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Form **990**Department of the Treasury
Internal Revenue Service**CHANGE IN ACCOUNTING PERIOD**
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

2007**Open to Public Inspection**

A For the 2007 calendar year, or tax year beginning 1/1/2008, and ending 6/30/2008

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
Community Memorial Hospital of Menomonee Falls, Inc.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
W180 N8085 Town Hall Road
 City or town State or country ZIP + 4
Menomonee Falls WI 53051

D Employer identification number
39-0987025

E Telephone number
414-777-0929

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify)

G Website: www.communitymemorial.com

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 124,763,171

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:		1e		
a Contributions to donor advised funds				0
b Direct public support (not included on line 1a)	1b			0
c Indirect public support (not included on line 1a)	1c			0
d Government contributions (grants) (not included on line 1a)	1d			0
e Total (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u>)		1e		0
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		84,615,919
3 Membership dues and assessments		3		0
4 Interest on savings and temporary cash investments		4		240,830
5 Dividends and interest from securities		5		1,386,447
6a Gross rents	6a			238,836
b Less: rental expenses	6b			102,915
c Net rental income or (loss). Subtract line 6b from line 6a		6c		135,921
7 Other investment income (describe <u>Community Memorial Foundation</u>)		7		2,265
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	37,031,016	8a	1,000	
b Less: cost or other basis and sales expenses	36,713,165	8b	152,948	
c Gain or (loss) (attach schedule)	317,851	8c	-151,948	
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		165,903
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a			0
b Less: direct expenses other than fundraising expenses	9b			0
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		0
10a Gross sales of inventory, less returns and allowances	10a			0
b Less: cost of goods sold	10b			0
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c		0
11 Other revenue (from Part VII, line 103)		11		1,246,858
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		87,794,143
13 Program services (from line 44, column (B))		13		58,195,710
14 Management and general (from line 44, column (C))		14		23,698,723
15 Fundraising (from line 44, column (D))		15		0
16 Payments to affiliates (attach schedule)		16		0
17 Total expenses. Add lines 16 and 44, column (A)		17		81,894,433
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		5,899,710
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		147,419,998
20 Other changes in net assets or fund balances (attach explanation)		20		-13,475,451
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		139,844,257

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2007)

3

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22a 0			
22 b	Other grants and allocations (attach schedule) (cash \$ <u>32,200</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22b 32,200	32,200		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 20,000	20,000		0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 30,896,485	26,475,725	4,420,760	
27	Pension plan contributions not included on lines 25a, b, and c	27 1,577,312	1,351,757	225,555	
28	Employee benefits not included on lines 25a - 27	28 4,827,206	4,136,916	690,290	
29	Payroll taxes	29 2,089,695	1,790,869	298,826	
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 17,222,330	16,515,494	706,836	
34	Telephone	34 7,578	3,061	4,517	
35	Postage and shipping	35 139,794	61,410	78,384	
36	Occupancy	36 971,877	689,547	282,330	
37	Equipment rental and maintenance	37 699,803	394,185	305,618	
38	Printing and publications	38 161,901	119,517	42,384	
39	Travel	39 31,567	13,151	18,416	
40	Conferences, conventions, and meetings	40 154,486	70,429	84,057	
41	Interest	41 1,451,182		1,451,182	
42	Depreciation, depletion, etc. (attach schedule)	42 4,273,663	0	4,273,663	0
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 17,337,354	6,521,449	10,815,905	0
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 81,894,433	58,195,710	23,698,723	0

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► provide healthcare services to the community

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a See Statement 1

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► ☐

58,195,710

b

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► ☐

0

c

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► ☐

0

d

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► ☐

0

e Other program services (attach schedule)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► ☐

0

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 58,195,710

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	25,041,754	45	27,744,590
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 25,772,837		
	b Less: allowance for doubtful accounts	47b 3,438,885	21,928,990	47c 22,333,952
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	51a 54,945		
	b Less: allowance for doubtful accounts	51b 38,714	26,368	51c 16,231
	52 Inventories for sale or use		1,518,311	52 1,391,838
	53 Prepaid expenses and deferred charges		4,522,280	53 4,938,516
	54 a Investments—publicly-traded securities. ☐ Cost ☒ FMV		78,594,925	54a 76,559,284
	b Investments—other securities (attach schedule). ☐ Cost ☐ FMV		0	54b 0
55 a Investments—land, buildings, and equipment: basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
56 Investments—other (attach schedule)		5,095,027	56 4,932,559	
57 a Land, buildings, and equipment basis	57a 155,175,637			
b Less: accumulated depreciation (attach schedule)	57b 66,593,268	91,447,108	57c 88,582,369	
58 Other assets, including program-related investments (describe ☐)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		228,174,763	59	226,499,339
Liabilities	60 Accounts payable and accrued expenses		24,878,408	60 32,221,235
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a Tax-exempt bond liabilities (attach schedule)		55,876,357	64a 54,433,847
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe ☐)		0	65 0
66 Total liabilities. Add lines 60 through 65		80,754,765	66	86,655,082
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		146,951,315	67 139,384,419
	68 Temporarily restricted		468,683	68 459,838
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).		147,419,998	73 139,844,257
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		228,174,763	74 226,499,339

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	86,238,909
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): Offsite Lease Expense	b4	102,915	
	Add lines b1 through b4		b	102,915
c	Subtract line b from line a		c	86,135,994
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): Net Investment Income from Long term Investments	d2	1,658,149	
	Add lines d1 and d2		d	1,658,149
e	Total revenue (Part I, line 12). Add lines c and d		e	87,794,143

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	81,997,348
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): Offsite Lease Expense	b4	102,915	
	Add lines b1 through b4		b	102,915
c	Subtract line b from line a		c	81,894,433
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	81,894,433

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name See Statement 2 Str City ST ZIP	Title Hr/WK	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
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Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). See Statement 3	75b X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." See Statement 4 If "Yes," attach a statement that includes the information described in the instructions.	75c X	
d Does the organization have a written conflict of interest policy?	75d X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a X	
b If "Yes," enter the name of the organization See attached statement _____ and check whether it is ☐ exempt or ☐ nonexempt	81a	
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	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.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed WI		
b	Number of employees employed in the pay period that includes March 12, 2008 (See instructions.)	90b	1,456
91 a	The books are in care of Name David A Dirksmeyer, Director of Finance Telephone no. 414-777-0929 Located at W180 N8085 Town Hall Road City Menomonee Falls ST WI ZIP + 4 53051-3558		
b	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)? If "Yes," enter the name of the foreign country	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Hospital Routine & Ancillary Rev					164,750,859
b					
c Less: Contractual Allow and Other					-80,134,940
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	240,830	
96 Dividends and interest from securities			14	1,386,447	
97 Net rental income or (loss) from real estate					
a debt-financed property			16	87,022	
b not debt-financed property	531190		16	48,899	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	2,265	
100 Gain or (loss) from sales of assets other than inventory			18	165,903	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Outside Service			03	444,678	
b Answering Service Revenue	561499	8,000			
c Other Revenue	561700	30,330	03	336,282	427,568
d					
e					
104 Subtotal (add columns (B), (D), and (E))		38,330		2,712,326	85,043,487
105 Total (add line 104, columns (B), (D), and (E))					87,794,143

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Com. Mem. Hosp. provides needed medical care to the community regardless of an individual's ability to pay.
93	Services include inpatient routine and ancillary and outpatient care in support of the healthcare mission. Amount on
93	line 93c represents both the acute and skilled medical care provided for which the hospital received partial or no payment
103	Investment Income from Men Falls Ambulatory Surgical Center whose activities are in furtherance of the hospital's purpose

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

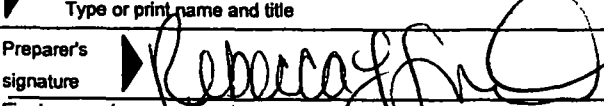
				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					

Please Sign Here	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.				
	 Signature of officer		Date <u>2-10-09</u>		
Paid Preparer's Use Only	Jeff Van De Kreeke, Senior Vice President of Finance Type or print name and title				
	Preparer's signature 	Date <u>2/4/09</u>	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00619219	
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG, LLP 777 East Wisconsin Ave, Milwaukee WI 53202-5337		EIN 13-5565207 Phone no. 414-276-4200		

Jup

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3),**
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007**Supplementary Information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Community Memorial Hospital of Menomonee Falls, Inc.

Employer identification number

39-0987025

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Debra McClure, W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Nurse Anesthetist 40	144,270	13,570	
Philip Hsu, W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director, Pharmacy 40	74,748	14,121	
Debra McCann, W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director, ICU,MCU,ES 40	64,101	16,173	
Lawrence Dux, W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director, Clinical Info Sys 40	57,184	21,399	
Mark Labott, W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Pharmacist 40	57,036	19,529	
Total number of other employees paid over \$50,000 ▶	102			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Favorite Healthcare Staffing, PO Box 803356 Kansas City, MO 64180	Temporary Personnel	178,681
AMN Hlthcare Inc, 2735 Collection Center Dr Chicago, IL 60693	Temporary Personnel	462,193
C & A Industries, 11825 Nursing Omaha, NE 68137	Temporary Personnel	367,819
Medical Staffing Network, 3139 Payspher Circle Chicago, IL 60674	Temporary Personnel	354,645
Intelistaf Travel, P O Box 840721 Dallas, TX 75284	Temporary Personnel	184,915
Total number of others receiving over \$50,000 for professional services ▶	6	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Transolutions, 5019 Paysphere Circle Chicago, IL 60674	Transcription Service	436,099
Columbia St Marys, 4425 N Port Washington Road Glendale, WI 53212	Service Contracts	360,000
Medical College of WI, Inc, 8701 Watertown Plank Rd Milwaukee, WI 53206	Service Contracts	308,197
Siemens Medical Systems Inc., P.O. Box 67409 Dallas, TX 75267-6409	Service Contracts	246,060
United Dynacare LLC, P O Box 78690 Milwaukee, WI 53278	Service Contracts	227,626
Total number of other contractors receiving over \$50,000 for other services ▶	19	

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

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) See Statement 5

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year. ► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. ► N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. ► N/A

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ► N/A

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____ City _____ ST _____ Country _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting **N/A**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	0
d Add: Amounts from column (e) for lines:	18 _____ 19 _____	26d	0
	22 _____ 26b _____	26e	0
e Public support (line 26c minus line 26d total)		26f	0.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 16 17 20 21

d Add: Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c 0

27d 0

27e 0

27f

27g 0.00%

27h 0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

35		
----	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☒ **a** ☐ if the organization belongs to an affiliated group Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)	0	0
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)	0	0
41 Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

Line 8 (990) - Gain/Loss from Sale of Assets Other than Inventory

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depr	n
											Cost	Donated value			
1	M< Funds		X							0	0				
2	M< Funds		X							36,317,408	36,001,581				
3	BNY Debt Service Fund		X							713,608	711,584				
4	Major Movable Equipment									1,000	884,852				
5	Building									0	2,420,731				
6	Fixed Equipment									0	7,226				
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

Totals:		Gross sales	Cost, other basis and expenses
Public Securities		37,031,016	36,713,165
Non-Public Securities		0	0
Other sales		1,000	152,948

Line 20-(990) - Owner Changes in Net Assets or Fund Balances

-13,475,451

Description		Total
1	Transfer to Affiliates	33,140
2	Unrealized Gain/(Loss) on Investments	-11,651
3	Market to Market - 2005 Series Bonds	-150,530
4	Change in Foundation Unrestricted Net Assets	17,295
5	Unrestricted Contributions	-1,100,454
6	Change in Foundation Restricted Net Assts	-8,845
7	Realized Market Change	-5,292,734
8	Change in Minimum Pension Liability	-6,961,672
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Noncash Grants

[illegible]

Part II, Line 42 (XXX) - Depreciation, Depletion, etc.

		4,273,663	0	4,273,663	0
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Land Improvements	38,934		38,934	
2	Buildings	1,598,745		1,598,745	
3	Fixed Equipment	1,509,244		1,509,244	
4	Major Movable	1,028,355		1,028,355	
5	Auto & Truck	13,480		13,480	
6	Interco Depreciation	78,765		78,765	
7	Amortize Bonds Issue Costs	6,140		6,140	
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part II, Line 43 (990) - Other Expenses

17,337,354

6,521,449

10,815,905

0

	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Managment Fees	6,987,433		6,987,433	
2	Professional Fees	985,693	593,503	392,190	
3	Utilities	54,772	35,017	19,755	
4	Advertising Services	12,689		12,689	
5	Bank Fees	150,614		150,614	
6	Board & Med Staff Activity	3,685		3,685	
7	Collection Services	152,430		152,430	
8	Community Education	370	370		
9	Consulting	2,513,978	172,413	2,341,565	
10	CQI Expenses	19,117		19,117	
11	Data Processing Services	-378	-378		
12	Department Enhancements	34,481	34,064	417	
13	Loss on 2001 series Refinancing	0			
14	Licenses	6,549	6,272	277	
15	Microfilming Services	77,147	76,826	321	
16	Other Direct Costs	277,227	322,527	-45,300	
17	Patient Satisfaction	0			
18	Property Insurance	71,164		71,164	
19	Provision for Uncollectable Accounts	1,568,637	1,568,637		
20	Public Relations	61,609		61,609	
21	Purchased Outside Services	3,561,350	3,040,674	520,676	
22	Quality Control Services	21,432	21,432		
23	Recruitment	133,641	17,637	116,004	
24	Redistributed Cost	-133,029	14,342	-147,371	
25	Service Contracts	760,246	612,888	147,358	
26	Vehicle Expense	16,497	5,225	11,272	

Part IV, Line 51 (990) - Other Notes

	Check if a business	Check if credit union or 501(c)(3) scholarship loan	Borrower's name	Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1			Russell Harland	Doctor	20,000	4,583	11,391	9,308
2			Jacquelyn Paykel	Doctor	20,000	963	11,959	14,061
3			Laura L. Franck	Doctor	20,000	20,822	21,595	15,345
4			Almee Frisch	Nurse	10,000	0	10,000	
5								
6								
7								
8								
9								
10								
11								
12								
13								
					70,000	26,368	54,945	38,714

[illegible]

Part IV, Line 56 (990) - Other Investments

Check one box to indicate how investments are listed		0	5,095,027	4,932,559
☐	Cost	Book value	Beginning	Ending
☒	End of year market value (FMV)			
Description			FMV	FMV
1	Investment in Joint Venture - MFASC		971,112	797,929
2	Investment in Behavioral Health		5,000	5,000
3	Interest in Net Assets CMF		4,118,915	4,129,630
4				0
5				0
6				0
7				0
8				0
9				0
10				0

Part IV, Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported:

☐ Cost☒ End of year market value (FMV)

0 78,594,925 76,559,284

Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	Certificates of Deposit			620,472	650,238
2	Fixed Income			29,754,880	28,525,050
3	Equities			47,704,806	46,903,592
4	Accrued Interest			514,767	480,404
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Part IV, Line 57 (990) - Land, Buildings, and Equipment

Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Land	X		235,647	0	0	235,647	235,647
2	Land Improvements		X	1,782,930	1,263,072	1,299,829	528,553	483,101
3	Building		X	93,451,627	27,447,213	26,676,042	68,147,821	66,775,585
4	Fixed Equipment		X	27,500,085	13,168,941	14,675,495	13,841,154	12,824,590
5	Major Movable Equipment		X	31,471,646	23,298,690	23,541,966	8,187,069	7,929,68
6	Autos & Trucks		X	449,890	402,100	399,936	63,435	49,95
7	Fixed Assets in Progress		X	283,812	0	0	443,429	283,812
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0

Part IV, Line 64a (990) - Tax-Exempt Bond Liabilities

55,876,357 54,433,847 0

	Issue name	Purpose	Beginning balance	End of year amount outstanding	Unexpended proceeds	% of space used by 3rd party, if required	Maturity date
1	Wisconsin Health & Education Facilities Aut	Refinance Debt & 2001-2003 Expansion	15,978,264	15,981,204			
2	Wisconsin Health & Education Facilities Aut	Refinance Debt & 2005-2006 Expansion	39,898,093	38,452,643			
3							
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[illegible]

Part VI, Line 80b (990) - Organization Relations

		Please Check "X"	
Organization Name		Exempt	Non-Exempt
1	Community Health Care Services, Inc	X	
2	Community Ventures of Menomonee Falls, Inc.		X
3			
4			
5			
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19			
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Subject: Community Memorial Hospital of Menomonee Falls, Inc.

Employer Identification #39-0987025

Form 990

Fiscal Year 2008

Part III

Community Memorial Hospital of Menomonee Falls, Inc., (CMH), is committed to providing general acute care, mental health, and rehabilitation services for inpatients and outpatients, and develops new programs and services to meet the emerging needs of the community it serves. Community Memorial Hospital provides quality medical health care regardless of race, creed, sex, national origin, disability, age, or ability to pay.

Although reimbursement for services rendered is critical to the operation and stability of Community Memorial Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community with respect to providing healthcare services and healthcare education. Therefore, in keeping with its commitment to serve all members of its community, the hospital provides:

- free care and/or subsidized care, whenever an individual's need and/or inability to pay coexist;
- care to persons covered by governmental programs at or below charges and;
- health activities and programs to benefit the community.

These activities include level two emergency care; wellness programs; community education programs; mental health services; physical rehabilitation services; cancer care; breast care; special programs for women and infants, the disabled, and the medically underserved; and a variety of broad community support activities.

Community Memorial Hospital serviced 5,023 inpatients and 45,171 registered outpatients during fiscal year 2008.

Community Memorial Hospital provides care to persons covered by governmental programs at rates below charges. Recognizing its mission to the community, patients received services as participants in Medicare, Medicaid, and other local governmental programs. To the extent reimbursement is below charges, Community Memorial Hospital regards these amounts as community services in meeting its mission. The unreimbursed value of providing care to these patients is \$57,075,008 or 34.6% of revenue during 2008. In addition, uncompensated care amounting to approximately \$1,709,173 was provided to other impoverished patients.

Charity care and community services are also provided through many reduced price services and free programs offered throughout the year based upon activities and services which Community Memorial Hospital believes will serve a bonafide community need. These include:

STATEMENT 1 (page 1 of 3)

Community Memorial Hospital of Menomonee Falls, Inc.

Employer Identification #39-0987025

Form 990

Fiscal Year 2008

Tax Year 2008

Part III

- CMH regularly publishes a variety of important health information communicated in brochures, newsletters, mail, Web and e-mail. This information is distributed to households throughout the hospital's primary and secondary service areas and benefits hundreds of thousands of people. The total cost to communicate this information from January to June 2008 was about \$225,000.
- Preparing and delivering 3,889 meals during 2008 to community residents who were unable to prepare a meal for themselves. These meals were provided at a minimal, subsidized fee.
- Offering education and self help programs to the community covering health and wellness topics for all ages. Some examples of the education sessions include diabetes, hormone replacement, complimentary medicine, prevention and various maternal/child/family topics, etc. In fiscal year 2008, 322 young parents attended childbirth preparation classes. Over 3,200 residents attended many programs conducted outside of our campus at schools, health fairs, civic organizations and so on
- Offering a variety of free or low cost health-related screenings including: Mammography, sports injury, prostate and skin cancer, blood pressure, cholesterol, and colorectal screenings. We estimate screenings processed during fiscal year 2008 to be approximately 130.
- Offering support groups and counseling for patients and/or families concerned with stroke, cardiac disorders, pulmonary disorders, cancer, diabetes, arthritis, depression, drugs and alcohol. The hospital offers a support group wherever the need arises. 174 people attended cancer support groups in fiscal year 2008.
- Provide assistance to area education facilities through on-site training, use of facilities, and classroom instruction in such fields as: Nursing, rehabilitation therapies, medical records, radiology, and dietetics. Through out the course of a year CMH had 529 students receiving some instruction in the hospital. Some receive personal instruction and others just observe.

STATEMENT 1 (page 2 of 3)

Community Memorial Hospital of Menomonee Falls, Inc.

Employer Identification #39-0987025

Form 990

Fiscal Year 2008

Tax Year 2008

Part III

- Provide the Call Center, which is a Community Health Information Service offering assistance in the following ways during fiscal year 2008; total number of physician referral calls 603, number of service referrals 814, number of classes scheduled 1,764 and 150 inquiries that resulted in clinical triage or health information.
- In addition to the programs listed above CMH provided free or subsidized rides to 488 people at a cost of \$24,300.

CMH sponsors Community Outreach Health Clinic (Clinic) began operations on May 30, 2000. The Clinic operates two evenings per week on the CMH campus and provides free primary care and dental services to the indigent. CMH donated 1,038 laboratory tests, 67 radiology procedures, 9 cardiac diagnostic tests, 10 rehabilitation procedures, as well as, space to operate the Clinic. There were 847 primary care visits, 9 Wisconsin Well Women's exams, 31 psychosocial assessments, 2 holistic healing visits and 1,221 prescriptions provided to the indigent in the community by the Clinic in fiscal year 2008.

STATEMENT 1 (page 3 of 3)

Community Memorial Hospital of Menomonee Falls, Inc.
EIN 39-0987025
Year End 06/30/2008

Form 990, Part II, Line 25a and Part V-A – List of Current Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title and Time Devoted to Position</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Acct and Other Allowances¹</u>
Ronald R. Bast c/o Community Memorial Hospital of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director and Vice Chairman of the Board 1 Hour/Week	-0-	-0-	-0-
Richard C. Becker c/o Community Memorial Hospital of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director and Chairman 1 Hour/Week	-0-	-0-	-0-
William E. Bestor c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director, President and CEO 30 Hours/Week	-0-	-0-	-0-
Paul Binzak c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
Clarence H. Dittmar c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
Ronald J. Dix c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director and Treasurer 1 Hour/Week	-0-	-0-	-0-
Sharon Q. Ellis c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
Daniel Hart c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
Charles E. Holmburg, M.D. c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	\$12,500	-0-	-0-

¹ All Directors were offered the opportunity to receive influenza vaccinations at no charge to them. Reportable expenses for Key Employees are included in compensation column.

Statement 26 page 182)

Karen J. Nelson c/o Community Memorial Hospital of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
William D. Petasnick c/o Froedtert & Community Health 9200 West Wisconsin Avenue Milwaukee, WI 53226	Ex Officio Director, President and CEO of Froedtert & Community Health (F&CH) 10 Hours/Week	-0-	-0-	-0-
Robert B. Pieters c/o Community Health Care Services of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/week	-0-	-0-	-0-
Douglas J. Stadelmann c/o Community Health Care Services of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director and Secretary 1 Hour/Week	-0-	-0-	-0-
Robyn Turtenwald c/o Community Memorial Hospital of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	-0-	-0-	-0-
Michael G. White, M.D. c/o Community Health Care Services of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Director 1 Hour/Week	\$7,500	-0-	-0-
Michael J. Unger c/o Community Health Care Services of Menomonee Falls, Inc W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Vice President, Medical Affairs 50 Hours/Week	-0-	-0-	-0-
Lisa A. Heider c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Vice President, Finance 50 Hours/Week	-0-	-0-	-0-
Paul R. Sanders c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Vice President, Clinical Services 50 Hours/Week	-0-	-0-	-0-
Rock E. Evenson c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Vice President, Business Development 50 Hours/Week	-0-	-0-	-0-
Kerry J. Freiberg c/o Community Health Care Services of Menomonee Falls, Inc. W180 N8085 Town Hall Road Menomonee Falls, WI 53051	Vice President, Marketing and Community Relations 50 Hours/Week	-0-	-0-	-0-

Statement 2(2022)

Community Memorial Hospital of Menomonee Falls, Inc.
EIN 39-0987025
Year End 06/30/2008

Form 990, Part V-A, Line 75b

List of Officers, Directors, Trustees or Key Employees, or Highest Compensated Employees Listed in Schedule A, Part I, or Highest Compensated Professional And Other Independent Contractors Listed In Schedule A, Part II-A Or II-B, That Are Related To Each Other Through Family Or Business Relationships.

<u>Name</u>	<u>Name and EIN of Related Organization</u>	<u>Description of Relationship</u>
William Bestor	Employee Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A
William D Petasnick	Employee Froedtert Memorial Lutheran Hospital, Inc. EIN: 39-6105970	Froedtert Memorial Lutheran Hospital is an entity listed in Schedule A, Part II-A
Michael J. Unger	Employee Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A
Lisa A. Heider	Employee Community Health Care Services of Menomonee Falls, Inc. EIN 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A
Paul R. Sanders	Employee Community Health Care Services of Menomonee Falls, Inc. EIN 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A
Rock E. Evenson	Employee Community Health Care Services of Menomonee Falls, Inc. EIN 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A
Kerry J. Freiberg	Employee Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services is an entity listed in Schedule A, Part II-A

Statement 3

Community Memorial Hospital of Menomonee Falls, Inc.
EIN 39-0987025
Year End 06/30/2008

Form 990, Part V-A, Line 75c—List of Officers, Directors, Trustees and Key Employees receiving compensation from a related organization.

<u>Relationship Type</u>	<u>Name</u>	<u>Name and EIN of Related Organization</u>	<u>Description of Relationship</u>	<u>Compensation¹</u>	<u>Contributions² to Employee Benefit Plans</u>	<u>Expense Acct and other Allowances³</u>
2	William D. Petasnick	Froedtert Memorial Lutheran Hospital, Inc. EIN: 39-6105970	Froedtert Memorial Lutheran Hospital is under common control with Community Memorial Hospital ("CMH").	\$542,635	\$320,356	-0-
1,2,5	William E. Bestor	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH	\$277,385	\$58,021	-0-
1,2,5	Michael J. Unger	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH	\$149,759	\$42,231	-0-
1,2,5	Lisa A. Heider	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH	\$297,190	\$22,120	-0-
1,2,5	Paul R. Sanders	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH.	\$107,121	\$24,926	-0-

¹ Compensation may include deferred compensation distribution from Code Section 457(f) plan that was deferred and subject to disclosure in prior tax year(s).

² Contributions to Employee Benefit Plans include accruals to unfunded, nonqualified deferred compensation plans which the employee is not yet entitled to receive

³ Reportable expenses are included in compensation.

Statement 4 (page 1 of 2)

1,2,5	Rock E. Evenson	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH.	\$98,525	\$23,075	-0-
1,2,5	Kerry J. Freiberg	Community Health Care Services of Menomonee Falls, Inc. EIN: 39-1635058	Community Health Care Services controls CMH and is a supporting organization CMH, a 501(c)(3) organization. CHCS provides compensation for the services that this employee provides to CMH	\$94,951	\$22,611	-0-

Statement 4 (page 2 of 2)

Year End 6/30/2008

Form 990, Schedule A, Part III, Line 2 - Listed below are all the relationships in which the taxpayer and its related entities have either directly or indirectly engaged in the acts described. See also Part V-A of Form 990

Related Entities: Froedtert & Community Health, Inc. ("F&CH") EIN 39-2014409
 Froedtert Health System, Inc ("FHS") EIN 39-1990969
 Froedtert Memorial Lutheran Hospital, Inc. ("FMLH") EIN 39-6105970
 Community Health Care Services of Menomonee Falls, Inc. ("CHCS") EIN 39-1635058
 Community Outpatient Health Services of Menomonee Falls, Inc. ("COHS") EIN 39-1743056
 Community Memorial Hospital of Menomonee Falls, Inc. ("CMH") EIN 39-0987025

<u>Name</u>	<u>Position/Entity</u>	<u>Other Entity Name and Position with Other Entity</u>	<u>Applicable Line Number and Nature of Transaction and Taxpayer entering into Transaction</u>
Kurt Bechthold	Director: FHS	President, Payne & Dolan	Line 2c: FMLH paid for paving services through subcontract between Payne & Dolan and Clinical Cancer Center's general contractor.
Dennis J. Kuester	Director: FHS	Chairman and CEO, Marshall & Ilsley Corporation	Lines 2b, and 2c: FMLH, FHS, F&CH, CMH and CHCS have a banking relationship with Marshall & Ilsley Bank, including checking accounts, ATM, lockboxes, credit cards and loans. The entities also have a relationship with Marshall & Ilsley Trust Company for investment management including a securities lending program and provide trustee services for retirement plans.
Richard C. Becker	Director and Chairman: F&CH, CHCS, CMH	SE Region President, M&I Marshall & Ilsley Bank	
David J. Lubar	Director: F&CH, FHS, FMLH	Director, Marshall & Ilsley Corporation	
Ronald R. Bast	Director: F&CH, CHCS, CMH Chairman: CHCS, CMH	Owner, Riteway Bus Service	Line 2c: CMH purchased transportation services from Riteway.
Ronald H. Dix	Director: F&CH, FHCS, CMH Treasurer: CHCS, CMH Secretary: F&CH		Line 2d: Mr. Dix's daughter is an employee of CMH.
Daniel Hart	Director: CMH		Line 2d: Mr. Hart's wife is an employee of CMH.

Statement 5