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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Meriter Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
202 South Park Street

City or town, state or country, and ZIP + 4
Madison, WI 537151596

D Employer identification number
39-0806367

E Telephone number
(608) 417-6000

G Gross receipts $ 488,209,448

F Name and address of principal officer
James Woodward
202 South Park Street
Madison, WI 537151596

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www meriter com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1898 | **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Meriter Hospital is a not-for-profit community hospital Meriter's mission is to heal this day, to teach for tomorrow, to embrace excellence always and to serve our communities for a lifetime of quality care

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	3,142
6	Total number of volunteers (estimate if necessary)	**6**	606
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	187,926
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	87,764

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	474,941	319,481
	9 Program service revenue (Part VIII, line 2g)	323,024,370	354,537,707
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,894,843	6,127,584
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,645,017	4,586,399
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	339,039,171	365,571,171
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	73,315	85,531
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	165,862,281	171,814,356
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶965,360		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	139,732,764	158,394,668
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	305,668,360	330,294,555
	19 Revenue less expenses Subtract line 18 from line 12	33,370,811	35,276,616

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	398,550,893	490,600,734
	21 Total liabilities (Part X, line 26)	210,888,891	236,982,819
	22 Net assets or fund balances Subtract line 21 from line 20	187,662,002	253,617,915

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2010-07-01

Linda Hoff CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	DELOITTE TAX LLP 555 EAST WELLS STREET SUITE 1400 MILWAUKEE, WI 53202		EIN ▶ Phone no ▶ (414) 271-3000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MERITER'S MISSION IS TO HEAL THIS DAY, TO TEACH FOR TOMORROW, TO EMBRACE EXCELLENCE ALWAYS AND TO SERVE OUR COMMUNITIES FOR A LIFETIME OF QUALITY CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 305,522,544 including grants of $ 85,531) (Revenue $ 355,183,656)

Meriter Hospital is a 448-bed not-for-profit community hospital accredited by JCAHO Meriter supports the community by providing uncompensated care, subsidized services, health promotion, education activities, medical education and research Meriter features primary care and specialty physicians from Meriter Medical Group as well as the University of Wisconsin Medical Foundation As Wisconsin's fifth largest hospital, Meriter Hospital provides a wide-ranging scope of medical and surgical services including centralized cardiac services, newborn intensive care unit, emergency services, orthopedic surgical services and the region's only hospital-based dental clinic and child and adolescent psychiatric hospital Meriter is the second largest birthing facility in the state and has the state's only accredited chest pain center

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 305,522,544

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *If "Yes," complete Schedule F, Part II*	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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
36	**Section 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**		No
37	Did the organization conduct more than 5% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	161		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property 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			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	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 facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	18		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	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?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Linda Hoff
202 South Park Street
Madison, WI 53715
(608) 417-5811

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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 not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,067,289	4,239,027	491,084

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 110

			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**	Yes	
4	For any individual listed on line 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	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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
JH Findorff and Son Inc 300 South Bedford Street Madison, WI 53703	Construction Contractor	7,926,621
University Of Wisconsin Hospital And Cli 750 Highland Avenue Madison, WI 53278	INterns, Residents, Med-Flights, Teachin	4,149,812
CDW Goverment Inc 5520 Research Drive Madison, WI 53711	Information Systems Services	2,431,979
Epic 1979 Milky Way Lane Verona, WI 53593	Information Systems	2,015,356
UNiversity of Wisconsin 600 Highland Avenue Madison, WI 53278	Interns and Residents	1,660,161
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	219,101			
	e	Government grants (contributions)	1e	83,047			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,333			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		319,481			
Program Service Revenue			Business Code				
	2a	Patient service revenu	621,400	345,883,029	345,883,029		
	b	Mngt contract rev	621,110	1,703,580	1,703,580		
	c	Cafeteria revenue	722,210	1,123,315		603	1,122,712
	d	Parking revenue	722,210	916,118		57,750	858,368
	e	Child care revenue	624,410	907,228			907,228
	f	All other program service revenue		4,004,437	3,164,148	80,213	760,076
	g	**Total.** Add lines 2a–2f		354,537,707			
	3	Investment income (including dividends, interest and other similar amounts)		5,963,225		8,080	5,955,145
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	2,421,790				
	b	Less rental expenses	2,327,045				
	c	Rental income or (loss)	94,745				
	d	Net rental income or (loss)		94,745		41,280	53,465
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	119,983,217	237,551			
	b	Less cost or other basis and sales expenses	119,843,444	212,965			
	c	Gain or (loss)	139,773	24,586			
	d	Net gain or (loss)		164,359	164,359		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	478,361			
	b	Less cost of goods sold	b	254,823			
	c	Net income or (loss) from sales of inventory		223,538			223,538
		Miscellaneous Revenue	Business Code				
	11a	INCOME FROM UNCONSOLID	900,099	4,268,540	4,268,540		
	b	Other Miscellaneous Re	900,099	-424			-424
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		4,268,116			
	12	**Total revenue.** See Instructions		365,571,171	355,183,656	187,926	9,880,108

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do 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	85,531	85,531		
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	270,365	270,365		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	133,848,199	130,368,146	3,480,053	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,521,480	7,325,922	195,558	
9	Other employee benefits	20,259,153	19,732,415	526,738	
10	Payroll taxes	9,915,159	9,657,365	257,794	
11	Fees for services (non-employees)				
a	Management	10,868,955	3,097,652	7,771,303	
b	Legal	280,609		280,609	
c	Accounting	69,613		69,613	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	10,920,668	10,635,074	285,594	
12	Advertising and promotion				
13	Office expenses	1,209,961	1,173,541	36,420	
14	Information technology				
15	Royalties				
16	Occupancy	8,403,889	8,150,932	252,957	
17	Travel	172,383	167,194	5,189	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	124,855	121,097	3,758	
20	Interest	5,088,843		5,088,843	
21	Payments to affiliates	2,100,144	122,264	1,013,420	964,460
22	Depreciation, depletion, and amortization	23,891,103	23,171,981	719,122	
23	Insurance	1,090,010	1,057,201	32,809	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Supplies	50,456,754	48,938,006	1,518,748	
b	State revenue assessmen	14,818,296	14,818,296		
c	Test fees	10,470,301	10,470,301		
d	Bad debts provision	7,109,821	6,895,815	214,006	
e	Equipment rental and ma	4,997,286	4,846,868	150,418	
f	All other expenses	6,321,177	4,416,578	1,903,699	900
25	**Total functional expenses.** Add lines 1 through 24f	330,294,555	305,522,544	23,806,651	965,360
26	**Joint costs.** Check here ▶ ☐ 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 Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		63,958	1	2,223,091
	2	Savings and temporary cash investments		42,216,994	2	30,801,641
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		31,520,336	4	36,008,720
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		19,998,600	7	33,617,194
	8	Inventories for sale or use		3,778,565	8	3,743,260
	9	Prepaid expenses and deferred charges		2,427,259	9	2,801,880
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 396,045,015			
	b	Less accumulated depreciation	10b 220,854,540	163,189,655	10c	175,190,475
	11	Investments—publicly traded securities		107,460,254	11	176,615,234
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,895,272	15	29,599,239
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		398,550,893	16	490,600,734
Liabilities	17	Accounts payable and accrued expenses		35,525,884	17	45,136,603
	18	Grants payable			18	
	19	Deferred revenue		7,476,199	19	6,041
	20	Tax-exempt bond liabilities		135,496,264	20	167,426,862
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,816,667	23	4,337,407
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		28,573,877	25	20,075,906
	26	**Total liabilities.** Add lines 17 through 25		210,888,891	26	236,982,819
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		182,979,633	27	246,308,252
	28	Temporarily restricted net assets		4,411,367	28	7,036,661
	29	Permanently restricted net assets		271,002	29	273,002
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		187,662,002	33	253,617,915
	34	Total liabilities and net assets/fund balances		398,550,893	34	490,600,734

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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 ▶

b **33 1/3% support tests—2008.** 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 ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Menter Hospital Inc	39-0806367

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		611
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		23,133
j	Total lines 1c through 1i			23,744
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE AMOUNT ON LINE I IS A PORTION OF ANNUAL MEMBERSHIP DUES PAID TO THE WHA AND AHA ATTRIBUTABLE TO LOBBYING WHA - $12,351 AHA - $10,782

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
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 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
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 as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,900,484		4,900,484
b Buildings		204,418,402	100,344,504	104,073,898
c Leasehold improvements		573,273	77,888	495,385
d Equipment		172,480,655	120,432,148	52,048,507
e Other		13,672,201		13,672,201
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				175,190,475

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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
Investment in joint ventures	19,265,100
Other long-term assets	4,538,054
Due from Meriter Foundation	5,796,085
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	29,599,239

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Retirement liabilities	19,041,417
Insurance reservces	636,000
Asset retirement obligation	398,489
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	20,075,906

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	365,571,171
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	330,294,555
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	35,276,616
4	Net unrealized gains (losses) on investments	4	9,783,662
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	20,895,635
9	Total adjustments (net) Add lines 4 - 8	9	30,679,297
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	65,955,913

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	395,200,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,783,662		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	17,304,625		
e	Add lines **2a** through **2d**			2e	27,088,287
3	Subtract line **2e** from line **1**			3	368,111,759
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-2,540,588		
c	Add lines **4a** and **4b**			4c	-2,540,588
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	365,571,171

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	348,808,162
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	18,513,607		
e	Add lines **2a** through **2d**			2e	18,513,607
3	Subtract line **2e** from line **1**			3	330,294,555
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	330,294,555

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Change in interest - foundation 1287959 Temporary restricted transfers - foundation 1993521 Change in additional minimum pension liability 9980529 Transfer to affiliate -650000 Released for capital and other 98127 Swap gain/loss 8185499
Part XII, Line 2d - Other Adjustments		Change in interest - foundation 676681 Interest rate swap adjustments 8185499 Entities included in consolidated audit report not on return 8144706 Assets released from restriction 297739
Part XII, Line 4b - Other Adjustments		Rent expense allocation -2327045 COGS from inventory sales -254823 Meriter Real Estate rental revenue - UBI 41280
Part XIII, Line 2d - Other Adjustments		Rent expense allocation 2327045 COGS from inventory sales 254823 Entities included in consolidated audit report not on return 15931739
		FIN 48 FOOTNOTE THE HOSPITAL ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL THIS GUIDANCE ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER ASC 740-10, THE HOSPITAL MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT ASC 740-10 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES AS OF DECEMBER 31, 2009 AND 2008, THE HOSPITAL DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		15,572	7,708,066		7,708,066	2 330 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		23,340	49,818,132	40,615,750	9,652,382	2 920 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		667	1,338,617	41,272,666	231,701	0 070 %
d **Total** Charity Care and Means-Tested Government Programs		39,579	58,864,815	81,888,416	17,592,149	5 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	95	303,429	398,455	300	398,155	0 120 %
f Health professions education (from Worksheet 5)	66	2,369	5,907,213	5,350	5,901,863	1 790 %
g Subsidized health services (from Worksheet 6)	5	2,470	3,918,000		3,918,000	1 190 %
h Research (from Worksheet 7)	5	2	36,935		36,935	0 010 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	94	21,615	296,402		296,402	0 090 %
j **Total** Other Benefits	265	329,885	10,557,005	5,650	10,551,355	3 200 %
k **Total.** Add lines 7d and 7j	265	369,464	69,421,820	81,894,066	28,143,504	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development	1	0	3,000		3,000	0 %
3	Community support	13	875	134,727		134,727	0 040 %
4	Environmental improvements	2	0	4,336		4,336	0 %
5	Leadership development and training for community members	1	0	2,412		2,412	0 %
6	Coalition building	4	170	4,396		4,396	0 %
7	Community health improvement advocacy	10	0	4,198		4,198	0 %
8	Workforce development	5	31	34,254		34,254	0 010 %
9	Other						
10	**Total**	36	1,076	187,323		187,323	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,971,905		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	233,244		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	68,043,845
6	Enter Medicare allowable costs of care relating to payments on line 5	6	80,400,096
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-12,356,251
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Meriter Hospital Inc 202 S Park Street Madison, WI 53715	X	X		X		X	X		
Pohle Dental Clinic 202 S Park Street Madison, WI 53715								X	Hospital based dental clinic
Child and Adolescent Psychiatric Hospita 8001 Raymond Road Madison, WI 53719								X	Psychiatric hospital for children/adolescents

Part VI Supplemental Information

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 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 6a A report is filed on behalf of Meriter Health Services of which Meriter Hospital is a subsidiary The Community Benefit text that is part of this return represents only the Hospital

Part I, Line 7g Community benefit reported on this 990 does not include any costs related to physician clinics as the physician clinics are part of a different entity, the Meriter Medical Group, which is reported on a separate Form 990 The value of the Meriter Medical Group community benefit is $1,150,700 for 2009

Part I, Line 7f Bad debt expense of $7,109,821 is included in Part IX, Line 25, column A, but excluded for purposes of calculating the cost to charge ratio

Part III, Line 4 The hospital reports accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends Costing Methodology The ratio of patient care cost to charges is applied to the bad debt attributable to patient accounts to calculate the estimated cost of bad debt attributable to patient accounts that is reported on line 2 The ratio of costs to charges is based on Worksheet 2 of Schedule H Bad Debt as Community Benefit It is our belief that the amount of 6% of bad debt should be included as part of our community benefit As a not-for-profit tax exempt hospital, we must provide necessary patient care services to all, regardless of the ability to pay for that care This broad scope for providing care qualifies bad debts as a community benefit After making every effort on our part to assist patients in completing the financial assistance forms, we will remit the remaining uncollectible accounts to a collection agency The collection agency makes further efforts to understand the circumstances of why the receivables are not able to be collected Of the total open receivables remitted to the collection agency about 6% of the balances are considered uncollectible by the agency due to financial inability This 6% was therefore applied to our gross bad debt expense as representative of the portion of patients unable to pay That amount is further reduced by the application of the cost to charge ratio Financial Statement Footnote Audited financial statement footnotes do not have a specific reference to bad debt expense A cost to charge ratio was used The Hospital reports accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends

Part III, Line 8 The Medicare shortfall was not included as Community Benefit

Part III, Line 9b We notify patients of their financial responsibility as well as our charity care policy Our collection agencies are educated on our FAHHCP (Financial Assistance for Health Care Program), and we follow WHA billing guidelines Our policy states "Patient accounts in the process of financial aid review will not knowingly be sent to collections "

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 The goal of Meriter Health Services' Healthy Community Model is to implement and communicate a community service program that collaborates with others to promote, protect and improve the health of the community This includes helping confront existing unmet community health needs Meriter plays a leadership role in improving the quality of life within Dane County through long-term relationships with many public and private agencies in our community, including important linkages with Dane County United Way, area public school systems, city and county health departments, local business coalitions and faith communities to help identify and address these unmet needs

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 Meriter uses a multifaceted approach Our Patient Financial Coordinators (PFC's) work with self-pay patients to determine if they qualify for other programs (e g Medicaid, SSI, FAHCP, etc) The PFC's also assist the patients with completion of the applicable forms We have information on our Web site regarding FAHCP as well as an application Our collection agencies will also review patients' financial ability to pay and notify us if they qualify Our customer service staff are also versed in assisting patients with charity care We have charity care brochures in all the main access points in the hospital

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Meriter views its primary service area as Dane County (approximately 76% of our discharges) The secondary service areas are Adams, Columbia, Crawford, Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon and Walworth counties The population for Dane County is approximately 483,000 with a median household income of $60,794 The ethnic make up is 85% white (non-Hispanic), 4% black, 5% Asian and 5% Hispanic The percent of persons living below the poverty line in Dane County is 11%

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 Meriter is deeply committed to its community and neighborhood and its overall health Meriter plays a role in the health of the greater Madison area in a variety of ways One example is Meriter's involvement in a local MedDrop effort MedDrop provides a central location for area residents to dispose of expired and unwanted medicines and vitamins, inhalers, nebulizers and even illegal drugs Meriter participates in this event in collaboration with other healthcare providers, local law enforcement, city and county public health and county public works While this event does not provide increased access to care, it does provide for a healthier and safer community overall In addition to MedDrop, Meriter staff are also involved in youth literacy efforts through the Launching into Literacy and Math conference This program is geared to helping provide a strong base for reading and math skills The development of these skills leads to healthier brain development for more complex reasoning skills and gives a better framework for lifelong learning Statistics have shown that those without adequate literacy levels are not as healthy as those with strong skills Additionally, those with strong reading and math skills have higher earning potential, also an indicator for better health Creating a healthy community is far more complex than providing access to care Many seemingly unrelated factors can impact one's health including socio-economic status, literacy levels, safety and security, housing, and many other components Meriter looks for ways to impact health in many of these avenues

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 Meriter Hospital is Madison's only true community hospital governed by a local Board of Directors comprised of community leaders and physicians Meriter is also the only hospital with an open medical staff A key goal of Meriter's Healthy Community Initiatives is to implement and communicate a community service program which collaborates with others to promote, protect and improve the health of the community Meriter uses the Healthy Community model to improve select child health issues, including providing services of a Child and Adolescent Psychiatry Hospital Meriter supports and funds Seal Dane providing dental education and dental sealants for children who might not otherwise receive this Capitalizing on the strength of its Max Pohle Dental Clinic, Meriter continues to work with school nurses in the Madison Metropolitan School District to identify and treat children who are in acute dental crisis Meriter spearheads work done by the Dane County Health Council by providing leadership The Council is working on innovative, long-term solutions to provide health care access without barriers to all people living in Dane County Meriter provides the only Sexual Assault Nurse Examiner (SANE) program in the region SANE Staff provide training to other health care facilities, law enforcement and other first responders to provide them with essential knowledge and skills to aid the victims of sexual assault Leveraging Meriter's Centers of Excellence knowledge in women's health, cardiac services and emergency services, Meriter links with the community by developing outreach screenings and prevention programs in these areas The Meriter Wellness Center conducts screenings and education to decrease the risk of cardiovascular disease with innovative programs The Women's Health Center of Excellence holds outreach screenings and ongoing educational programs for pregnant women and new mothers Meriter's Emergency Services department programming includes Kids Club and CARE, or Cancel Alcohol Related Emergencies which targets injury prevention and education

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 We are not part of an affiliated health care system

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

WI

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Meriter Foundation Inc202 South Park Street Madison, WI 53715	237098688	501 (c)(3)	41,130		N/A	N/A	Hospital programs

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Hospital Scholarships	21	31,726			
Medical Staff Scholarships	1	4,000			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants are made upon a specific project request and only made to organizations that we have a working relationship with and share a common goal of community benefit Grants are only made to 501 (c) (3) organizations which must complete Form 990s and annual reports Part III - Scholarships are awarded to individuals who have submitted required application and supporting documentation A selection committee reviews the requests, evaluates each application based upon financial need, academic record, extra curricular work/volunteering, recommendation and essay Checks are issued to the academic institution on the student's behalf

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Menter Hospital Inc

Employer identification number
39-0806367

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Business Club dues were paid for one person The business club is an IRS Section 501(c)(7)
	Part I, Line 4a	Severance payments were received by the following individuals R Coats $295,210 W Hisgen $211,275 M Meyer $167,734 B Pinekenstein $195,337 T Sio $195,019 Amounts listed include employee deferrals, where applicable J Woodward $87,011 L Myers $20,563 L Hoff $24,312 S Erickson $9,391 P Grunwald $46,549 K Guffey $16,825 M Nick $16,444 G Priest $24,450 T Prince $8,326 W Hisgen $15,515 T Sio $75,875
	Part I, Line 7	System wide performance measures, with a financial threshold component, must be met to qualify for the overall incentive Once met, various established goals are measured which include specific performance improvement savings, days cash on hand, operating margin

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-0806367
Name: Meriter Hospital Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James Woodward	(I)	49,123	14,589	6,107	1,511	2,114	73,444	0
	(II)	442,106	131,300	54,960	13,603	19,030	660,999	0
Lynne Myers	(I)	0	0	0	0	0	0	0
	(II)	290,908	45,834	74,044	6,024	12,660	429,470	0
Linda Hoff	(I)	0	0	0	0	0	0	0
	(II)	283,483	82,992	24,751	22,859	14,207	428,292	0
Timothy Riddle	(I)	143,030	17,071	27,945	28,611	19,822	236,479	0
	(II)	0	0	0	0	0	0	0
Kerra Guffey	(I)	0	0	0	0	0	0	0
	(II)	242,622	48,222	17,413	14,405	15,309	337,971	0
Timothy Prince	(I)	0	0	0	0	0	0	0
	(II)	135,209	15,000	46,871	0	7,849	204,929	0
Sue Erickson	(I)	0	0	0	0	0	0	0
	(II)	156,147	11,837	16,068	20,075	17,196	221,323	0
Patricia Grunwald	(I)	0	0	0	0	0	0	0
	(II)	226,266	26,518	14,707	28,626	11,416	307,533	0
Geoffrey R Priest MD	(I)	0	0	0	0	0	0	0
	(II)	312,026	57,822	26,136	17,825	20,952	434,761	0
Mary M Nick	(I)	0	0	0	0	0	0	0
	(II)	214,642	42,256	17,681	3,675	5,251	283,505	0
Courtney Hogendorn MD	(I)	199,261	54,321	171	21,808	16,730	292,291	0
	(II)	0	0	0	0	0	0	0
Michael Miller MD	(I)	249,018	0	970	37,157	20,746	307,891	0
	(II)	0	0	0	0	0	0	0
William P Shannon MD	(I)	243,409	49,294	480	36,469	14,372	344,024	0
	(II)	0	0	0	0	0	0	0
Barbara Pinekenstein	(I)	0	0	0	0	0	0	0
	(II)	0	26,218	195,337	0	13,594	235,149	195,337
Tim Sio	(I)	0	0	0	0	0	0	0
	(II)	0	20,277	195,019	0	0	215,296	195,019
William Hisgen MD	(I)	0	0	0	0	0	0	0
	(II)	0	40,418	211,275	0	0	251,693	0
Miles Meyer	(I)	0	0	0	0	0	0	0
	(II)	0	17,218	167,734	0	13,594	198,546	167,734

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	WI Health & Edu Facilities Auth Adj Rate Rev Bonds #2008A	39-1337855	97710BBH4	05-21-2008	23,750,000	Current Refunding of 2006 Series A, Issuance Costs, Credit Enhancement		X		X
B	WI Health & Edu Facilities Auth Adj Rate Rev Bonds # 2008B	39-1337855	97710BBJ1	05-21-2008	28,400,000	Current Refunding of 2006 Series B, Issuance Costs, Credit Enhancement		X		X
C	WI Health & Edu Facilities Auth Adj Rate Rev Bonds # 2008C	39-1337855	97710BBK7	05-21-2008	34,940,000	Current Refunding of 2006 Series C, Issuance Costs, Credit Enhancement		X		X
D	WI Health & Edu Facilities Auth Rate Rev Bonds Series 2009	39-1337855	97710BKL5	07-28-2009	50,000,000	Construct and equip hospital facilities, issuance costs and funding of debt		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	23,750,000	28,400,000	34,940,000	50,000,000	
2	Gross proceeds in reserve funds	3,649,677			3,649,677	
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	12,654,289			12,654,289	
5	Issuance costs from proceeds	1,369,248			1,627,314	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	22,380,752	28,400,000	34,940,000	32,068,720	
8	Year of substantial completion	2009	2009	2009		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X		X			X		
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?	X		X		X			X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X			X		

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		1 000 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		1 000 %		0 %		0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2	Is the bond issue a variable rate issue?	X		X		X			X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X		X		
b	Name of provider	Piper Jaffray		Piper Jaffray							
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X		
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X	X			

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Londa Dewey	Board Chair	106,000	Contract Ms Dewey, a Meriter Health Services and Meriter Hospital board member, is president of the QTI organization, reported on Schedule L The transaction listed relates to a consulting arrangement that was completed at arm's length commercial terms The dollars for this transaction are reported on the Meriter Hospital Form 990		No
Rich Lynch	Board Member	7,926,000	ConstructionMr Lynch, a Meriter Health Services and Meriter Hospital board member, is president of the Findorff organizations reported on Schedule L The transactions listed relate to construction contracts that were completed at arm's length commercial terms The dollars for this transaction are reported on the Meriter Hospital Form 990		No
Gary Wolter	Past Board Chair	2,295,000	UtilitiesPast Board Chair is Chairman, President, and CEO of utility provider for Meriter Hospital All transactions are entered into at arms' length		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		L Dewey and G Wolter have a business relationship
Form 990, Part VI, Section A, line 6		Meriter Health Services (MHS) is the sole voting member of Meriter Hospital
Form 990, Part VI, Section A, line 7a		As the sole voting member of Meriter Hospital, MHS elects the members of the Meriter Hospital Board of Directors
Form 990, Part VI, Section A, line 7b		The following actions require the prior authorization or approval of the MHS Board as Voting Member of the Corporation, (a) Merger, consolidation or dissolution of the Corporation, (b) Amendment or restatement of the Articles of Incorporation of the Corporation, (c) A sale, lease, exchange, or other disposition of all, or substantially all, the property and assets of the Corporation, (d) The establishment, formation, acquisition, merger, consolidation or dissolution of any subsidiary corporation of the Corporation, (e) The adoption of the aggregate annual operating and capital budgets of the Corporation, (f) Aggregate borrowing for periods of one (1) year or less for any purpose in excess of a dollar amount to be established by the Voting Member from time to time, and aggregate borrowing for periods of more than one (1) year for any purpose in excess of a dollar amount to be established by the Voting Member from time to time For the purpose of this subparagraph, the term aggregate borrowing means borrowings not previously included in the operating and/or capital budgets, and includes but is not limited to lease agreements and contracts for sale, (g) The purchase, sale, lease, disposition, hypothecation, exchange, gift, pledge, and encumbrance of any asset, real or personal, with a value in excess of a dollar amount to be established by the Voting Member from time to time, not previously included in the capital budget, (h) The appointment of the independent auditor and corporate counsel
Form 990, Part VI, Section B, line 11		Meriter contracts with an outside public accounting firm to prepare all income tax returns Meriter's Accounting department staff completes and the Corporate Controller reviews the comprehensive tax organizer provided by the tax firm The Corporate Controller and the tax firm work together to prepare the tax returns to reflect information that affects the Form 990 Approximately one to two weeks prior to filing, the returns will be posted to the Board Governance internal web site accompanied by a memo highlighting the key points of interest for the filing year and containing the anticipated filing date in addition to providing contact information for further inquiry by the board
Form 990, Part VI, Section B, line 12c		The Hospital Board of Directors consistently monitors and enforces compliance with the Conflict of Interest policy On a proactive basis, declarations of potential conflicts of interest are signed when each Director joins the Board and annually thereafter The CEO and Board Chair monitor the potential conflicts disclosed by Board members and manage attendance at meetings and participation in votes according to the issue on the agenda Individual Directors also monitor their potential conflicts and recuse themselves from Board discussion and/or votes as required by the circumstances The process of managing conflicts of interest is recorded in the meeting minutes Below is the 2009 conflict of interest disclosure Drs Diem, Rothstein and Priest are members of Physician Plus Investment Group LLP which is a 1/3 owner of Physicians Plus Insurance Corporation where Meriter Health Services owns the remaining 2/3 Dr Rothstein is the managing partner of PPIG LLP and Dr Priest is a non-voting member of same Drs Manning and Diem, Meriter Hospital Board members, are also members of UW Medical Foundation Meriter pays teaching stipends to UW Medical Foundation Physicians
Form 990, Part VI, Section B, line 15		The Meriter Health Services Board of Directors approves executive compensation philosophy and strategy The Board of Directors authorizes a sub-committee of the board to make compensation decisions while retaining oversight of said committee An external human resources consulting firm is engaged by the Board of Directors' sub-committee This firm collects and reviews all organizational information, compensation data, and background information matching all executive positions to survey benchmarks Using this information the consulting firm produces estimated market values for each executive and recommends any necessary changes with executive compensation to the board committee for their decision
Form 990, Part VI, Section C, line 18		Because the organization filed its Form 1023 before July 1987 and did not have a copy of Form 1023 on that date, it is not required to make its Form 1023 available for public inspection

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		As private corporations, the governing documents are not made public The conflict of interest policy is not generally made public, but would be disclosed to interested parties in the context of any issue that might arise Financial information contained within the 990s is available to the public on GuideStar and is available upon request of Administration

Form 990, Part VII Hours From Related Organizations All Meriter Health Services system employees reported on this Form 990 work, on average, a minimum of 40 hours per week but in most cases more than 40 hours per week Form 990, Part IX, Line 24c Functional Expenses Shared services on line 24c represents the fees paid to other Meriter affiliates, which includes an amount for officer salaries which are fully reported on Schedule J Form 990, Part VII and Schedule J Employee Voluntary Deferrals Form 990 rules for reporting employee voluntary deferrals of income distorts the accuracy of the presentation of the employee's base compensation Therefore, the voluntary deferrals for two executives are reported here J Woodward and P Grunwald deferred $38,788 and $33,674 of their base compensation, respectively Form 990, Part VII, Section A Notice of Reconciling Item The reporting of a distribution from a deferred compensation plan is reported in column B(iii) for T Sio This required reporting in B(iii) results in the sum of the "B" columns exceeding T Sio's Box 5 of his W-2 by the amount of that distribution Form 990, Schedule A Transfer of Activity A modest segment of Meriter Medical Group activity has been transferred to Meriter Hospital at book value The net book value of this transfer was $854,000 SCHEDULE K, PART III, LINE 2 TAX EXEMPT BONDS - LEASE AGREEMENTS The lease agreements referenced in Part III, Line 2 of Schedule K are not material in amount and fall far below the private use limitations

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Meriter Hospital Inc

Employer identification number
39-0806367

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
Meriter Health Services Inc 202 South Park Street Madison, WI 537151596 39-1412318	Parent of meriter entities, support nonprofit subsidiaries	WI	SECTION 501(C)(3)	Line 11b, II	None
Meriter Foundation Inc 202 South Park Street Madison, WI 537151596 23-7098688	Foundation for Meriter Hospital	WI	SECTION 501(C)(3)	Line 7	Meriter Health Services Inc
Meriter Medical Group 202 South Park Street Madison, WI 537151596 05-0545222	Clinical support of Meriter Hospital	WI	SECTION 501(C)(3)	Line 11b, II	Meriter Hospital Inc
Shared Magnetic Resonance Imaging Facility 1104 John Nolen Dr Madison, WI 53713 39-1534744	Medical technology	WI	SECTION 501(C)(3)	Line 11a, I	Meriter Hospital Inc

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Meriter Real Estate LLC 202 South Park Street Madison, WI537151596 20-1455471	Real Estate Management	WI	MERITER HOSPITAL INC	Related	210,145	3,248,065		No	41,280	Yes	
Meriter UWMF Physician Contracting LLC 202 South Park Street Madison, WI537151596 39-1998819	Health Services	WI	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Meriter Health Enterprises 202 South Park Street Madison, WI537151596 39-1293620	Health care related services	WI	N/A	C			
HCP Corporation 202 South Park Street Madison, WI537151596 39-1177562	Rental properties	WI	Meriter Hospital Inc	C	67,004	1,083,470	100 000 %
Meriter Management Services Inc 202 South Park Street Madison, WI537151596 39-1458235	Management company	WI	N/A	C			
Physicians Plus Insurance Corp 22 E Mifflin St Suite 200 Madison, WI53703 39-1565691	Insurance	WI	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
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**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other 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 on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-0806367
Name: Meriter Hospital Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Meriter Management Services Inc	A	120,000
(2)	Meriter Foundation Inc	C	2,466,808
(3)	Meriter Management Services Inc	D	2,000,000
(4)	Meriter Medical Group	D	23,996,020
(5)	Meriter Health Enterprises	I	690,122
(6)	Meriter Health Services Inc	I	4,525
(7)	Meriter Management Services Inc	I	133,400
(8)	Meriter Management Services Inc	K	1,824,513
(9)	Meriter Foundation Inc	L	964,460
(10)	Meriter Health Enterprises	L	10,470,301
(11)	Meriter Health Services Inc	L	968,608
(12)	Meriter Management Services Inc	L	10,874,474
(13)	Meriter Medical Group	P	147,175
(14)	Meriter Health Services Inc	Q	650,000
(15)	Shared Magnetic Image Resonance	R	2,000,000

Additional Data

Software ID:
Software Version:
EIN: 39-0806367
Name: Meriter Hospital Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Woodward CEO/President	10 00	X		X				69,819	628,366	36,258
Londa Dewey Chair	6 00	X		X				6,250	6,250	0
Gary Wolter Past Chair	6 00	X		X				6,250	6,250	0
Dave Boyer Vice Chair	6 00	X		X				0	0	0
Phil Blake Board Member	4 00	X						0	0	0
Bradley Manning MD Board Member	4 00	X						0	0	0
Holly Cremer-Berkenstadt Board Member	4 00	X						0	0	0
Paul Peercy PhD Board Member	4 00	X						0	0	0
Pat Richter Board Member	4 00	X						0	0	0
Catherine Durham Board Member	4 00	X						0	0	0
Dave Anderson Board Member	4 00	X						0	0	0
Joan Burke Board Member	4 00	X						0	0	0
Klaus Diem MD Board Member	4 00	X						0	0	0
Virginia Graves Board Member	4 00	X						0	0	0
George Kamperschroer Board Member	4 00	X						0	0	0
Rich Lynch Board Member	4 00	X						0	0	0
Laurence Rothstein MD Board Member	4 00	X						0	0	0
Julie Schurr MD Board Member	4 00	X						0	0	0
Jac Garner Board Member - term expi	4 00	X						0	0	0
Jeff Bartel Board Member - term expi	4 00	X						0	0	0
Sandra Kamnetz Board Member - term expi	4 00	X						0	0	0
Lynne Myers COO/Asst Secretary	35 00			X				0	410,786	18,684
Linda Hoff CFO/Secretary/Treasurer	30 00			X				0	391,226	37,066
Timothy Riddle Asst Treasurer	35 00			X				188,046	0	48,433
Kerra Guffey Executive	35 00				X			0	308,257	29,714

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Prince Executive	25 00				X			0	197,080	7,849
Sue Erickson Executive	25 00				X			0	184,052	37,271
Patricia Grunwald Executive	35 00				X			0	267,491	40,042
Geoffrey R Priest MD Chief Medical Officer	40 00					X		0	395,984	38,777
Mary M Nick Chief HR Officer	40 00					X		0	274,579	8,926
Courtney Hogendorn MD Physician	40 00					X		253,753	0	38,538
Michael Miller MD Physician	40 00					X		249,988	0	57,903
William P Shannon MD Physician	40 00					X		293,183	0	50,841
Robert Coats Former Executive	0 00						X	0	295,210	13,594
Barbara Pinekenstein Former Executive	0 00						X	0	221,555	13,594
Tim Sio Former Executive	0 00						X	0	215,296	0
William Hisgen MD Former Executive	0 00						X	0	251,693	0
Miles Meyer Former Executive	0 00						X	0	184,952	13,594

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient service revenu	621,400	345,883,029	345,883,029		
Mngt contract rev	621,110	1,703,580	1,703,580		
Cafeteria revenue	722,210	1,123,315		603	1,122,712
Parking revenue	722,210	916,118		57,750	858,368
Child care revenue	624,410	907,228			907,228

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	50,456,754	48,938,006	1,518,748	
State revenue assessmen	14,818,296	14,818,296		
Test fees	10,470,301	10,470,301		
Bad debts provision	7,109,821	6,895,815	214,006	
Equipment rental and ma	4,997,286	4,846,868	150,418	