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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea	r, or tax year beginning 10	-01-2008 and ending 09-30-200	9		<u> </u>
B Che	eck if ap	plicable	Please	C Name of organization CALUMET MEDICAL CENTER 1	NC		D Employer ide	ntification number
☐ Add	iress ch	ange	use IRS label or	Doing Business As			39-090538! E Telephone nu	
☐ Nar	me char	nge	print or type. See	Doing business As				
┌ Inıt	ial retur	'n	Specific	Number and street (or P O b	ox if mail is not delivered to street addre	ess) Room/suite	(920) 849-2	
Г Тег	minatio	n	Instruc- tions.	614 MEMORIAL DR			G Gross receipt	5 \$ 17,499,687
┌ Am	ended r	eturn		City or town, state or country	, and ZIP + 4		1	
Г _{Арг}	olication	pending		CHILTON, WI 53014				
			F Nan	ne and address of Principa	I O fficer	 / a\	.	£
			TIMOT	HY Richman		affilia	is a group return tes?	Tor
				EMORIAL DR ON, WI 53014				
 т Та	x-exem	pt status) (3) ((Insert no)	(a)(1) or	1 ' '	l affiliates include	•
							io," attach a list ip Exemption Nur	See instructions)
. W	eb site	2: F VV VV	W AFFINI	TYHEALTH ORG		11(0) 3133	, p = x = p =	
К Тур	e of org	anızatıon	✓ Corporat	ion trust association of	ther 🕨	L Year of Fo	rmation 1954 M S	State of legal domicile WI
						'	·	
Pa	rt I	Sumr	mary					
				e organization's mission or	most significant activities			
3	1			•	Calumet County area with a histo	•	•	
Governance					mergency/trauma and surgical s ats patients with dignity and com		ll as many medic	al specialties With
E					nued its operations or disposed (5% of its assets	
Ş			,		oody (Part VI, line 1a)			8
					e governing body (Part VI, line 1			5
Activities &				nployees (Part V , line 2a)		-,		209
乬				lunteers (estimate if nece			_	41
¥					Part VIII, line 12, column (C)		_	0
-		_			Form 990-T, line 34		 7b	0
					Pric	or Year	Current Year	
	8	Contril	butions and	d grants (Part VIII, line 1h)		220,252	207,372
Revenue	9	Progra	m service	revenue (Part VIII, line 2g			16,254,902	16,925,377
٠ ج	10	Invest	ment incor	ne (Part VIII, column (A),	lines 3, 4, and 7d)		307,435	280,633
立	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		44,820	53,157
	12		evenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lır	e	16,827,409	17,466,539
	13	12)	and cimils	ar amounts paid (Part IX, c	olumn (A.) lunos 1 – 3.)		10,827,409	17,400,339
	14			or for members (Part IX, co	, .,			
	15				nefits (Part IX, column (A), lines	5-		
\$		10)	.5, 011101 00	imperioution, employee be	rents (rate 1x, colainii (xy, ililes		8,962,660	9,618,430
Expenses	16a	Profes	sıonal fund	raısıng fees (Part IX, colur			0	
ੜੀ	b	(Total fu	ındraising ex	penses, Part IX, column (D), line				
_	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f)		6,722,606	6,656,897
	18	Totale	xpenses—	add lines 13–17 (must eq	ual Part IX, line 25, column (A))		15,685,266	16,275,327
	19	Reveni	ue less exp	enses Subtract line 18 fr	om line 12		1,142,143	1,191,212
% & X0 € & X0 € &						Beginn	ing of Year	End of Year
Set afae	20	Totala	ssets (Par	rt X, line 16)			19,187,900	20,127,137
Net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)			1,981,265	2,106,314
2 2 2 2 3	22	Net as	sets or fun	d balances Subtract line 2	21 from line 20		17,206,635	18,020,823
Pai	t II	Sign	ature Blo	ock			·	
					nined this return, including accompanying on of preparer (other than officer) is base			
Plea	-60	****		correct, and complete Declaration	on or preparer (other than officer) is base	ı		r nas any knowledge
Sign		I B	ature of office	er		2010 Date	-08-04	
Here		'	THY RICHMA					
			or print nam					
		Preparer'	's k		Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature		exrode CPA MST	2010-08-04	self- empolyed •	· ` `	,
	arer's	Firm's na	me (or yours	s k WIPFLI LLP		Chipolycu F	+	
Use (ıf self-en	nployed), and ZIP + 4)			EIN 🕨	
	-	auuress,	anu ZIP + 4	PO BOX 12237	_		Phone no ► (92	20) 662-0016
M =	.L - 77	 مارد ح		GREEN BAY, WI 54307223			,	<u> </u>
may t	ne IRS	o discus	s this retu	rn with the preparer shown	above? (See instructions)			✓ Yes No

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

1	Briefly describe the organization	's mission				
					THE MISSION OF AFFINITY HEALTING OF THE COMMUNITIES WE S	
2	Did the organization unde	rtake anv significan	t program se	rvices during the vear w	which were not listed on	
_	the prior Form 990 or 990					┌ Yes ┌ No
	If "Yes," describe these n	ew services on Sch	edule O			
3	Did the organization ceas services?	e conducting or mal	ke significant	changes in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these c	hanges on Schedule	: O			
4) organizations and	4947(a)(1) t	rusts are required to rep	argest program services by port the amount of grants a I	•
4a	(Code) (Expenses \$	13,941,756	ıncludıng grants of \$) (Revenue \$	16,925,377)
	HOSPICE, AND HOME HEALTH 7 days a week Emergency Ph Clinic services for after doctor	SERVICES TO RESIDENT hysician coverage, serving 's office hours. The Surg	FS IN CALUMET g 5,140 patients ery Department	COUNTY REGARDLESS OF AB 5 in 2009, with 4,596 procedu performed 679 procedures ii	MIDING MEDICAL, SURGICAL, EM BILITY TO PAY The Emergency De ures performed The Emergency I n 2009, 1,042 Endoscopies, and I diology, MRI, Digital Mammogra	partment includes 24 hour a day/ Department also offers Walk-in 1,255 One Day Surgeries The
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sched	ule O)			
	(Expenses \$	ınclud	ing grants of	\$) (Revenue \$)
4e	Total program service e	xpenses \$	13,941,756	5 Must equal Part IX, L	ine 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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, Part II	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		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the dist <u>rib</u> ution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>	6		No
7	Schedule D, Part I	-		
, 8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		N o
	complete Schedule D, Part III 📆	8		No
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? <i>If</i> "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
12	Parts VI, VIII, IX, or X as applicable	11	165	N -
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	12		N o
		13		No
	Did the organization maintain an office, employees, or agents outside of the U S?	14a		No
	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		No
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? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
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		No
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		Νο
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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		N o
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	t V Statements Regarding Other IRS Filings and Tax Compliance	: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	14			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	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	2a	209			
.	return					
ь	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
	return?			3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a		Νο
h	·					
_	If "Yes," enter the name of the foreign country	enort o	of Foreign Bank and			
	Financial Accounts.	-port o	i Toreigh bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		·	5b		Νο
				5 D		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp. Tax Shelter Transaction?	t Entit	ty Regarding Pronibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts			
	were not tax deductible?			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 cormore $^{\circ}$	itribut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d ⁷	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pa	, nrem	nume on a narconal			
Č	benefit contract?	, prem	· · · · · ·	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization is	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds of					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	ornig organization, nave	8		
	year?			-		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section $501(c)(7)$ organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	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	441				
	against amounts due or received from them)	11b	l			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 m	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	134				
	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
processes, or changes in Schedule O. See instructions.

.a	Enter the number of voting members of the governing body	1a	8
b	Enter the number of voting members that are independent	1b	5
2	Did any officer, director, trustee, or key employee have a family relationship or a bus	siness	relationship with any

other officer, director, trustee, or key employee?	
Did the organization delegate control over management duties customarily performed by or under the direct	:
supervision of officers, directors or trustees, or key employees to a management company or other person?	

supervision of officers, directors of trustees, or key employees to a management company of other person?	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

	med		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		
5	Does the organization have members or stockholders?		

	•																										
1	Does the organiza	tior	n ha	vе	men	nbei	rs, s	toc	kho	lder	s, o	r ot	her	per	sons	s wh	o m	ау	elec	t on	e o	r m	ore	mer	mbe	rs of	fthe
	governing body?																										

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	year by the following						•						•	
а	the governing body?						_							

	-													
b	each committ	ee w	ith authoi	rıty to act	on be	half of the	governing boo	dy?						
	Does the orga	nıza	tion have	local cha	pters,	branches	, or affiliates?							

			•
Ь	If "Yes," does the organization	have written policies	and procedures governing the activities of such chapters,
	affiliates, and branches to ensi-	ure their operations a	re consistent with those of the organization?

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Yes

Yes

Yes

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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
- 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

TIMOTHY RICHMAN 614 MEMORIAL DRIVE CHILTON,WI 53014 (920) 849-7550

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

- * 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

Check this box if the organization did r	ot compens	ate any	offic	er, d	lirec	tor, tru	uste	or key employee		
		Posit t	(C tion (hat a	chec		I			(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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
DIANE THORSON, treASURER	1 50	Х		Х				0	0	0
DANIEL NEUFELDER , VICE CHAIRPERSON	1 50	Х		Х				0	659,607	63,414
PETER JANU MD , DIRECTOR	1 50	Х						0	400,224	44,749
TRAVIS ANDERSEN, DIRECTOR	1 50	Χ						0	307,725	50,819
Michael Ariens , direCTOR	1 50	Х						0	0	0
Dallas Schwalenberg , SeCRETARY	1 50	Χ		Х				0	0	0
Wayne Wieting, CHAIRPERSON	1 50	Χ		Х				0	0	0
Randy T Theiler MD , direCTOR	1 50	Х						0	0	0
JENNIFER WEBER , DIR PATIENT SUPPORT	40 00					Х		120,643	0	0
						ļ				

Part VII Continued

(A) Name and Title	(B) Average hours per	1	that a Institutional	apply	y)		Foi	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	we e k	ol Trustea Ior	mal Trustee	Officei	nplo,ee	Highest compensated employee	Former	organization (W- 2/1099MISC)	(W- 2/1099- MISC)	organization and related organizations
				\vdash			\vdash			
<u> </u>										
1b Total								120,643	1,367,556	158,982
3 Total number of induviduals /including	thosa in 1	2) who	ra c a i	v o d	mar	o thai	n d 1	00 000 in reportabl		-

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►1

			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 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
_	Did any name to based an line 4 a manage and a	-		
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			
	rendered to the organization? If Tes, complete schedule From such person	5		Νo

Section B. Independent Contractors

1 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
INFINITY HEALTCHARE PHYSICIAN 1251 GLEN OAKS LANE MEQUON, WI 530923378	ER PHYSICIANS	397,000
NORTHERN SHARED MEDICAL SERVICES PO BOX 19003 COTTAGE GROVE, WI 53527	MRI SERVICES	113,575
TOSHIBA AMERICA MEDICAL SYSTEMS 8123 S HARDY TEMPE, AZ 85284	RADIOLOGY MAINTENANCE	107,400
AMERICAN DIAGNOSTIC MEDICINE INC 960 INDUSTRIAL DRIVE UNIT 7 ELMHURST, IL 60126	NUCLEAR MEDICINE SERVICES	105,940
Total number of independent contractors (including those in 1) who rece	ived more than \$100,000 in compensation	

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 campaigns .	. 1a			Revenue		312, 313, 0, 311
\$ \$	ь	Membership dues						
Contributions, gifts, grants and other similar amounts			1b					
S, G	С	Fundraising events	 1c					
焦声	d	Related organizations .						
ي ⊒ري	e	Government grants (contribution	ns) 1e					
ਨੂੰ ਲ,ਕ	f	All other contributions, gifts, grai	nts, and	207,372				
₹ 24	-	sımılar amounts not ıncluded abo	ove 1f					
	g	Noncash contributions inc						
Ş₩.		lines 1a-1f \$						
•	h	Total (Add lines 1a-1f) .			207,372			
				Business Code				
Program Service Revenue	2a	PATIENT SERVICE REVENU		621,110	16,201,006	16,201,006		
	ь	OTHER OPERATING REVENU		621,110	714,308	714,308		
<u>2</u>	c	MISCELLANEOUS REVENUE		621,110	10,063	10,063		
Š	d			·		·		
Š	e							
Ē	f	All other program comuce	reverus					
ಚಿತ್ರ	•	All other program service	ievenue 					
_ <u>₹</u> 	g	Total. Add lines 2a-2f . ► \$ 16,925,377						
	3	Investment income (include		l l	280,633			280,633
		other similar amounts) .			200,033			200,033
	4	Income from investment of tax-	exempt bo	ond proceeds				
	5	Royalties						
		(ı) Rea		(II) Personal				
	6a	Gross Rents	70,558	(,				
	b	Less rental	28,566					
	c	expenses Rental income	41,992					
		or (loss)	·					
	d	Net rental income or (loss)		41,992			41,992
		(ı) Securi	ties	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		.				
	8a	Cross income from fundro						
		Gross income from fundrai events (not including	silig					
<u>Φ</u>		\$15,747						
Other Revenue		of contributions reported o 1c) See Part IV, line 18	n line					
ě		Attach Schedule G if total ex	ceeds					
Œ		\$15,000	а					
<u>₽</u>	b	Less direct expenses .		4,582				
ŏ	С	Net income or (loss) from	fundraısı	ng events	11,165			11,165
	9a	Gross income from gaming]	-				
		activities See part IV, line						
		Complete Schedule G if total exceeds \$15,000	′					
			а					
	b	Less direct expenses .	ь					
	с	Net income or (loss) from	gamıng a	activities •				
	10a	Cross sales of inventory I	000					
	IVA	Gross sales of inventory, l returns and allowances .						
			а					
	b	Less cost of goods sold	ь					
	С	Net income or (loss) from	sales of	inventory►				
		Miscellaneous Revenue		Business Code		T		
	11a							
	ь							
	с							
	d	All other revenue						
	e e	Total. Add lines 11a-11d						
	12	Total Revenue. Add lines :			17,466,539	16,925,377	0	333,790
		8c, 9c, 10c, and 11e				·		

Form 990 (2008) Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do r	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	47,106		47,106	
5	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	7,388,784	6,411,861		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	245,157	211,570	33,587	
9	Other employee benefits	1,434,246	1,240,934	193,312	
.0	Payroll taxes	503,137	434,207	68,930	
.1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	42,650		42,650	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	2,359		2,359	
g	Other	2,122,647	1,621,799	500,848	
2	Advertising and promotion	17,707	17,417	290	
3	Office expenses	2,404,552	2,014,336	390,216	
4	Information technology	8,141	5,961	2,180	
5	Royalties				
6	Occupancy	334,265	313,827	20,438	
7	Travel	69,591	40,599	28,992	
8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
9	Conferences, conventions and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	918,500	918,500		
3	Insurance	96,479	96,479		
4	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	607,509	607,509		
b	DUES AND LICENSES	32,497	6,757	25,740	
c		52,.57	5,.57		
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16 275 227	12.044.755	2 222 574	
		16,275,327	13,941,756	2,333,571	
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				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B End of	•
	1	Cash—non-interest-bearing			550	1	2	891
	2	Savings and temporary cash investments			5,297,015	2		6,061,171
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			2,003,233	4		2,289,045
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
20	9	Prepaid expenses and deferred charges			35,262	9		50,999
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	16,869,031				
•	ь	Less accumulated depreciation Complete Part VI of	10a	10,987,533	5,970,032	100		5,881,498
	11	Schedule D	100	10,907,333	3,970,032	11		3,001,430
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII d	· ·	5,881,808			5,843,533
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part IV			12			
		of Schedule D			13			
	14 15	Intangible assets Other assets See Part IV , line 11 Complete Part IX of Schedule			14			
		D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,187,900	16		0,127,137
	17	Accounts payable and accrued expenses .	1,388,311	17		1,577,593		
	18	Grants payable			18			
	19	Deferred revenue			19			
S.	20	Tax-exempt bond liabilities				20		
ĕ	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			.			
Ï		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				24		
	25	Other liabilities Complete Part X of Schedule D		592,954	25		528,721	
	26	Total liabilities. Add lines 17 through 25			1,981,265	26		2,106,314
Şψ		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	lete lin	es 27				
Balance	27	Unrestricted net assets			17,206,635	27	1	8,020,823
Ba	28	Temporarily restricted net assets				28		
Ξ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	lete				
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances		17,206,635	33	1	8,020,823	
<u> </u>	34	Total liabilities and net assets/fund balances			19,187,900	34	2	0,127,137
Рa	rt XI	Financial Statements and Reporting						
		· ····································					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493224004270

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

CALUI	MET ME	DICAL CENTER	INC								
								39	-090538!	5	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	\sqcap	A school de	escribed in Sec t	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	굣	A hospital	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)								
4	Г	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
	•	hospital's 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								ribed in	
	·			(Complete Part II)		•	•	, 5			
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Ţ.	•	-	ally receives a substantial p						n the gene	eral public
_	,			o)(1)(A)(vi) (Complete Par			a g			y	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	Ē		•	ally receives (1) more than		•	•	ontribution	ıs. membe	rship fees	and aross
	·	_		lated to its exempt functions					•		. •
		•		estment income and unrelate	-		•		•		
				on after June 30, 1975 See						,	
10	Г		=	and operated exclusively to					•	ee instruc	tions)
11	Г	=	-	and operated exclusively fo			-				· ·
	·	-	_	orted organizations describe					•		
		_		type of supporting organiza					h	_	
	_	•	• •	• • • • • • • • • • • • • • • • • • • •	• •		nally Integ		d	' ''	III - Other
e	J	•	-	rtify that the organization is			•			•	· ·
		section 50		agers and other than one or	more publ	iiciy suppo	orted orga	nizations (uescribed	in section	1 5 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
		check this									
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following pe		r indirectly controls, either a	alone or to	nether wi	th nersons	describe	d in (ii)		Yes No
			·	ng body of the the supported		_	ролоот		~ (<i>)</i>	11g	
			· -	erson described in (i) above	_					11g(
				ty of a person described in (hove?				11g(
h				mation about the organizatio			sunnorts			9(,
		. rovido eme		mation about the organization	no the eng	, a La c. o	эчрроп.				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	, ,	(described on lines 1-9		ation in	1	nızatıon	I	atıon ın	support?
	Orgar	nization		above or IRC section		listed in		i) of your		rganized	
(See Instructions)) your governing support? in the U.S.?											
		document?							1		
					Yes	No	Yes	No	Yes	No	

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 School	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 (Pr zations_complete Part III	oxy Tax)				
N a	nme of the organization	'		Employer iden	tıfıcatıon number		
CA	LOMET MEDICAL CENTER INC			39-0905385			
Par		oy all organizations exempt of the exempt of		501(c) and section	527		
1		ganization's direct and indirect politic	•				
2	Political expenditures	\$					
3	Volunteer hours	Ψ					
Pai	rt I-B To be completed be for Schedule C for d	oy all organizations exempt (under section	501(c)(3). (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	7	☐ Yes ☐ No		
4a	Was a correction made?				┌ Yes		
ь	If "Yes," describe in Part IV						
Pai	<u> </u>	y all organizations exempt (for Schedule C for details.)	under section	1 501(c), except sect	ion 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	\$		
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ted to other orgar	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er 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 p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aıd from the filing to a separate po	organization's own interna litical organization, such a	l funds or were s 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-		
		l	1	I	L		

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—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
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

	edule C (Form 990 or 990-EZ) 20							age 3
Pa	rt-II-B To be completed 5768 (election u	by organizations exempt und nder section 501(h)). (See the	der section 501(c)(3) that he instructions for Schedule C for	ave N detail	IOT fil ls.)	ed F	orm	1
			_	(7	a)	ــــــ	(b)	
				Yes	No	•	A moui	nt
1		ganization attempt to influence foreign pt to influence public opinion on a legis						
а	Volunteers?				No			
b	Paid staff or management (inclu	de compensation in expenses reported	d on lines c through i)?		Νο	1		
С	Media advertisements?				Νο			
d	Mailings to members, legislator	s, or the public?			Νo			
е	Publications, or published or bro	oadcast statements?			Νo			
f	Grants to other organizations fo	r lobbying purposes?			Νo			
g	Direct contact with legislators,	their staffs, government officials, or a	legislative body?		Νo			
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, o	or any other means?		Νo			
i	Other activities If "Yes," descr	ibe in Part IV		Yes				2,220
j	Total lines 1c through				1			2,220
_	11				1			
2a		e the organization to be not described	in section 501(c)(3)?		Νo	4		
Ь		tax incurred under section 4912				<u> </u>		
	·	tax incurred by organization managei			1	<u> </u>		
		d a section 4912 tax, did it file Form 4	•			<u> </u>		
Pai		by all organizations exempt		ction	501(:)(5), or	
	section 501(c)(6). (See the instructions for Sched	ule C for details.)				Yes	No
1	Were substantially all (90% or i	more) dues received nondeductible by	memhers?		Г	1	163	110
2		in-house lobbying expenditures of \$2,			F	2		
3		rryover lobbying and political expendi			F	3		
		by all organizations exempt		ction	501(:)(5). or	
) if BOTH Part III-A, questions						
		wered "Yes." (See the instructi						
1	Dues, assessments and similar			⊢	1 \$			
2		lobbying and political expenditures (d	o not include amounts of political					
	expenses for which the sectio	n 52/(f) tax was paid).			2a \$			
a b	Current Year Carryover from last year			-	2b \$			
c	Total			-	2c \$			
3		ection 6033(e)(1)(A) notices of nonde	aductible section 162(e) dues	-	3 \$			
4		ount on line 2c exceeds the amount or	` '	ŀ				
•		carryover to the reasonable estimate o	·	al				
	expenditure next year?			L	4 \$			
5								
P	art IV Supplemental In	formation						
	mplete this part to provide the de so, complete this part for any addi	scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, and	Part I	I-B, line	11		
<u> </u>	Identifier	Return Reference	Explanat	ion				
Part	: II-B, Line 1:	Explanation of Other Lobbying	WHA DUES					
	,	Activities						
	-							

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** CALUMET MEDICAL CENTER INC 39-0905385 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?

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	pose(s) of conservation easements held by the organization (checl	call	that apply)
\Box	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
\sqcap	Protection of natural habitat	Γ	Preservation of certified historic structure
\Box	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

Total number of conservation easements h 2b Total acreage restricted by conservation easements c

Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2с 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

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)?

☐ Yes

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. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

► \$

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

Assets included in Form 990, Part X

Cat No 52283D

Part	Organizations Maintaining Collections of Art	, His	tori	cal Treasu	ires, or Othei	<u>r Similar Asse</u>	ets (c	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	ofth	ne fol	lowing that ar	e a significant us	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n ho	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as		,			ılar	Yes	Г No
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 99				nızatıon answe	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	for c	ontributions (or other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tabl	е						
						A mo	unt	
C C	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	217				ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pal	rt V Endowment Funds. Complete if the organization (a)Current Year)Prior			T IV, IINE 10. Three Years Back (NEour V	ears Back
1a	Beginning of year balance	(,,	<i>)</i> 1 1101	rear (c)	o rears back (a)	Thice reals back (- ji Odi 1	cars back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	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 a	S						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
c	Term endowment ▶							
За	Are there endowment funds not in the possession of the organiza	tion	thata	are held and a	dministered for t	the		
	organization by						Yes	No
	(i) unrelated organizations	•				3a(i)	<u> </u>	<u> </u>
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's end					3b		
4 Do:	t VI Investments—Land, Buildings, and Equipmen				art V lina 10			
Pall	Tilvestillents—Land, Buildings, and Equipmen	iit. S			·			
	Description of investment			Cost or other (Investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a					9,352	l		9,352
	Buildings				10,192,788	6,176,782		4,016,006
	Leasehold improvements				271,058	161,935		109,123
	Equipment				6,395,833	4,648,816		1,747,017
	Other				3,020,000	.,5.5,510		_,,021
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	nn (B), line	10(c).)		►		5,881,498
	, , , , , , , , , , , , , , , , , , , ,	, -,		• • • •		Schedule D (

Closely-held equity interests Other CERTIFICATES OF DEPOSITS Other UNEMPLOYEMNT DEPOSIT 162,986 FOTHER MUTUAL FUNDS 1,155,868 FOTHER BONDS 2,485,407 FOTHER MONEY MARKET 1,741 FOTHER MONEY MARKET 1,353	Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.	
Closely-held equity interests	(a) Description of security or cateory		(c) Method	
### Other CHERTHECATES OF PEPOSITS ### OUTHOR OUTHOR OUTHOR OF PEPOSITS ### OUTHOR OU	Financial derivatives and other financial products			
Dither UNEMPLOYEMENT DEPOSIT 162,986 F	Closely-held equity interests			
Other MOTUNAL FUNDS	Other CERTIFICATES OF DEPOSITS	2,036,178		F
Cher BOIDS 2,485,407 F	Other UNEMPLOYEMNT DEPOSIT	162,986		F
Other MONEY MARKET 1,363 Fortal. (Column (b) should cousel room 990, Part X, col (8) Inc 12) Total. (Column (b) should cousel room 990, Part X, col (8) Inc 12) Total. (column (b) should cousel room 990, Part X, col (8) Inc 12) Total. (column (b) should cousel room 990, Part X, col (8) Inc 12) Part XIX Other Assets. See Form 990, Part X, col (8) Inc 15) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation Cost of anti-of-year market value (b) Book value (b) Book value (c) Method of valuation Cost of anti-of-year market value (c) Method of valuation (d) Book value (d) Description (d) Book value (e) Book value (f) Book value (o) Book value (d) Book value (e) Book value (f) Book value (o) Bo	Other MUTUAL FUNDS	1,155,868		F
Other MONEY MARKET 1,353 Fortal. (Column (b) should equal from 990, Part X, col (b) line 12) Salay Security Column (b) should equal from 990, Part X, col (b) line 13) Part XI Other Assets. See Form 990, Part X, line 15. (a) Description (b) should equal from 990, Part X, col (b) line 13) Part X Other Assets. See Form 990, Part X, line 15. (b) Book value (c) Method of valuation Cost or end-of-year market value Cost o	Other BONDS	2,485,407		F
Total. (Column (b) should equal Form 990, Part X, col (b) line 12) S,843,533 Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-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, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (c) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057	Other ACCRUED INTEREST	1,741		F
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year	Other MONEY MARKET	1,353		F
(a) Description of Investment type (b) Book value Cost or end-of-year market value (b) Book value (b) Book value (b) Book value (b) Book value Cottant (c) Book value (b) Book value (b) Book value (b) Book value Cottant (c) Cottant (c) Book value (c) Method of valuation (b) Book value (c) Method of valuation (b) Book value (b) Book value (c) Method of valuation (b) Book value (b) Book value (c) Cottant (c) Pook value (d) Cottant (c) Pook value (e) Cottant (c) Pook value (b) Book value (c) Cottant (c) Pook value (d) Cottant (c) Pook value (e) Cottant	Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,843,533		
(a) Description of Investment type (b) Book value Cost or end-of-year market value (b) Book value (b) Book value (b) Book value (b) Book value Cottant (c) Book value (b) Book value (b) Book value (b) Book value Cottant (c) Cottant (c) Book value (c) Method of valuation (b) Book value (c) Method of valuation (b) Book value (b) Book value (c) Method of valuation (b) Book value (b) Book value (c) Cottant (c) Pook value (d) Cottant (c) Pook value (e) Cottant (c) Pook value (b) Book value (c) Cottant (c) Pook value (d) Cottant (c) Pook value (e) Cottant	Part VIII Investments—Program Related, Se	e Form 990. Part X. line	13.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057			(c) Method	
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Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057				
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057				
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057				
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Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057				
(a) Description of Liability (b) Amount Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057				
Federal Income Taxes EST 3RD PARTY PAYOR SETTLEMENTS 263,456 ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057	·	T'		
EST 3RD PARTY PAYOR SETTLEMENTS ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057		(S) Amount		
ACC RETIREMENT OBLIGATION 59,208 ACCUMULATED ACCRETION 206,057		263.456		
ACCUMULATED ACCRETION 206,057		,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 528 721	ACCOMOLATED ACCRETION	200,037		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 528 721				
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 528 721				
	Total. (Column (b) should equal Form 990. Part X col (B) line 25.)	E20 721		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,466,539
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,275,327
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,191,21
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-377,024
9	Total adjustments (net) Add lines 4 - 8	9	-377,024
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	814,188
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	17,290,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	17,290,989
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b 175,550		
c	Add lines 4a and 4b	4c	175,550
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,466,539
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	16,301,52
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	28,566
3	Subtract line 2e from line 1	3	16,272,959
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]	
Ь	Other (Describe in Part XIV) 4b 2,368]	
c	Add lines 4a and 4b	4c	2,368
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,275,327
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		INVESTMENT - MARKET VALUATION ADJUSTMENT - 253699 RECOGNIZED DEFERRED INCOME -123325
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSE IN REVENUE -28566 Capital Contributions 80095 DEFERRED CONTRIBUTION INCOME 110486 reclassification adjustment 2370 Fundraising Revenue 11165
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE IN REVENUE 28566
Part XIII, Line 4b - Other Adjustments		Reclassification adjustment 2368

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SCHEDULE G

Total

(Form 990 or 990-EZ)

Supplemental Information Regarding

DLN: 93493224004270

OMB No 1545-0047

Fundraising or Gaming Activities

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Department of the Treasury lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

Employer identification number Name of the organization CALUMET MEDICAL CENTER INC 39-0905385 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

٠

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events 6 (total number)	(Add col	tal Eve (a) th	
Φ	1		(event type)	(cvent type)	15,747	 	1	5,747
Revenue		Gross receipts			,	 		
Rev	2	contributions						
	3	Gross revenue (line 1 minus line 2)			15,747		1	5,747
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
хре	6	Rent/Facility costs						
E E	7	Other direct expenses			4,582			4,582
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columı	n (d)			,	4,582
	9	Net income summary Combine li	nes 3 and 8 ın column (d	1)	•		1	1,165
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u> </u>	1	Gross revenue						
နှ ိ	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct B	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 in column	(d)				
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)				
	- -						Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate		·	_	. 9a		
b		No," Explain				<u> </u>	1	
10a	—— Wer	e any of the organization's gaming	licenses revoked, suspe	nded or terminated during	g the tax vear?	10a		
b		Yes," Explain	,,		g ,	104		
						\exists		
11		es the organization operate gaming				11	+	<u> </u>
12		he organization a grantor, beneficia ned to administer charitable gaming				.		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493224004270

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization CALUMET MEDICAL CENTER INC

Employer identification number

D	Charity Care and	Cortain	thar Carr	nunitu Danafita -+		0905385 2008)			
Ľ.	art I Charity Care and	certain O	mer comr	nunity Benefits at	Cost (Optional for	2008)		Yes	No
12	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1-		110
	If "Yes," is it a written policy						1a 1b	Yes	
2	If the organization has multip				tescribes application of	of the charity	ID	Yes	
_	care policy to the various hos	pitals		_		or the chartey			
	Applied uniformly to all ho Generally tailored to indiv	ospitals Idual hospital	ls	Applied uniformly	to most hospitals				
3	Answer the following based or organization's patients	n the charity o	care eligibilit	y criteria that applies t	o the largest number o	f the			
а	Does the organization use Fe income individuals? If "Yes,"	•	,		· · ·		3a	Yes	
	Γ _{100%} Γ _{150%}	▽ 2	00%	Г оther	%				
b	Does the organization use FP "Yes," indicate which of the fo			· ·		dividuals? If	3b	Yes	
	Γ _{200%} Γ _{250%}	Г ₃₀₀	" Г	350%	√ Other % 662 000000	000000%			
c	If the organization does not u determining eligibility for free test or other threshold, regard	se FPG to det or discounte	ermine eligit d care Inclu	oility, describe in Part \ de in the description wh	/I the income based c nether the organization	riteria for			
4	Does the organization's police		•				4	Yes	
5а	Does the organization budget					i	5a	Yes	
ь	F 75 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								No
c	If "Yes" to line 5b, as a resultions are to a patient who was elig	_		· =	•		5b 5c		
6a	Does the organization prepare	e an annual co	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organizatio	n make it ava	ıılable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain O		nity Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Percent of total expense	
а	Charity care at cost (from worksheets 1 and 2)	, , ,	48	128,226		128	,226	0 8	20 %
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c	Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)		77	460,607		460	,607	2 9	40 %
d	Total Charity Care and Means-Tested Government Programs		125	588,833		500	,833	3 7	60 %
e	Other Benefits Community health improvement services and community		123	300,033		300	,000	<u> </u>	00 70
	benefit operations (from (worksheet 4)	20	2,713	49,823	13,405	36	,418	0 2	30 %
	Health professions education (from worksheet 5)	2	156	21,236	260	20	,976	0 1	30 %
g	Subsidized health services (from worksheet 6)	1	500	101,823	4,500	97	,323	0 6	20 %
h :	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)	1	85	37,893	24,606	13	,287	0 0	80 %
-	Total Other Benefits	24	3,454	210,775	42,771		,004		60 %
k	Total (line 7d and 7j)	24	3,579	799,608	42,771	756	,837	4 8	20 %

	activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	t offsetting enue	(e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support	3	1,748	780,250		544,912	235,3	38	1 5	00 %
4	Environmental improvements	1		29		·		29		
5	Leadership development and training for community members									
7	Coalition building Community health improvement advocacy							+		
8	Workforce development									
9	Other									
0	Total t IIII Bad Debt, Medicar	4	1,748	780,279		544,912	235,3	67	1 5	00%
1 2 3 4 ect 5 6 7	ion A—Bad Debt Expense Does the organization report be Statement No 15? Enter the amount of the organization and the organization of the organization the organization of the organ	zation's bad di the organizati e under the org he footnote to ng methodolog nounts in comm om Medicare (s of care relati us or (shortfal to which any s urce used to d Co vritten debt co	ebt expense (all on's bad debt elanization's chat the organization's chat the organization y used in determinity benefit (including DSH) and to payments the charge rate of the charge r	expense (at cost) expense (at cost) erity care policy en's financial statem emining the amounts and IME) son line 5 ed on line 7 should b emount reported on line tio	ents that described on the formula of the formula o	escribes b in lines 2 a 5 6 7 is commundicate which	ad debt expense nd 3, or rationale 8,729,834 8,743,227 -13,393 ity benefit, and ch of the	1 9a	Yes	No No
a i	patients who are known to qual t IV Management Com					tVI		9b	Yes	
	(a) Name of entity	(b) Description of pr activity of entity	illially []	c) Organizati profit % or st ownership %	ock e	d) Officers, directors trustees, or key employees' profit % r stock ownership%	pro	Physic fit % or wnership	stock
L										
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L4										

Part V Facility Information (Required for 200	8)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CALUMET MEDICAL CENTER Inc 614 MEMORIAL DRIVE CHILTON, WI 53014	х	х			х		х		
-									
							-		

Schedule H (Form 990) 2008

Schedule H (Form 990) 2008

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 8, Part III, line 8, Part III, line 9b, and Part V See Instructions
- Part I, Line 3c It is the policy of the organization to provide medically necessary health care services to people in the communities it serves, regardless of their ability to pay Affinity Care financial assistance is granted based upon the patient's inability to pay and to individuals who are uninsured, underinsured or medically indigent Affinity Care works in collaboration with other financial (both public and private) assistance programs. This is to ensure holistic wellness of patients by facilitating knowledge of available services and programs for health while practicing good stewardship of funds. Key criteria utilized to determine eligibility for Affinity Care financial assistance includes family size, federal poverty income guidelines and available assets. The available asset test includes consideration of the amount of equity in a home, automobiles, and savings accounts which are considered part of total allowable income when assessing against the federal poverty income guidelines.

Part I, Line 7 Amounts calculated in Part I, Line 7 are determined both on a cost accounting system and a cost-to-charge ratio Other Benefits are determined based on the direct and indirect costs (where allocated) associated with a program net of earned revenue Detail for each program/activity is maintained and determined at the department level. Charity care and means-tested programs are determined based on a cost-to-charge ratio consistent with Worksheet 2, Ratio of Patient Care Cost to Charges. Prior year cost report settlements are excluded from the shortfall calculation in order to get a true fiscal year shortfall amount.

Part III, Line 4 No footnote exists in the organization's financials statements that describe bad debt expense. Bad debt expense is recorded in a consistent manner with the organization's collection policies. Bad debt expense includes accounts which are written off and estimates made on live accounts based on historical payment trends and account modeling A number of patients are truly unable to pay their out-of-pocket liability, but do not complete the process required to apply for financial assistance under the hospital's Affinity Care policy. These patients would qualify for Affinity Care if they completed the charity application, so the bad debt expense associated with treating them should be treated as community benefit. The organization does reserve the right to presume eligibility based on administrative review to help identify indigent patients and minimize the instances of when they become a bad debt. The administrative requirements to determine whether patients who do not cooperate with the financial assistance process would have qualified for charity can be burdensome, particularly for small balances.

Part III, Line 8 The shortfall associated with Medicare should be considered a community benefit for several reasons. First, IRS Rev. Rul 69-545, which established the community benefit standard for non-profit hospitals, states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community. This implies that treating Medicare patients is a community benefit. Second, for-profit specialty hospitals have been carving out certain high-margin services (i.e. cardiac, orthopedics, and oncology), leaving general acute care hospitals with lower-margin Medicare services. This indicates that Medicare losses can be a result of rendering these lower-margin services (which benefit the community) rather than inefficient operations. Lastly, the community which the organization serves has Medicare as the largest payer. The organization must accept these patients regardless of whether they make a surplus or deficit from providing such services. If the Medicare participation is premised on this fact, then providing Medicare services promotes access to healthcare services which is a community benefit. The demographic of the community is also an aging and underserved population who experience issues with access to healthcare services. Without tax-exempt hospitals providing Medicare services, CMS would bear the burden of directly providing services to the elderly.

Part III, Line 9b Calumet Medical Center has a debt collection policy which sets forth collection practices for patients who are known to qualify or may qualify for financial assistance under the charity care program. Sufficient financial counseling support is made available to patients so they can easily access patient financial service representatives and have their questions answered, and gain an understanding of the reasons why they owe a balance. Accounts are designated as charity care in the business offices so no additional time is spent on collection efforts.

- 2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- Part VI, Line 2 Calumet Medical Center performs community needs assessments as needed. When a need is identified, the hospital develops a plan to implement a program either through community collaboration or individually. Outcomes from the programs are measured and considered in subsequent community needs assessments. Community benefit plans are presented to senior leadership and board members to ensure the findings are incorporated into the organization's strategy and policy development. For example, senior leaders are required to provide direct service to the poor hours as part of their performance goals.
- 3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- Part VI, Line 3 Calumet Medical Center goes to great lengths in order to inform and educate patients/persons who may be billed for patient care about their eligibility for assistance under federal, state or local government programs and under the organization's Affinity Care policy. The Affinity Care policy and application is posted on the organization's website. Admissions and other key areas contain summary information of the Affinity Care policy. As part of the intake/discharge process, patients are provided with a copy of the policy and other information for financial assistance. If during the course of the patient registration process, care encounter, treatment, or upon discharge it becomes evident that a patient may need financial assistance, the patient shall be referred to Calumet Medical Center's Affinity Care program. Patients may be identified as needing financial assistance at any time during the course of an encounter. A referral for consideration of Affinity Care financial assistance can be initiated by any member of the hospital's workforce, including medical staff members, who become aware of the patient's potential need for Affinity Care financial assistance. The Affinity Care policy was also translated into dialects prevalent in the community in order to reach out to those that may speak another language (Spanish and Hmong). Patient Registration staff and Financial Counselors are provided with scripts to follow when interacting with patients. As part of the Affinity Care process, patients must register with the county public assistance to see if they may qualify under any other federal or state programs.
- 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Part VI, Line 4 While there is growing agreement in the United States about what constitutes a non-profit hospital's "community benefit" this is a work in progress. The organization provided significant charity care and other community benefits as defined by the IRS. But in addition, we believe that we provide a critically important community benefit, which is not quantified. Calumet Medical Center, like most community hospitals, was created and is maintained in order to provide care locally care that without our hospital, may not be available locally Certain specialized services available include. I/P Rehabilitation services, I/P Sub-acute (SNF) services.
- 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- Part VI, Line 5 Community-building activities include programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the organization. Costs for these activities include cash, in-kind donations, and expenditures for the development of a variety of community health programs and partnerships. Another example is Health Career Presentations in which professionals from Calumet Medical Center go to career classes at area high schools and universities to talk about their professions (i.e. Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac & Pulmonary Rehab)
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Part VI, Line 6 Calumet Medical Center's governing board consists primarily of persons who reside within the primary service area. They are not employees of the organization. The organization strives to further its exempt purposes by the following Calumet Medical Center participates in government-sponsored health programs (Medicare, Medicaid, CHAMPUS, General Relief, and Specialized County Programs) Calumet Medical Center donates food to area shelters and their dietary department also subsidizes mobile meals programs for the elderly and low income individuals. They also donate medical supplies and medications to clinics in third world countries Calumet Medical Center donated funds to support area organizations that provide services to the following sectors of our population low-income, homeless, physically and mentally challenged and chronically ill Calumet Medical Center operates the only paramedic-level ambulance service in Calumet County This service operates at a loss and is subsidized by the hospital Calumet Medical Center offers safe and affordable child care to the communities that we serve This service operates at a loss and is subsidized by the hospital Calumet Medical Center provides community health improvement services through health education lectures, health fairs and support groups Calumet Medical Center conducts Cardiac Rehabilitation and Diabetic education sessions. This service is provided at a cost to the patient that is far below the cost to offer the service Discounted care is provided to low income families up to 662% of Federal Poverty Guidelines Calumet Medical Center serves as a sponsor site for clinical training of college students in various health care programs Calumet Medical Center operates a transportation van for radiation oncology patients to provide a means to seek services that patients would otherwise not travel to receive This service is provided at a cost to the patient that is far below the cost to offer the service Calumet Medical Center offers athletic training services to local high schools that would otherwise not have this service available to their students. The service is offered at a cost to the schools that is far below the cost to offer the service
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
- Part VI, Line 7 Calumet Medical Center, of Chilton, Wisconsin is a community Critical Access Hospital managed by an affiliated health care system called Affinity Health System Affinity Health System also has two other hospitals, St. Elizabeth Hospital, in Appleton, WI and Mercy Medical Center, in Oshkosh, WI. In addition to the hospitals, Affinity Health System also has 25 area clinics under the control of Affinity Medical Group. The mission of Affinity, as a Catholic health care system, is to live out the healing ministry of Christ by providing services that promote the health and well being of the communities we serve, especially the poor Affinity Health System is sponsored equally by two Catholic health systems, Ministry Health Care, headquartered in Milwaukee, WI and Wheaton Franciscan Health Care, also headquartered in Milwaukee, WI. The 3 hospitals and the 25 clinics provide free or minimal cost health education, support, and screening services for the populations they serve. Calumet Medical Center, Mercy Medical Center, and St. Elizabeth Hospital provide support for educational programs to educate future health care professionals. There is also an expectation that all people in management services at Affinity Health System will provide direct services to the poor.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Page 4

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DLN: 93493224004270

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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 CALUMET MEDICAL CENTER INC

Employer identification number

39-0905385

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	굣				
	☑ Independent compensation consultant	굣	Compensation survey or study			
	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 p	payment	t?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	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	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	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," of			7		Νο
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

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)(1)-(111) 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DANIEL NEUFELDER	(I) (II)	515,690	130,243	13,674	43,655	19,759	723,021	
PETER JANU MD	(I) (II)	399,760		464	26,578	18,171	444,973	
TRAVIS ANDERSEN	(I) (II)	248,471	38,298	20,956	29,237	21,582	358,544	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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
		Receipts are provided to Sr Administrative Assistant in HR who reviews for accuracy, completes a reimbursement form with substantiation to Payroll for reimbursement. Business travel expenses for spouses of executives and golf club membership for executives are reimbursed to executives as part of their taxable executive flex credit account. Reference attached executive benefit summary

DLN: 93493224004270

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.

2008

Open to Public Inspection

Name of the organization
CALUMET MEDICAL CENTER INC

Employer identification number
39-0905385

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The corporate members of Calumet Medical Center, Inc. are Calumet Area Community Health Foundation, Inc. and Affinity Health System, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Affinity Health Systems, Inc. has the power to approve and remove the Organization's Board of Directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Corporate members, Calumet Area Community Health Foundation, Inc. and Affinity Health System, Inc., approve all modifications of the Articles of Incorporation and provisions of the Bylaws as well as approve the dissolution, consolidation or merger of the Organization Affinity Health System, Inc. also has managing powers over the Organization Affinity Health System, Inc. 's corporate members Ministry Health Care, Inc. and Wheaton Franciscan Services, Inc. may act in all respects in the place of Affinity Health System, Inc. to the Organization

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Matt Streeter, Manager of Finance, and Timothy Richman, President, review the Form 990 before filing with the IRS. In addition, Calumet Medical Center, Inc. provides a copy of the Form 990 to the Board of Directors for ratification

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest and duality statement is completed by the board of directors on an annual basis

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		Calumet Medical Center (Organization) has a Compensation Committee consisting of four members of the Board of Directors, which consist of two representatives of the Corporate Members. No member is an Affinity Medical Group Physician or a member of the executive team of the Organization. The Compensation Committee (those without conflict) has authority to approve any and all amounts of compensation for members of the executive team of the Organization. The Compensation Committee at least annually investigates, evaluates, reviews, determines and documents the compensation of the senior management team of the Organization. The Compensation Committee considers data from independent sources providing information as to amounts paid by comparable organizations for comparable positions and insure they individuals are paid no more than fair market, reasonable compensation for services rendered.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Only the financial statements are made public as by way of filing the annual IRS Form 990, which by law is available to the public

ldentifier	Return Reference	Explanation
Form 990 Part XI line 2b-2c	Audited Financial Statements	The Organization does not receive separately audited financial statements. The Organization is audited and reported through consolidated financial statements of Affinity Health System, Inc. The audit committee is responsible for the auditor selection. The audit statements are reviewed by the Controller, CFO, Ministry Health CFO, and the audit committee.

ldentifier	Return Reference	Explanation
Form 990, Schedule H, Part VI, Line 8	FILING COMMUNITY BENEFIT REPORTS	Calumet Medical Center files their community benefit results in the State of Wisconsin Their data is incorporated into a report for all of Affinity Health System that ultimately is published in the area new spapers

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS	THE FINANCIAL STATEMENTS of the Organization ARE AUDITED AS PART OF AFFINITY HEALTH SYSTEM, Inc. CONSOLIDATED AUDITED FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation
Schedule H, Part 1, Line 7, column F		Bad debt expense of \$607,509 included on form 990, Part IX, line 25 was excluded from the denominator per instructions when calculating the percent of total expenses on Schedule H

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2008

DLN: 93493224004270

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ 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.

Name of the organization CALUMET MEDICAL CENTER INC **Employer identification number** 39-0905385

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	on Public charity sta (if section 501(c))	tus (F) Direct controlling (3)) entity
Affinity Health System Inc					
1570 Midway Place Menasha, WI54952	Health Care Services	IL	501 C 3	3	N/A

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Affinity Health System Inc 1570 Midway Place Menasha, WI54952 39-0816818	Health Care Services	IL	501 C 3	3	N/A
Ministry Health Care Inc 11925 W Lake Park Drive Milwaukee, WI53224 39-1490371	Support Related Healthcare Organizations	WI	501 c 3	11A	N/A
wheaton Franciscan Services Inc 26 W171 Roosevelt Road Wheaton, IL60187 36-3262111	Support Related Healthcare Organizations	IL	501 C 3	11A	N/A
St Elizabeth Hospital Community Foundation Inc 1506 S Oneida Street appleton, WI54915 39-1256677	Raise funds in support of St Elizabeth Hospital and related entities	WI	501 C 3	11A	N/A
Calumet Area Community Health Foundation Inc 451 E Brooklyn Street Chilton, WI53014 39-1948002	Support Calumet Medical Center and the health of area citizens	WI	501 C 3	11C	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y	,		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(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 organ		(B) Primary activity		(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)

Pa	Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II-:	:V?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		No			
b	Gift, grant, or capital contribution to other organization(s)			1b		No			
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes				
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f	Yes				
g	Purchase of assets from other organization(s)			1 g	Yes				
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
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)								
ı	l Performance of services or membership or fundraising solicitations by other organization(s)								
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No			
n	n Sharing of paid employees								
0	Reimbursement paid to other organization for expenses			10	Yes				
р	Reimbursement paid by other organization for expenses			1 p	Yes				
q	O ther transfer of cash or property to other organization(s)			1q	Yes				
r	O ther transfer of cash or property from other organization(s)			1r	Yes				
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationsh	ips and transaction thresholds						
	(A)	(B)	(C)						
	Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									
(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

	T	ı	(5)		· -			1	1	
(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	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1			1	ı	1			