



ANNUAL NONPROFIT HOSPITAL  
COMMUNITY BENEFIT STATEMENT  
State Form 50654 (10-1)  
Indiana State Department of Health  
Indiana Code 16-21-9

I. Identification of Nonprofit Hospital

|  |                            |
|--|----------------------------|
| Name Of Hospital                       | St. Vincent Mercy Hospital |
| City of Hospital                       | Elwood                     |
| Name of Charity Benefit Representative | Afia Griffith              |
| Telephone Number                       | 317-338-8459               |
| Year of Statement                      | June 30, 2008              |

|                       |   |   |
|-----------------------|---|---|
| Eligibility Statement | Has the CEO identified your hospital as a "Non-profit Hospital" | Yes: <input checked="" type="checkbox"/> X _____<br>No: _____ |
|-----------------------|---|---|

II. Allocation of Dollars and Persons Served Under Adopted Charity Policy

| List Last Three Years                 | FY06            | FY07            | FY08            |
|---------------------------------------|-----------------|-----------------|-----------------|
| Persons Served in twelve-month period | 487,696         | 39,961          | 20,325          |
| Charity Care Allocation               | (\$ 2,573,850 ) | (\$ 2,571,750 ) | (\$ 4,019,449 ) |

III. Annual Community Benefit Programs and Net Cost of Operation

| NAME OF PROGRAM | NET COSTS OF PROGRAM |
|-----------------|----------------------|
| 1. See Attached | (\$ )                |
| 2.              | (\$ )                |
| 3.              | (\$ )                |
| 4.              | (\$ )                |
| 5.              | (\$ )                |

Will hospital file additional paper documents to provide more details or descriptions of projects that were funded to support community services?  X Yes  No

If applicable, provide name of hospital web site that contains information on community benefits. [www.stvincent.org](http://www.stvincent.org)

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IV. Identification of New Objectives (Optional)

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V. Identification of Additional Non-Hospital Charity Costs.

| ORGANIZATION PROVIDING CHARITY CARE | STREET ADDRESS | NET COSTS OF CHARITY CARE |
|-------------------------------------|----------------|---------------------------|
| See Attached                        |                | (\$ )                     |
|                                     |                | (\$ )                     |

Comments

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