

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_{=orm}990

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)

OMB No 1545-0047 2008

Inspection

epartment of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number B Check if applicable Please Vernon Memorial Healthcare inc use IRS 39-0806404 Address change label or Doing Business As E Telephone number Name change print or type. See (608) 637-2101 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 64,884,145 Instruc-507 South Main Street Termination tions. Amended return City or town, state or country, and ZIP + 4 VIROQUA, WI 54665 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Mary Koenig affiliates? 507 South Main Street VIROQUA, WI 54665 H(b) Are all affiliates included? **✓** 501(c) (3) **◄** (insert no) √ 4947(a)(1) or
√ 527 (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► www vmh org L Year of Formation 1946 M State of legal domicile WI Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 11 11 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 576 Total number of employees (Part V, line 2a) . 200 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 5,828,203 Net unrelated business taxable income from Form 990-T, line 34 . -363,727 b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 143,085 58,661 9 Program service revenue (Part VIII, line 2g) . . 50,480,275 62,763,321 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 695,358 431,281 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,679,932 179,695 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 56,998,650 63,432,958 174,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 26,314,590 29,036,701 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 27,199,208 29,780,049 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 58,990,750 18 53,513,798 Revenue less expenses Subtract line 18 from line 12 19 3,484,852 4,442,208 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 64,069,331 67,975,886 21 Total liabilities (Part X, line 26) 32,761,611 31,733,375 22 Net assets or fund balances Subtract line 21 from line 20 31,307,720 36,242,511 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 **Please** 2010-05-12 Sign Signature of officer Here Mary Koenig CFO Type or print name and title Check if Preparer's PTIN (See Gen Inst) Date Preparer's 2010-04-28 Holly Pokrandt CPA signature Paid empolyed 🕨 🦵 Preparer's WIPFLI LLP Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 3703 OAKWOOD HILLS PARKWAY Phone no (715) 832-3407 EAU CLAIRE, WI 54701

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

Cat No 11282Y

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | Briefly describe the organization's mission | |
|--------|--|---|
| | Same as form 990, part I, line 1 | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| | the prior Form 990 or 990-EZ? | lo |
| | If "Yes," describe these new services on Schedule O | |
| 3 | | |
| | services? | lo |
| | If "Yes," describe these changes on Schedule O | |
| 4 | bescribe the exempt purpose define venteries for each of the organization's time largest program services by expenses | |
| | Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each program service reported | s to |
| | others, the total expenses, and revenue, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ 42,862,311 including grants of \$ 174,000) (Revenue \$ 51,673 | 3,853) |
| | While there is a growing agreement in the United States about what constitutes a non-profit healthcare organization's community benefit, this is a Our organization provides significant charity care and other community benefits as defined by the IRS. But in addition, we believe that we provide important community benefit which cannot be quantified. Our organization was created and is maintained in order to provide care locally-care that presence of our organization, would not be available to the people in our service area Beyond medical, obstetrical, newborn and surgical inpatient we provide local access to many other health services including ambulance services, a birthing center, a dialysis center, diagnostic services-laborate cardiac testing, 24-hour emergency services, urgent care services, infusion services, gastrointestinal services, home health care, hospice inpatient care, rehabilitation services-physical, occupational, respiratory and speech therapy, specialty medicine, and primary care clinics In 2009, hospital in included 4,546 acute care patient days, 66 swing bed patient days, and 432 newborn patient days. There were 1,601 surgery cases, 6,589 emerge and 1,072 visits to the after hours clinic. | a critically without the hospitalizations, ory, imaging and and outpatient patient services |
| | | |
| 4b | (Code) (Expenses \$ 9,077,194 including grants of \$) (Revenue \$ 10,229) A total of 47,009 clinic visits occurred in FYE 2009 at the four clinics located in Viroqua, LaFarge, Soldiers Grove, and Westby | ,894) |
| | A total of 17,000 clinic visits occurred in 1112 2000 at the four clinics located in viloqual, Earlange, soldiers crove, and vicitory | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4с | Lic (Code) (Expenses \$ 1,244,692 including grants of \$) (Revenue \$ 859. | ,574) |
| | During FYE 2009, 1,950 home health visits were made to 75 individuals. Hospice care was provided to 66 individuals for a total of 3,245 days | , , |
| | <u> </u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | , | |
| 1- | (Expenses \$ including grants of \$) (Revenue \$) Total program corrupt of \$ = 1.24.1.07. Must equal Part IX June 35. column (R) | |
| 4e | ke Total program service expenses \$ 53,184,197 Must equal Part IX, Line 25, column (B). | |

Form **990** (2008)

| 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 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 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 | 3 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, | 4 | Yes | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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. | 6 | | No |
| 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 | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, 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 | 9 | | Νο |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | No |
| 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? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | Νο |
| 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, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Νο |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νo |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | Yes | |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | 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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νο |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νo |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M | 30 | | Νo |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliano | e | | | | |
|-----|--|----------|---------------------------|-----|----------|--------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 43 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments t | o ven | dors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 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 | 2a | 576 | | | |
| h | If at least one is reported in 2a, did the organization file all required federal employing | | l | | | |
| b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this | | | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more durin | g the | year covered by this | | | |
| | return? | | | 3a | Yes | |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch | edule | 0 | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts. | eport o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during | ng the | tax year? | 5a | | Νο |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sł | nelter transaction? | 5b | | Νo |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp | t Entit | ty Regarding Prohibited | | | |
| | Tax Shelter Transaction? | • | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | ł | 6a | | No |
| Ь | If "Yes," did the organization include with every solicitation an express statement the were not tax deductible? | natsu | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo con more? | trıbut | on of \$75 or | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p} | rovide | d? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal prope | | - | _ | | l <u>.</u> . |
| _ | file Form 8282? | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay | / prem | nums on a personal | | | |
| | benefit contract? | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pers | | | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8 | 8899 | as required? | 7g | Yes | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization f | ile a F | orm 1098-C as | 7h | Yes | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a | nd se | ction 509(a)(3) | | 163 | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the | | | 8 | | |
| 9 | year? | | Ī | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person | | ľ | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | • | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | ı | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | 10a | | | | |
| _ | facilities | | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in | n lieu d | of Form 1041? | 12a | <u> </u> | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | • | | ı | | l | I |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A. Gov | erning Body an | d Mana | gement | |
|----------------|----------------|--------|--------|--|
| | | | | |

| | | | | | Yes | No |
|----|--|---------|-------------------------|----|-----|----|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | , desc | ribe the circumstances, | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 11 | | | |
| b | Enter the number of voting members that are independent | 1b | 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | | 2 | | Νo |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management control over management duties. | • | | 3 | | Νo |
| 4 | Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $ | ınce t | he prior Form 990 was | 4 | | Νo |
| 5 | Did the organization become aware during the year of a material diversion of the organization | anızatı | on's assets? | 5 | | Νo |
| 6 | Does the organization have members or stockholders? | | | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect governing body? | | | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockhold | ers, o | other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written activities year by the following | ons ur | dertaken during the | | | |
| а | the governing body? | | | 8a | Yes | |
| b | each committee with authority to act on behalf of the governing body? | | | 8Ь | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | 9a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization. | | . , | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was tescribe in Schedule O the process, if any, the organization uses to review the | | • | 10 | Yes | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc | | | 11 | | Νo |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Νo |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | 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 | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | Yes | |
| | Describe the process in Schedule O | | | |
| 16a | 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 | | No |
| Ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ☐ own website ☐ another's website ☐ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Mary Koenig 507 South Main Street VIROQUA, WI 54665 (608) 637-2101

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

| The check this box in the organization and i | · | Posit | (C |) chec | :k al | | | | (E) | (F) |
|--|---|-----------------------------------|----|-----------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) A verage hours per week | Individual Trustee or Director | | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Continued

| | | | () tion that a | | | all | | | (E) | (F) |
|--|---|-----------------------------------|-----------------------|----------|--------------|------------------------------|----------|---|---|--|
| (A) Name and Title | (B) A verage hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | | | | | | | |
| | | | | \vdash | - | | \vdash | | | |
| | | | | \vdash | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Ļ | | | |
| 1b Total | | | | | • | | <u> </u> | 1,994,384 | 0 | 185,556 |
| 2 Total number of individuals (including | those in 1 | a) who | recei | ved | mor | e thai | n \$1 | 00,000 ın reportabl | e | |

compensation from the organization**►**26

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services | | | |
| | rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Νo |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| Arnold Nomann E7332 Skyline Drive Viroqua, WI 54655 | Anesthesia | 320,918 |
| Access CRNA Anesthesia Relief Services N2685 Potato Ridge Road La Crosse, WI 54601 | Anesthesia | 318,350 |
| Michael Fiorucci 507 South Main Street Viroqua, WI 54655 | Surgical | 165,000 |
| Wipfli LLP 3703 Oakwood Hills Pkwy Eau Claire, WI 54701 | Accounting & Consulting | 100,769 |
| Total number of independent contractors (including those in 1) wh | o received more than #100,000 in companyation | |
| 2 Total number of independent contractors (including those in 1) wh from the organization | o received more than \$100,000 in compensation | |

Part VIII

Statement of Revenue

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--|--------|---|---|--|-----------------------------|--|--|--|
| | 1a | Federated can | npaigns 1a | 1 | | No venue | | 012,010,0.01. |
| 粪牟 | ь | Membership d | lues | | | | | |
| <u>g</u> 2 | | | 1b | | | | | |
| ું.⊞ | С | Fundraising ev | vents 1c | | | | | |
| ≝ ,≅ | d | Related organ | ızatıons1d | | | | | |
| Contributions, gifts, grants and other similar amounts | e | Government gran | nts (contributions) 1e | | | | | |
| oution her s | f | All other contribut similar amounts r | tions, gifts, grants, and not included above | 58,661 | | | | |
| a di ili | g | 1f Noncash contributions included in | | | | | | |
| ಶಹ | h | | es 1a-1f) | | 58,661 | | | |
| | ļ." | | | <u>, </u> | | | | |
| <u>a</u> | 2- | | | Business Code | | | | |
| nue. | 2a | Hospital | | 621,990 | 45,739,657 | 45,739,657 | | |
| æ | ь | Clinic | | 621,110 | 10,229,894 | 10,229,894 | | |
| 93 | С | Retail Pharmacy | | 446,110 | 5,670,352 | | 5,670,352 | |
| er E | d | Home Health & h | • | 621,610 | 859,574 | 859,574 | | |
| <i>S</i> = | e | Meals and Dietar | У | 722,210 | 263,844 | 105,993 | 157,851 | |
| Program Service Revenue | f | All other prog | ram service revenue | | | | | |
| <u>Ā</u> | g | Total. Add line ▶ \$ 62,763,32 | es 2a-2f 21 | | | | | |
| | 3 | | icome (including divi | · · · · · · · · · · · · · · · · · · · | | | | |
| | | other sımılar a | amounts) | | 516,110 | | | 516,110 |
| | 4 | Income from inve | estment of tax-exempt b | ond proceeds | 1,688 | | | 1,688 |
| | 5 | Royalties | | | | | | |
| | | Koyannes I | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | 179,695 | | | | | |
| | ь | Less rental | | | | | | |
| | c | expenses Rental income | 179,695 | | | | | |
| | d | or (loss) | ome or (loss) | | 179,695 | | | 179,695 |
| | | Wet rental me. | | | 2.5,555 | | | |
| | _ | Cross amount | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other | 1,363,970 | 700 | | | | |
| | ь | than inventory Less cost or other basis and | 1,451,137 | 50 | | | | |
| | | sales expenses | 07.167 | 650 | | | | |
| | c d | Gain or (loss) Net gain or (lo | -87,167 | 650 | -86,517 | | | -86,517 |
| | | | | . ▶ | , | | | , |
| | 8a | events (not ın | from fundraising cluding | | | | | |
| Other Revenue | | | ns reported on line | | | | | |
| ěve | | 1c) See Part <i>Attach Schedul</i> | le G if total exceeds | | | | | |
| Œ | | \$15,000 | a | | | | | |
| <u> 무</u> | ь | Less directe | xpensesb | | | | | |
| δ | С | Net income or | (loss) from fundrais | ing events | | | | |
| | 9a | Gross income | | | | | | |
| | | activities See Complete Schee | e part IV , line 19 | | | | | |
| | | exceeds \$15,00 | | | | | | |
| | | | а | | | | | |
| | ь | | xpensesb | | | | | |
| | С | | (loss) from gaming | activities • | | | | |
| | 10a | Gross sales o | f inventory, less | | | | | |
| | | . C.Carris unu ai | a | | | | | |
| | ь | Less cost of | goods sold b | | | | | |
| | С | | · (loss) from sales of | | | | | |
| | | Miscellaneou | ıs Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | с | | | | | | | |
| | | All other reve | nue | | | | | |
| | d e | Total. Add line | | \$ | | | | |
| | 12 | | e. Add lines 1h, 2g, 3 | | 63,432,958 | 56,935,118 | 5,828,203 | 610,976 |
| | | 8c, | 11e | | | | | |

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|------|---|-----------------------|---|---|---------------------------------------|--|--|--|--|--|
| Do ı | 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 U.S. See Part IV, line 21 | 159,000 | 159,000 | | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 15,000 | 15,000 | | | | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 742,989 | | 742,989 | | | | | | |
| 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 | 21,238,525 | 19,477,024 | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 821,938 | 753,767 | 68,171 | | | | | | |
| 9 | Other employee benefits | 4,778,000 | 4,381,718 | 396,282 | | | | | | |
| 10 | Payroll taxes | 1,455,249 | 1,299,367 | 155,882 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | 74,277 | | 74,277 | | | | | | |
| c | Accounting | 76,916 | | 76,916 | | | | | | |
| d | Lobbying | | | | | | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other | 4,847,148 | 4,480,677 | 366,471 | | | | | | |
| 12 | Advertising and promotion | 80,801 | | 80,801 | | | | | | |
| 13 | Office expenses | 16,186,613 | 15,605,904 | 580,709 | | | | | | |
| 14 | Information technology | 184,308 | | 184,308 | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | 2,474,800 | 2,474,800 | | | | | | | |
| 17 | Travel | 94,113 | 72,021 | 22,092 | | | | | | |
| 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 | 2,511,563 | 1,785,817 | 725,746 | | | | | | |
| 23 | Insurance | 303,952 | | 303,952 | | | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | | | | |
| а | Bad debt expense | 2,433,403 | 2,433,403 | | | | | | | |
| b | Dues and Subscriptions | 429,708 | 214,138 | 215,570 | | | | | | |
| c | Miscellaneous | 82,447 | 31,561 | 50,886 | | | | | | |
| f | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 58,990,750 | 53,184,197 | 5,806,553 | 0 | | | | | |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | orm 000 (2009) | | | | | |

| Part X B | lance | Sheet |
|----------|-------|-------|
|----------|-------|-------|

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------|-------|--|----------------|------------|--------------------------|------------|--------------------|
| | 1 | Cash—non-interest-bearing | | | 44,256 | 1 | 1,597,572 |
| | 2 | Savings and temporary cash investments | | | 9,150,743 | 2 | 10,223,366 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 5,477,852 | 4 | 6,194,236 |
| | 5 | Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L | | loyees or | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of | ection 495 | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 2,196,479 | 8 | 2,287,407 |
| 2 | 9 | Prepaid expenses and deferred charges | | | 195,855 | 9 | 174,817 |
| Assets | 10a | Land, buildings, and equipment cost basis | _{10a} | 53,816,714 | | | |
| • | ь | Less accumulated depreciation Complete Part VI of Schedule D | 10b | 18,826,148 | | 10c | 34,990,566 |
| | 11 | Investments—publicly traded securities | | | 7,129,095 | 11 | 7,802,990 |
| | 12 | Investments—other securities See Part IV, line 11 Complete Poschedule D | art VII of | | 12,180 | 12 | 12,180 |
| | 13 | Investments—program-related See Part IV, line 11 Complete F of Schedule D . | Part VIII | | 2,312,124 | 13 | 2,322,485 |
| | 14 | Intangible assets | | | 714,869 | 14 | 682,063 |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | 1,652,317 | 15 | 1,688,204 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 64,069,331 | 16 | 67,975,886 |
| | 17 | Accounts payable and accrued expenses . | | 6,219,780 | 17 | 6,174,037 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| .6 | 20 | Tax-exempt bond liabilities | | | 25,625,070 | 20 | 24,983,680 |
| <u>ā</u> | 21 | Escrow account liability Complete Part IV of Schedule D | | | | 21 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | 1 | |
| Ξ | | 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 | | | 226,253 | 24 | 26,037 |
| | 25 | Other liabilities Complete Part X of Schedule D | | 690,508 | 25 | 549,621 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 32,761,611 | 26 | 31,733,375 |
| S D D | | Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34. | olete lines | 27 | | | |
| Balance | 27 | Unrestricted net assets | | | 31,234,946 | 27 | 36,149,673 |
| Ba | 28 | Temporarily restricted net assets | | | 72,774 | 28 | 92,838 |
| Fund | 29 | Permanently restricted net assets | | | 29 | | |
| or Fu | | Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34. | e | | | | |
| | 30 | Capital stock or trust principal, or current funds | • | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | | | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | | 32 | | | |
| Ŋĕţ | 33 | Total net assets or fund balances | | 31,307,720 | 33 | 36,242,511 | |
| _ | 34 | Total liabilities and net assets/fund balances | | | 64,069,331 | 34 | 67,975,886 |
| Pa | rt XI | Financial Statements and Reporting | | | | | |

| ParitXI | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| С | If "Yes" to lines 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? | 2c | | No |
| 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? | 3a | | Νo |
| Ь | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132007120

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| Verno | n Memo | nal Healthcare | inc | | | | | | ,,, | | | |
|--|--|---|--|--|---------------|--|------------------|------------------|-------------------|-------------|--|----------|
| | | | | | | | | | -080640 | | | |
| | rt I | | | harity Status (to be co | | | | | Instruct | ions) | | |
| | organı: | | | ation because it is (Please | | | | | | | | |
| 1 | <u> </u> | • | | iurches, or association of ch | | | Section 1 | 170(b)(1) | (A)(i). | | | |
| 2 | <u> </u> | | | i on 170(b)(1)(A)(ii). (Attac | | • | | | | | | |
| 3 | <u> </u> | • | A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) | | | | | | | | | |
| 4 | | A medical i | research organı | zatıon operated ın conjunctı | on with a l | hospital d | escribed i | n Section | 170(b)(1) | (A)(iii). E | nter the | |
| | | hospital's r | name, city, and | state | | | | | | | | |
| 5 | Г | 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 | Γ | A federal, s | tate, or local go | overnment or governmental | unıt descr | rıbed ın Se | ction 170 | (b)(1)(A) | (v). | | | |
| 7 | Γ | An organiza | ation that norma | ally receives a substantial p | art of its s | support fro | m a gove | rnmental u | ınıt or fror | n the gene | ral publi | 2 |
| | | described i | n Section 170(b |))(1)(A)(vi) (Complete Par | tII) | | | | | | | |
| 8 | \sqcap | A communi | ty trust describ | ed in Section 170(b)(1)(A) | (vi) (Com | nplete Pari | tII) | | | | | |
| 9 | Γ | An organiza | ation that norma | ally receives (1) more than | 331/3% 0 | fits supp | ort from c | ontributior | ns, membe | ership fees | , and gro | SS |
| | | receipts fro | m activities rel | ated to its exempt functions | —s ubject | to certair | n exceptio | ns, and (2 |) no more | than 331/ | 3% of | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | ss taxable | ıncome (l | less sectio | on 511 ta: | x) from bu | sınesses | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 609(a)(2). | (Complete | e Part III |) | | | |
| 10 | \vdash | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509 | (a)(4). (S | ee instruct | tions) | |
| 11 | Γ | | • | and operated exclusively fo | | | | | , | • | | |
| | | | | orted organizations describe | | | | | | Section 5 | 09(a)(3) | .Check |
| | | | | type of supporting organiza Type II c | | - Function | | | n d | Г тура | III - Ot | har |
| e | \vdash | | • • | rtify that the organization is | | | | - | | | | |
| _ | ' | | - ' | agers and other than one or | | | | | | - | - | |
| | | section 50 | | | • | , | • | | | | . , , | • |
| f | | | | d a written determination fro | m the IRS | 5 that it is | a Type I, | Type II o | r Type III | supportin | ng organi: | zation, |
| | | check this | | as the organization accepted | d any gift | or contrib | ution from | any of the | | | | ı |
| g | | following pe | | as the organization accepted | u any gni | or contrib | | any or the | ; | | | |
| | | | | r indirectly controls, either a | alone or to | gether wi | th persons | describe | d ın (ıı) | | Yes | No |
| | | and (III) bel | ow, the governi | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | |
| | | (ii) a family | / member of a p | erson described in (i) above | 7 | | | | | 11g(| ii) | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| i) or (ii) al | bove? | | | | 11g(| _ | |
| h | | | | nation about the organizatio | | | supports | | | | - 1 | |
| | | | | | | | | | | | | |
| | (i) Na | ame of | (ii) EIN | (iii) Type of organization | (iv) I | s the | (v) Did y | ou notify | (vi) I | s the | (vii) Ar | nount of |
| | | orted | | (described on lines 1-9 | | ation in | | nızatıon | | ation in | supp | ort? |
| | Organization above or IRC section col (i) listed in in col (i) of your col (i) organized | | | | | | | | | | | |
| (See Instructions)) your governing support? in the U.S.? | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | 162 | 140 | 165 | No | 165 | No | | |
| | | | | | | | | | | 1 | | |
| | | | | | | - | | | | - | - | |
| | | | | | | - | | | | - | | |
| | | | | | | - | | | | | - | |
| | | | | | | | 1 | 1 | I | 1 | 1 | |

Total

| Part II | Support Schedule for Organizations Described in IRC 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.) |

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on | | | | | | | |
| _ | its behalf The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | 1 | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 Scheo | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 160, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| С | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | manufaction of Dublic Compact Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | - | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |
|---------|---|
| | |
| | Facts and Circumstances Test |
| | |

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

| | e organization answered "Ye ection 501(c)(4), (5), or (6) organi | s," to Form 990, Part IV, Line 5 (Pizations complete Part III | roxy Tax) | | |
|-----|---|--|--|--|---|
| Na | rme of the organization rnon Memorial Healthcare inc | , | | | ntıfıcatıon number |
| Par | t I-A To be completed b | y all organizations exempt | under section | 39-0806404 n 501(c) and sectio n | |
| | | e the instructions for Schedule | | | |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect polıtı | ical campaign act | tivities in Part IV | |
| 2 | Political expenditures | | | | \$ |
| 3 | V olunteer hours | | | | |
| Pai | To be completed b for Schedule C for d | oy all organizations exempt etails.) | under sectio | n 501(c)(3). (See the | instructions |
| 1 | Enter the amount of any excise | e tax incurred by the organization un | der section 4955 | 5 | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization manag | jers under sectio | n 4955 | \$ |
| 3 | If the organization incurred in | a section 4955 tax, did it file Form 4 | 720 for this year | r? | ┌ Yes ┌ No |
| 4a | Was a correction made? | | | | ┌ Yes ┌ No |
| ь | If "Yes," describe in Part IV | | | | |
| Pai | | by all organizations exempt sfor Schedule C for details.) | under section | n 501(c), except sec | tion 501(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ection 527 exemp | pt function activities | \$ |
| 2 | Enter the amount of the filing of 527 exempt funtion activities | organization's internal funds contribu | ited to other orga | nizations for section | \$ |
| 3 | Total of direct and indirect exe 1120-POL, line 17b | empt function expenditures Add line | s 1 and 2 and ent | ter here and on Form | \$ |
| 4 | Did the filing organization file I | Form 1120-POL for this year? | | | ┌ Yes ┌ No |
| 5 | were made Enter the amount political contributions received | nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona | oald from the filing I to a separate po | g organization's own interna olitical organization, such a | al funds or were as a separate |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's internal funds If none, enter - 0 - | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

| P | art II-A To be completed by (election under sec | | | | | | 768 |
|----------|---|--|-----------------------|-------------------|---------------|--|---|
| | Check If the filing organization | belongs to an affili | ated group | | | | |
| <u>B</u> | Check If the filing organization Limits on Lo (The term "expenditure | bbying Expend | litures— | | bly | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| 1a | Total lobbying expenditures to influe | ce public opinion (grass roots lobbying) | | | | | |
| ь | Total lobbying expenditures to influe | nce a legislative b | ody (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add line | es 1a and 1b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| e | Total exempt purpose expenditures | (add lines 1c and 1 | Ld) | | | | |
| f | Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | | taxable amount | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% o | of the excess over \$ | 500,000 | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% o | of the excess over \$ | 51,000,000 | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of | f the excess over \$1 | 1,500,000 | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | | |
| | Grassroots nontaxable amount (ente | er 25% of line 1f) | | | | | |
| h | Subtract line 1g from line 1a Enter | 0- ıflıne g ıs more | than line a | | | | |
| i | Subtract line 1f from line 1c Enter- | 0- ıflıne fıs more t | than line c | | | | |
| j | If there is an amount other than zero section 4911 tax for this year? | on either line 1h c | or line 11, did the | organization file | Form 4720 rep | orting | ┌ Yes ┌ No |
| | (Some organizations tha columns below. | | on 501(h) el | ection do not | : have to cor | | he five |
| | Lobb | ying Expendit | ures During | 4-Year Avera | ging Period | | |
| | Calendar year (or fisca beginning in) | l year | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| _2a | Lobbying non-taxable amount | | | | | | |
| | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| | : Total lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2008

| Part II-B | To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form | |
|-----------|---|--|
| | 5768 (election under section 501(h)). (See the instructions for Schedule C for details.) | |

| | | (a | 1) | (b) | |
|----|--|-----|----|---------|--|
| | | Yes | No | A mount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | |
| а | Volunteers? | | Νo | | |
| b | Paid staff or management (include compensation in expenses reported on lines c through i)? | | Νo | | |
| c | Media advertisements? | | Νo | | |
| d | Mailings to members, legislators, or the public? | | Νo | | |
| е | Publications, or published or broadcast statements? | | Νo | | |
| f | Grants to other organizations for lobbying purposes? | | Νo | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Νο | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | No | | |
| i | Other activities If "Yes," describe in Part IV | Yes | | 5,897 | |
| j | Total lines 1c through | | | 5,897 | |
| | 11 | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Νo | | |
| b | If "Yes" enter the amount of any tax incurred under section 4912 | | | | |
| c | If "Yes" enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

| 2 | expenses for which the section 527(f) tax was paid). | | |
|---|---|-------|--|
| а | Current Year | 2a \$ | |
| b | Carryover from last year | 2b \$ | |
| c | Total | 2c \$ | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 \$ | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | |
| | expenditure next year? | 4 \$ | |
| 5 | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | 5 \$ | |
| | | | |

Part IV Supplemental Information

1

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Ident if ier | Return Reference | Explanation |
|--------------------|------------------|---|
| Part II-B, Line 1i | Activities | Vernon Memorial Healthcare, Inc pays annual association memberships to the wisconsin hospital association and rural wisconsin health cooperative. These dues are primarily for access to educational materials and staff training and development. A small portion of the annual dues were used in conjuction with lobbying activities with the goal of improving the overall healthcare environment. |
| | | |
| | | |
| | | |
| | | |
| | | |

1 \$

| Part IV Supplemental I | nformation | |
|------------------------|------------------|-------------|
| Ident if ier | Return Reference | Explanation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Vernon Memorial Healthcare inc 39-0806404 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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.

Part 111 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, 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 XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, 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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

•

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

| <u>ar</u> | Organizations Maintaining Collections of Art, H | isto | <u> ric</u> | al Treasu | ires, or Othe | r Similar Ass | sets (c | ontinued) |
|-------------|--|---------------|-------------|----------------------------|---|-------------------|---|-----------|
| 3 | Using the organization's accession and other records, check any of items (check all that apply) | the | follo | owing that ar | e a significant u | se of its collect | on | |
| а | Public exhibition | | | Loan or exc | hange programs | | | |
| b | Scholarly research | : [| _ | Other | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's collections and explain h Part XIV | ow t | hey | further the | organization's ex | empt purpose ıı | ו | |
| 5 | During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as par | | | | | | _ Yes | Г No |
| Pai | Trust, Escrow and Custodial Arrangements. Co Part IV, line 9, or reported an amount on Form 990, | | | | nızatıon answ | ered "Yes" to | Form 9 | 90, |
| 1a | Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X? | ry fo | rcc | ontributions | or other assets r | | _ Yes | ┌ No |
| b | If "Yes," explain why in Part XIV and complete the following table | | | | | | | |
| | | | | | | Am | ount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Form 990, Part X, line 2: | 1? | | | | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | rt V Endowment Funds. Complete if the organization a | | | | | | | |
| _ | | (b) Pr | or Y | ear (c)Tw | o Years Back (d) | Three Years Back | (e) Four Y | ears Back |
| 1a | Beginning of year balance | | | | | | | |
| Ь | Contributions | | | | | | | |
| C | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year end balance held as | | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | |
| ь | Permanent endowment - | | | | | | | |
| С | Term endowment ▶ | | | | | | | |
| 3a | Are there endowment funds not in the possession of the organizatio | n tha | ata | re held and a | dministered for | the | | |
| | organization by | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i |) | |
| | (ii) related organizations | | | | | <u> </u> 3a(i | ` | <u> </u> |
| | If "Yes" to 3a(II), are the related organizations listed as required or | | | | | 3b | | <u></u> |
| 1 | Describe in Part XIV the intended uses of the organization's endow | | | | V June 10 | | | |
| <u>'</u> @] | t VI Investments—Land, Buildings, and Equipment. | | | • | • | | Т | |
| | Description of investment | | | Cost or other (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Bo | ok value |
| la | Land | L | | | 1,201,035 | | | 1,201,035 |
| b | Buildings | L | | | 41,559,787 | 11,328,795 | 3 | 0,230,992 |
| c | Leasehold improvements | L | | | | | | |
| d | Equipment | | | | 10,739,041 | 7,497,353 | | 3,241,688 |
| е | Other | | | | 316,851 | | | 316,851 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---|---------------------------|-----------------|-------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. Se | ee Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | (c) Metho | d of valuation year market value |
| | | Cost or ena-or- | year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, I | ıne 15. | | |
| (a) Descr | ıptıon | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15.) | | |
| Part X Other Liabilities. See Form 990, Part | | | |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| deferred compensation plan liability | 549,621 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 549,621 | | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 63,432,958 |
|--------|--|---------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 58,990,750 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 4,442,208 |
| 4 | Net unrealized gains (losses) on investments | 4 | 497,770 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -5,187 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 492,583 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 4,934,791 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| 1 | Total revenue, gains, and other support per audited financial | | 63,674,752 |
| _ | statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| C _ | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | 2- | 497,770 |
| e | Add lines 2a through 2d | 2e 3 | , |
| 3 | Subtract line 2e from line 1 | | 63,176,982 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| a b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 255,976 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 63,432,958 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | | <u> </u> |
| 1 | Total expenses and losses per audited financial statements | 1 | 58,734,774 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 58,734,774 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 255,976 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 58,990,750 |
| Pai | t XIV Supplemental Information | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation |
|---|------------------|---|
| Part XI, Line 8 - Other Adjustments | | Net assets released from restriction for operations -5187 |
| Part XII, Line 4b - Other Adjustments | | Expenses netted against revenue on the audited financials 255976 |
| Part XIII, Line 4b - Other Adjustments | | Expenses netted against revenue on the audited financials 255976 |
| | | The Organization is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal taxes on related income pursuant to Section 501(a) of the Code The Organization is also exempt from state income taxes. The Organization is engaged, to a limited extent, in activities the Internal Revenue Service considers unrelated to its exempt purpose and, therefore, taxable. These activities, however, annually result in net operating losses for income tax purposes. The Organization does not presently anticipate that a tax benefit from these net operating losses will be realized in the future. Accordingly, any potential deferred tax asset resulting from the availability of net operating loss carryforwards is offset by a valuation allowance of equal amount. |
| | | |
| | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132007120

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Vernon Memorial Healthcare inc

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Employer identification number

| | | | | | | 9-0806404 | | | |
|----|---|--|-------------------------------------|--|-------------------------------|--------------------------------|-------------|----------------------|----|
| Pā | crt I Charity Care and | l Certain O | ther Com | munity Benefits a | t Cost (Optional f | or 2008) | | , , | |
| | | | | | | | | Yes | No |
| 1a | _ | | | | | | 1a | | |
| b | If "Yes," is it a written policy | | | | | | 1b | | |
| 2 | If the organization has multip care policy to the various hos | | ındıcate whi | ch of the following best | describes applicatio | n of the charity | | | |
| | Applied uniformly to all ho | ospitals | | Applied uniforml | y to most hospitals | | | | |
| | Generally tailored to indiv | vidual hospita | ls | | | | | | |
| 3 | Answer the following based o organization's patients | n the charity | care eligibili | ty criteria that applies | to the largest numbe | r of the | | | |
| а | Does the organization use Fe income individuals? If "Yes," | | | | | | 3a | | |
| | Γ _{100%} Γ _{150%} | Г 2 | 200% | Cother | %_ | | | | |
| Ь | Does the organization use FP | G to determin | ne eliaibility | for providina <i>discounte</i> | d care to low income | ındıvıduals? If | | | |
| | "Yes," indicate which of the f | | | | | | ЗЬ | | |
| | Γ _{200%} Γ _{250%} | — 200 | Г | - 350% | | 0/ | | | |
| | I 200% I 250% | 1 300 |)% | 350% I 400 | J% I Other | % | | | |
| С | If the organization does not u determining eligibility for free test or other threshold, regar | or discounte | d care Incl | ide in the description v | vhether the organizat | | | | |
| 4 | Does the organization's polic | y provide free | or discount | ed care to the "medica | ally indigent"? | | 4 | | |
| 5a | Does the organization budget | t amounts for | free or disco | unted care provided u | nder its charity care [| policy? | 5a | | |
| b | If "Yes," did the organization | 's charity car | e expenses | exceed the budgeted a | mount? | | 5b | | |
| c | If "Yes" to line 5b, as a resul care to a patient who was elig | - | | . • | • | | 5c | | |
| 6a | Does the organization prepar | e an annual c | ommunity be | enefit report? | | | 6a | | |
| 6b | If "Yes," does the organization | on make it ava | aılable to the | public? | | | 6b | | |
| | Complete the following table worksheets with the Schedule | _ | ksheets pro | rided in the Schedule h | l instructions Do not | submit these | | | |
| 7 | Charity Care and Certain C | ther Commu | nıty Benefits | at Cost | | | <u> </u> | | |
| | Charity Care and Means-Tested Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community l expense | enefit | (f) Pero total ex | |
| а | Charity care at cost (from worksheets 1 and 2) | | | | | | | | |
| b | Unreimbursed Medicaid (from worksheet 3, column a) | | | | | | | | |
| С | Unreimbursed costs—other means-tested government programs (from worksheet 3, column b) | | | | | | | | |
| d | Total Charity Care and Means-Tested Programs . | | | | | | | | |
| e | Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) | | | | | | | | |
| f | Health professions education (from worksheet 5) | | | | | | | | |
| g | Subsidized health services (from worksheet 6) | | | | | | | | |
| h | Research (from worksheet 7) | | | | | | | | |
| | Cash and in-kind contributions to community groups (from worksheet 8) | | | | | | | | |
| | Total Other Benefits | | | | | | | | |
| К | Total (line 7d and 7j) | | l | l | | - 1 | | | |

| | rt II Community Building activities) (Optional | | Aumber of printing of the prin | | - | Direct offse revenue | | (e) Net commur building expens | nity | (f) Percer total expe | nt of |
|----------------|--|-----------------|--|------------------------|---------------------|----------------------------------|----------|--|--------|--------------------------------------|-------|
| 1 | Physical improvements and housing | | | | | | | | | | |
| 2 | Economic development | | | | | | | | | | |
| 3 | Community support | | | | | | | | | | |
| 4 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| 5 | Leadership development and training for community members | | | | | | | | | | |
| - 6 | Coalition building Community health improvement | | | | | | | | | | |
| | advocacy | | | | | | | | | | |
| 8 | Workforce development | | | | | | | | | | |
| 9 | Other Total | | | | | | | + | | | |
| | rt IIII Bad Debt, Medicar | e. & Colle | ction Prac | l tices (Ontional : | or 2008) | | | | | | |
| | | <u> </u> | | () p | <u>,</u> | | | | | | |
| Sect | ion A. Bad Debt Expense | | | | | | | | | Yes | No |
| 1 | Does the organization report by Statement No. 15? | | | dance with Heathca | re Financia | ıl Manaç | emer | nt Association | 1 | | |
| 2 | Enter the amount of the organ | | | e (at cost) | | 2 | • | | | | |
| 3 | Enter the estimated amount o | _ | | | • | 3 | | | | | |
| _ | attributable to patients eligible | | | | | | | | 1 | | |
| 4 | Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar | ng methodolo | ogy used in d | etermining the amo | | | | • | | | |
| Sect | ion B. Medicare | | | | | 1 | | | | | |
| 5 | Enter total revenue received f | | | | | . 5 | | | 1 | | |
| 6 | Enter Medicare allowable cost | | | | | . 6 | | | 1 | | |
| 7 8 | Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used | to which any | shortfall rep | orted on line 7 sho | uld be trea | | | | - | | |
| | Cost accounting system | Γc | ost to charge | e ratio | C O ther | | | | | | |
| Sect | ion C. Collection Practices | | | | | | | | | | |
| 9a | Does the organization have a | written debt o | collection pol | ıcy? | | | | | 9a | | |
| 9b Pa | If "Yes," does the organization patients who are known to quart IV Management Com | lify for charit | y care or fina | ncial assistance? I | Describe in | Part V I | | | 9b | | _ |
| | (a) Name of entity | (| b) Description activity of | | profit ^c | anizatio % or sto ership % | ck | (d) Officers, directors trustees, or key employees' profit % or stock ownership% | profit | Physiciar : % or sto iership % | o c k |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | \top | | | | |
| | | | | | | | + | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | + | | | | |
| | | | | | | | _ | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | \dashv | | | | |
| 12 | | + | | | | | + | | | | |
| 13 | | | | | | | + | | | | |
| 14 | | | | | | | + | | | | |
| | | İ | | | | | | | | | |

| Facility Information (Required for 2008) | | | | | | | | | |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|---------------------|
| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Gritical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
| Vernon Memorial Hospital Inc 507 South Main St Viroqua, WI 54665 | х | Х | | | х | | х | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| P | art VI S | Supplemental Information (Optional for 2008) |
|----|-------------|---|
| Со | mplete this | part to provide the following information |
| 1 | Provide th | e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| _ | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| _ | | |
| 2 | Needs Ass | essment. Describe how the organization assesses the health care needs of the communities it serves |
| _ | | |
| _ | | |
| | | |
| 3 | | lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy |
| | | |
| _ | | |
| 4 | | y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves |
| | | |
| _ | | |
| 5 | | y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves |
| | | |
| | | |
| 6 | | y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc) |
| _ | | |
| | | |
| _ | | |
| 7 | | nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served |
| _ | | |
| | | |
| 8 | Ifapplicab | le, identify all states with which the organization, or a related organization, files a community benefit report |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493132007120

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

| lame of the organization / ernon Memorial Healthcare inc | <u> </u> | | | | | Employer identif | ication number |
|---|---|---|------------------------------|---|---|--|---------------------------------------|
| | | | | | | 39-0806404 | |
| 1 Does the organization ma the selection criteria used 2 Describe in Part IV the or Part II Grants and Oth Form 990, Part I Part IV and Sche | intain records to sold to award the gran ganization's proce ner Assistance V, line 21 for an edule I-1 if addit | ts or assistance? dures for monitoring the to Governments a y recipient that rece | of the grants or assistar | e United States in the United Stat | | rganization answered | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Viroqua Area Schools115 N Education Ave Viroqua, WI 54665 | 39-6004944 | 501(c)(3) | 50,000 | | | | General Support |
| Youth Initiative High School 500 East Jefferson St Viroqua, WI 54665 | 39-1906073 | 501(c)(3) | 15,000 | | | | General Support |
| Pleasant Ridge Waldorf School431 E Court St Viroqua, WI 54665 | 39-1357578 | 501(c)(3) | 10,000 | | | | General Support |
| Cornerstone Christian AcademyS3656 State Highway 14 Viroqua, WI 54665 | 39-1769808 | 501(c)(3) | 5,000 | | | | General Support |
| Kickapoo Area School DistrictS6520 State Hwy 131 Viola, WI 54664 | 39-6030294 | 501(c)(3) | 14,000 | | | | General Support |
| Viroqua Area FoundationPO Box 262 Viroqua, WI 54665 | 39-1603279 | 501(c)(3) | 50,000 | | | | General Support |
| Westby Buck 47 Club206 West Ave South Westby, WI 54667 | 83-0454214 | 501(c)(3) | 15,000 | | | | General Support |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of sector organizations | | | | | | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|---|---------------------------------------|
| BENEFIT FUND CONTRIBUTIONS | 2 | 15,000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| e de l'idditional Bata l'abic | | |
|---|------------------|--|
| Ident if ier | Return Reference | Explanation |
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 All donees are required to submit their donation requests to the CEO of Vernon Memorial Healthcare, Inc The requests must include a detailed description of what the funds will be used for and how they will benefit the community If the requests are deemed beneficial to the needs of the community, the funds are awarded to the applying organization |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

efile GRAPHIC print - DO NOT PROCESS

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493132007120

OMB No 1545-0047

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization **Employer identification number** Vernon Memorial Healthcare inc 39-0806404

| Pa | Tt I Questions Regarding Compensation | n | | | | |
|----|--|------------|---|----|-----|----|
| | | | | | Yes | Νo |
| 1a | Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II | | | | | |
| | First class or charter travel | Γ | Housing allowance or residence for personal use | | | |
| | Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Γ | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a w provision of all the expenses described above? If " | | , , , | 1b | | |
| 2 | Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv | | | 2 | | |
| 3 | Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t | | | | | |
| | Compensation committee | <u> </u> | Written employment contract | | | |
| | ✓ Independent compensation consultant | <u> </u> | , , | | | |
| | Form 990 of other organizations | <u>~</u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, | Part VII | I, Section A, line 1a | | | |
| а | Receive a severance payment or change of control | payment | :? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ental non | qualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity- | pased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and p | rovide th | ne applicable amounts for each item in Part III | | | |
| | 501(c)(3) and 501(c)(4) organizations only must co | omplete | lines 5-8. | | | |
| 5 | For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of | , line 1a, | did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of | , lıne 1a, | did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νο |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," | | - · · · · · · · · · · · · · · · · · · · | 7 | | Νo |
| 8 | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | • | · | 8 | | Νο |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|----------------|-------------|------------------|--------------------|-----------------------------|--------------|----------------|----------------------|--|--|
| | | | | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| Garith Steiner | (I) (II) | 245,855 | 10,561 | 40,385 | 15,877 | 10,365 | 323,043 | 235,401 | |
| Mary Koenig | (I) (II) | 134,651 | 6,159 | 31,000 | 9,328 | 7,961 | 189,099 | 136,358 | |
| Kyle Bakkum | (I) (II) | 150,288 | 5,263 | 11,743 | 9,271 | 10,365 | 186,930 | 136,616 | |
| | (ı) (ıı) | 359,658 | 7,447 | 36,000 | 11,630 | 16,280 | 431,015 | 308,379 | |
| Brian Woody | (ı) (ıı) | 225,699 | 7,470 | 15,468 | 11,637 | 13,596 | 273,870 | 195,344 | |
| Duane Koons | (I) (II) | 224,718 | 7,350 | 14,234 | 11,532 | 13,596 | 271,430 | 194,508 | |
| Deborah Prior | (I) (II) | 193,734 | 8,542 | 28,500 | 12,927 | 10,382 | 254,085 | 181,663 | |
| Brian Miller | (I) (II) | 208,609 | 5,550 | 15,500 | 9,396 | 11,413 | 250,468 | 177,723 | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|--------------|---------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| | • | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132007120

OMB No 1545-0047

2008

Open to Bublic

Employer identification number

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0.

Open to Public Inspection

| Ver | rnon Memorial Healthcare inc | | | | | | | | | 39-080 | 5404 | | | |
|-----|--|-------------------------|----------------------|----------|------------|-----------------|--|----------------|-------------|---------|----------------|----------|--|----------------------|
| P | art I Bond Issues (Required | for 2008) | | | | | | | | l | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date | Issued | (e) Issu | e Price | (f) Des | cription of | Purpose | (g) De | feased | Beh | On alf of suer |
| | | | | | | | | | | | Yes | No | Yes | No |
| A | Wisconsin Health and Educational Facilities Authority 39-1337855 97710VXQ6 | | 05-19- | 2005 | 23,000,000 | | Finance construction of facility expansion | | f facility | | x | | x | |
| Pa | Proceeds (Optional for | 2008) | 1 | | | | | | | | | , | | 1 |
| 1 | Total Proceeds of Issue | | | - | 4 | ı | В | (| C | С |) | | E | |
| 2 | Gross Proceeds in Reserve Funds | | | | | | | | | | | | | |
| 3 | Proceeds in Refunding or Defeasai | nce Escrows | | | | | | | | | | | | |
| 4 | Other Unspent Proceeds | | | | | | | | | | | | | |
| 5 | Issuance Costs from Proceeds | | | | | | | | | | | | | |
| 6 | Working Capital Expenditures from Proceeds | | | | | | | | | | | | | |
| 7 | Capital Expenditures from Proceed | ds | | | | | | | | | | | | |
| 8 | Year of Substantial Completion | | | | | • | | | | | | | | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | <u>; </u> | No |
| 9 | Were the bonds issued as part of a | a current refunding is: | sue? | | | | | | | | | | | |
| 10 | Were the bonds issued as part of a | an advance refunding | ıssue? | | | | | | | | | | | |
| 11 | Has the final allocation of proceed | s been made? | | | | | | | | | | | | |
| 12 | Does the organization maintain ad final allocation of proceeds? | equate books and rec | cords to support the | | | | | | | | | | | |
| Pa | rt IIII Private Business Use | (Optional for 2008 | 2) | 1 | | | | _ | | ı | | | | |
| | | | | <i></i> | | | B | + | C | | | + | E | |
| 1 | Was the organization a partner in a which owned property financed by | | ember of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No | Yes | | No |
| 2 | Are there any lease arrangements which may result in private busine | with respect to the f | inanced property | | | | | | | | | | | |
| For | Paperwork Reduction Act Notice, see the | e Instructions for Forn | n 990. | | | Cat No 501 | 193E | | | S | chedule K | (Form 99 | 0) 2008 | 3 |

| Schedule K | (Form 990) 20 | 800 | |
|------------|---------------|------------|-------------|
| Part III | Private Bu | siness Use | (Continued) |

| | | 4 | A | E | В | | C | | D | | E |
|-----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3с | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |
| Pai | rt IV Arbitrage (Optional for 2008) | | | | | | | | | | |
| | | ı | Α | В | | С | | D | | E | |
| | | Yes | No |
| 1 | Has a Form 8038-T been filed wth respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| С | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| ь | Name of provider | | | | | | | | | | |
| С | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public

Name of the organization Vernon Memorial Healthcare inc Employer identification number

39-0806404

| ldentifier | Return Reference | Explanation | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|
| Form 990, Part VI, Section A, line 6 | | Any person who is eighteen years of age or older and a bona fide resident of Vernon County, Wisconsin ("the Corporation"), or the area within a radius of twenty-five miles of the City of Viroqua, Wisconsin, and who has the heretofore or may hereafter contribute ten dollars or more to the Corporation shall be a member thereof. All members of the Corporation shall be voting members. Each member shall have one vote on any matter submitted to a vote of the members of the Corporation. | | | | | | |

| ldentifier | Return Reference | Explanation | | | | | | |
|--|---------------------|---|--|--|--|--|--|--|
| Form 990, Part VI, Section A, line 7a | | The duties of the members of the Vernon Memorial Healthcare, Inc ("the Corporation") shall be the election of members of the Board of Directors of the Corporation, the removal of members of the Board of Directors of the Corporation, and the changing of the number of directors constituting the Board of Directors of the Corporation | | | | | | |

| ldentifier | Return Reference | Explanation | | | | | | |
|---|---------------------|---|--|--|--|--|--|--|
| Form 990, Part VI, Section A, line 7b | | The duties of the members of the Vernon Memorial Healthcare, Inc ("the Corporation") shall also include the amendment, restatement, or modification of the Articles of Incorporation or Bylaws of the Corporation, and the approval of the sale, lease, or other disposition of all, or substantially all of the assets and property of the Corporation, the dissolution of the Corporation, or its merger with another corporation | | | | | | |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section A, line 10 | | The form 990 was reviewed and approved by a committee of the board of directors of Vernon Memorial Healthcare, Inc. before submission |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 12c | | All board members of Vernon Memorial Healthcare, Inc. are required to disclose all possible conflicts of interest when first elected to the board of directors. During their terms, if any business relationships are entered into which may affect their independence as a member, the member must immediately disclose these relationships. |

| ldentifier | Return Reference | Explanation | | | | | | |
|---|---------------------|---|--|--|--|--|--|--|
| Form 990, Part VI, Section B, Ine 15 | | For upper management positions, Vernon Memorial Hospital, Inc. utilizes an independent consulting firm that provides survey results for similar positions across the country annually. The 'true market average' for each position is included in the information received. According to the contracts for the CEO, CFO and COO, these people are to receive the 'true market average' as defined in the study. Deviations from this are permitted if there is mutual consent. The CEO has the right to amend the amount for the CFO and COO. The Board has the right to amend the amount for the CEO. The Executive Committee of the Board review's the data for the CEO annually to determine the amount of his compensation. | | | | | | |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI Section C, line 19 | • | Vernon Memorial Healthcare, Inc. makes its financial statements and governing documents available to the public on a per request basis. The form 990 is also available to the public on a third party wiebsite called GuideStar. |

| ldentifier | Return Reference | Explanation | | | | | | | |
|------------------------------|---------------------|--|--|--|--|--|--|--|--|
| Form 990, Part V, Line 7G | Form 8899 | Vernon Memorial Healthcare, Inc. did not have any requirements to file form 8899 in FYE 2009, but if this filing had been necessary, Vernon Memorial Healthcare, Inc. would have filed the appopriate form | | | | | | | |

| ldentifier | Return Reference | Explanation |
|------------------------------|---------------------|--|
| Form 990, Part V, Line 7h | Form 1098-C | Vernon Memorial Healthcare, Inc. did not have any requirements to file form 1098-C in FYE 2009, but if this filing would have been necessary, Vernon Memorial Healthcare, Inc. would have filed the appropriate form |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---------------------|--|
| Form 990, Part XI, Line 2c | I IN Arciant at the | Vernon Memorial Healthcare, Inc. does not have a specific committee which assumes the responsibility for oversight of the audit. The entire board of directors is responsible for selection of the independent accountant. |

| ldentifier | Return Reference | Explanation |
|--------------------|---------------------|--|
| Form 990, part VI, | Whistleblow er | Vernon Memorial Hospital, Inc. did not have a formal w histleblow er policy for fiscal year 2009 |
| Section B, Line 15 | Policy | How ever, they have implemented a w histleblow er policy for fiscal year 2010 |

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493132007120

OMB No 1545-0047

2008

Open to Public

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number** Vernon Memorial Healthcare inc 39-0806404 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity Vernon Memorial Healthcare Foundation Inc 507 South Main Street Fundraising WI 509(a)(3) N/A Viroqua, WI54665 39-1515716

| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | | (F) Share of total income | | (G) Share of end-of- year assets | (H) Disproprtionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana part | agıng |
|---|---------|------------------------------|---|---|--|----------------------------|-------------------------------------|--|---|--|--|---|----------------------|-------|
| | | | | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organization | | | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

(6)

| Part V Transactions with Related Organization | Part V |
|---|--------|
|---|--------|

| Pa | art V Transactions with Related Organizations | | | | | | | | |
|------------|--|---|---------------------------------|----|-----|----|--|--|--|
| | Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | | |
| 1 D | During the tax year, did the orgranization engage in any of the following trans | sactions with one or more related organizations listed in Parts II- | IV? | | | | | | |
| а | a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | | | | | | |
| b | b Gift, grant, or capital contribution to other organization(s) | | | | | | | | |
| c | Gift, grant, or capital contribution from other organization(s) | | 1 | 1c | Yes | | | | |
| d | 1 Loans or loan guarantees to or for other organization(s) | | 1 | 1d | | No | | | |
| e | Loans or loan guarantees by other organization(s) | | [1 | 1e | | No | | | |
| | | | | | | | | | |
| f | Sale of assets to other organization(s) | | [1 | 1f | | No | | | |
| g | g Purchase of assets from other organization(s) | | | | | | | | |
| h | n Exchange of assets | | [1 | 1h | | No | | | |
| i | i Lease of facilities, equipment, or other assets to other organization(s) | | | | | | | | |
| | | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets from other organization(s) | | | | | | | | |
| k | k Performance of services or membership or fundraising solicitations for other organization(s) | | | | | | | | |
| - 1 | I Performance of services or membership or fundraising solicitations by other organization(s) | | | | | | | | |
| m | m Sharing of facilities, equipment, mailing lists, or other assets | | | | | | | | |
| n | n Sharing of paid employees | | լ | 1n | Yes | | | | |
| | | | L | | | | | | |
| 0 | Reimbursement paid to other organization for expenses | | [1 | 10 | | No | | | |
| P | Reimbursement paid by other organization for expenses | | <u> </u> | 1p | | No | | | |
| | | | L | | | | | | |
| q | q O ther transfer of cash or property to other organization(s) | | | | | | | | |
| r | Other transfer of cash or property from other organization(s) | | [1 | 1r | | No | | | |
| | If the answer to any of the above is "Yes," see the instructions for informa | ation on who must complete this line, including covered relationsl | nips and transaction thresholds | | | | | | |
| | (A) | (B) | (c) | | | | | | |
| | Name of other organization(s) | Transaction type(a-r) | Amount Involved | | | | | | |
| (1) |) | | | | | | | | |
| <u> </u> | <u> </u> | | | | | | | | |
| (2) |) | | | | | | | | |
| (3) |) | | | | | | | | |
| (4) | <u> </u> | | | | | | | | |
| (-) | • | | | | | | | | |
| (5) |) | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

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

| | | | | | | | | | _ | |
|--|--------------------------------|---|---|----|---|-----|----|--|--|-----------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General o managing partner? |) |
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | • | • | | • | | Cabadul | . D (Farm | 9907 2008 |

Additional Data

Software ID: Software Version:

EIN: 39-0806404

Name: Vernon Memorial Healthcare inc

Form 990, Part VII - Section Aaa

| | | (C) Position (check all that apply) | | | | | | | (E) | (F) |
|--------------------------------|--|-------------------------------------|-----------------------|---|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Errector | Institutional Trustee | | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Bud Bekkedal , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Phyllis Eklov , Chairman | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Tım Gaskell , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Marveline Kelbel , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| James Larson , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Chet Lee , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Ron Moilien , Treasurer | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Jerry Moran , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Judy Schmirler , Member | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Brad Steinmetz , Vice Chairman | 1 00 | Х | | | | | | 0 | 0 | 0 |
| John Young , Secretary | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Garıth Steiner , CEO | 40 00 | | | Χ | | | | 296,801 | 0 | 26,242 |
| Mary Koenig , CFO | 40 00 | | | Х | | | | 171,810 | 0 | 17,289 |
| Kyle Bakkum , COO | 40 00 | | | | Х | | | 167,294 | 0 | 19,636 |
| Jeff menn , Doctor | 40 00 | | | | | Х | | 403,105 | 0 | 27,910 |
| Brıan Woody , Doctor | 40 00 | | | | | Х | | 248,637 | 0 | 25,233 |
| Duane Koons , Doctor | 40 00 | | | | | Х | | 246,302 | 0 | 25,128 |
| Deborah Prior , Doctor | 40 00 | | | | | Х | | 230,776 | 0 | 23,309 |
| Brian Miller , CRNA | 40 00 | | | | | Х | | 229,659 | 0 | 20,809 |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| • | , 3 3 | | | | | | | |
|-------------------------|---------------|----------------------|--|---|--|--|--|--|
| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 | | | |
| a Hospital | 621,990 | 45,739,657 | 45,739,657 | | | | | |
| b Clinic | 621,110 | 10,229,894 | 10,229,894 | | | | | |
| c Retail Pharmacy | 446,110 | 5,670,352 | | 5,670,352 | | | | |
| d Home Health & hospice | 621,610 | 859,574 | 859,574 | | | | | |
| e Meals and Dietary | 722,210 | 263,844 | 105,993 | 157,851 | | | | |

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

VERNON MEMORIAL HEALTHCARE, Inc. WILL STRIVE TO HAVE THE VISION TO CONTINUALLY PROVIDE THE HIGHEST STANDARD OF CARE TO OUR PATIENTS AND THEIR FAMILIES WHILE BEING 'CLOSE TO HOME.' OUR MISSION IS TO PROVIDE COST-EFFECTIVE, ACCESSIBLE CARE AND SERVICE USING PROFESSIONALLY EDUCATED STAFF AND SUPERIOR TECHNOLOGY TO MEET THE HEALTH CARE NEEDS OF OUR COMMUNITY. OUR CARING AND COMMITMENT TO THE COMMUNITY WILL BE DEMONSTRATED BY OUR EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION THROUGH EDUCATION.