation may contain any provision for the regulation and management of the affairs of the Corporation not inconsistent with the other Governing Documents of the Corporation and/or applicable law of the State.
- 7.2 **Meetings by Telecommunications Device.** Members of the Board of Directors may participate in a meeting by means of conference telephone or similar communications equipment if all persons participating in the meeting can hear each other simultaneously. Participation in such meeting in such manner shall constitute presence in person.
- 7.3 **Action by Written Consent.** Any action required or permitted to be taken at any meeting of the Board of Directors may be taken without a meeting, if all members of the

Board of Directors, at the time in office, consent thereto in writing and the writing or writings are filed with the minutes of the proceedings of the Board of Directors. Action taken pursuant to this Section is effective when the last Director signs the consent unless the consent contains a prior or subsequent effective date.

- 7.4 **Meetings of the Board.** Regular meetings of the Board of Directors shall be held at such times and places as the Board of Directors shall from time to time determine, however, it shall meet at least quarterly. Said meetings may be held within or without the State.
- 7.5 **Disposition of Assets.** Upon the dissolution of the Corporation, the disposition of all the assets of the Corporation shall be in a manner as provided by the Board of Directors (subject to the prior approval of the Corporate Member) and in accordance with the following:
- 7.5-a The paying of or the making of provision of the payment of all of the liabilities, direct or indirect, contingent or otherwise, including without limitation, all liabilities evidenced in all outstanding loan agreements, credit agreements, master indentures and other similar documents.
- 7.5-b Subject to compliance with the dissolution principles of the Corporate Member, all assets remaining after the payment of all of the liabilities of the Corporation shall be distributed to the Corporate Member, or such other exempt organization(s) under Section 501(c)(3) of the Code that is a Subsidiary Organization of St. Vincent Health, Inc., the Corporate Member or to such other exempt organization(s) under Section 501(c)(3) of the Code as shall be determined by the Members of Ascension Health.
- 7.5-c Any other assets not so disposed of shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The undersigned, being one or more Officers of the Corporation, do hereby adopt these Amended and Restated Articles of Incorporation of the Corporation and state that they supercede and take the place of the previously existing Amended and Restated Articles of Incorporation of the Corporation.

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Indiana Secretary of State  
Packet: 1998060549  
Filing Date: 12/28/2012  
Effective Date: 01/01/2013

IN WITNESS WHEREOF, the undersigned hereby executes these Amended and Restated Articles of Incorporation in duplicate and verifies and affirms under the penalties of perjury that the facts stated herein are true to the best of my knowledge and belief this 18th day of December, 2012.

ST. VINCENT ANDERSON REGIONAL  
HOSPITAL FOUNDATION, INC.

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_

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**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF AMENDED AND RESTATED ARTICLES OF  
INCORPORATION**

of

**SAINT JOHN'S FOUNDATION INC.**

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Amended and Restated Articles of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of

The name following said transaction will be:

**ST. VINCENT ANDERSON REGIONAL HOSPITAL FOUNDATION, INC.**

Indiana Secretary of State  
Packet: 1998060549  
Filing Date: 12/28/2012  
Effective Date: 01/01/2013

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, January 01, 2013.

In Witness Whereof, I have caused to be  
affixed my signature and the seal of the  
State of Indiana, at the City of Indianapolis,  
December 28, 2012.



*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE

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