



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, Indiana

Name of Charity Benefit Rep: Will Henderson

Telephone Number: (657) 473-012_ x_____

Year of Statement: 2008

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		
Person Served in twelve-month period	65636		
Charity Care Allocation	\$21,525,173	\$0	\$0

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Medical Education	\$106,581
2.) Community Health Awareness	\$29,312
3.) Youth Health Initiatives	\$23,265
4.) Community Building Activities	\$8,276
5.) Community-Based Clinical Services	\$1,525

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

Change in hospital fiscal year

-- Numbers in this report are for 07/01/2008 - 12/31/2008--

Previous report: FY 2008 - 07/01/07-06/31/08

Next report: FY 2009 - 01/01/2009-12/31/2009

