



Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)
 Indiana State Department of Health
 Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

Hospital Name: BALL MEMORIAL HOSPITAL, INC.

City of Hospital: Muncie

Name of Charity Benefit Rep: Will Henderson

Telephone Number: (765) 747-3012 x_____

Year of Statement: 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"? Yes No

II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	10/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	10/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	10/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	10/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	11/30/1999	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	10/31/1995	<input checked="" type="radio"/> Yes <input type="radio"/> No
Statement of Public Notice	10/31/1995	<input type="radio"/> Yes <input checked="" type="radio"/> No

III. Identification of New Objectives (optional)

IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2008	2009	
Person Served in twelve-month period	10,494	23,178	
Charity Care Allocation	\$7,318,559	\$13,506,502	\$0

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Health Professions Education	\$4,553,924
2.) Community Health Improvement Services	\$356,838
3.) Research	\$86,009
4.) Community Building Activities/Community Benefit Ope	\$69,386
5.) Financial and In-Kind Contributions	\$61,808

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes No

If applicable, address of hospital web site that contains information on community benefits.

VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

Comments

Previous report: 07/01/2008 - 12/31/2008--**Change in hospital fiscal year**

Next report: FY 2010 - 01/01/2010-12/31/2010

