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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)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
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 Community Memorial Hospital of Menomonee Falls Inc		D Employer identification number 39-0987025
		Doing Business As		E Telephone number (414) 777-0960
		Number and street (or P O box if mail is not delivered to street address) W180 N8085 Town Hall Road	Room/suite	G Gross receipts \$ 323,297,635
		City or town, state or country, and ZIP + 4 Menomonee Falls, WI 53051		
		F Name and address of principal officer William D Petasnick		
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
J Website: ▶ www.communitymemorial.com		H(b) Are all affiliates included? ☐ Yes ☒ No If "No," attach a list (see instructions)		
		H(c) Group exemption number ▶		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1959	M State of legal domicile WI	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities To improve quality of life and meet the comprehensive needs of the community by providing high-quality, safe, cost-effective health services while serving our patients with compassionate, dignified and state-of-the art 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5 1,68	
	6	Total number of volunteers (estimate if necessary)	6 22	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 414,19	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	171,927,411	175,412,913
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,655,714	5,461,085
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,700,570	2,891,106
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,972,267	183,765,104
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,474	50,000
	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)	83,130,264	64,859,051
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 239,618		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	101,482,167	110,210,162
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	184,660,905	175,119,213
	19	Revenue less expenses Subtract line 18 from line 12	-14,688,638	8,645,891
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	264,948,156	305,532,900
	21	Total liabilities (Part X, line 26)	135,959,927	178,937,983
	22	Net assets or fund balances Subtract line 21 from line 20	128,988,229	126,594,917

Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	Signature of officer			2011-05-11 Date	
	Jeff Van De Kreeke Senior VP of Finance Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☒	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		KPMG LLP 191 W Nationwide Blvd Suite 500 Columbus, OH 43215		EIN
					Phone no

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

To improve quality of life and meet the comprehensive needs of the community by providing high-quality, safe, cost-effective health services Our exceptional employees, volunteers and dedicated medical staff work collaboratively to serve our patients with compassionate, dignified and state-of-the art 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 \$ 97,769,035 including grants of \$) (Revenue \$ 115,656,102)
	Inpatient Services Community Memorial Hospital was founded in 1964 by citizens of the community it serves and specializes in cardiovascular services, women's health, cancer care, and advanced surgical procedures Combining next-generation technology with personalized care, Community Memorial strives to enhance and improve the quality of life in Waukesha, Washington, Milwaukee and Ozaukee counties Community Memorial Hospital is approved for 237 beds of which 202 are staffed - and had 9,845 patient admissions and 45,455 patient days related to a wide range of inpatient services, including orthopedics, internal medicine, general surgery, cardiology, intensive care services, obstetrics and maternity care, and other specialty care for the twelve months ended June 30, 2010 Community Memorial's heart surgery program is the third largest in southeastern Wisconsin The Heart and Vascular Center is staffed with experienced cardiac professionals utilizing the state-of-the-art technology to treat patients In 2008, surgeons began using the da Vinci Robotic Surgery system to perform minimally invasive procedures The growing demand for robotic-assisted laparoscopic surgery has been driven by improved outcomes such as less pain, shorter recovery time and fewer complications During fiscal year 2010, Community Memorial had 16,558 cardiac procedures In 2008, the Cancer Care Center at Community Memorial received the prestigious American College of Surgeons Commission on Cancer Outstanding Achievement Award, affirming its commitment to high-quality cancer care The award recognizes cancer programs that provide the highest quality care to cancer patients and is received by only 66 programs in the US annually During fiscal year 2010, Community Memorial had 505 cancer registry cases The Birthing Center at Community Memorial includes 13 specialty equipped rooms and provides the full spectrum of prenatal services for both normal and high-risk pregnancies Staffing is provided by leading obstetricians and board-certified neonatologists from the Medical College of Wisconsin During fiscal year 2010, Community Memorial had 975 births In addition to the cardiac, cancer care and birthing services noted above, the Hospital provided a variety of inpatient ancillary treatments and procedures during the fiscal year including but not limited to the following - Surgeries 3,759 - CT Scans 5,047 - MRI's 893 - Medical Imaging Exams 16,942 - Ultrasounds 2,940 - Laboratory Tests 410,103 - Nuclear Medicine Scans 597 - EKG's 10,150 - Dialysis 749

4b	(Code) (Expenses \$ 46,802,720 including grants of \$) (Revenue \$ 55,365,384)
	Outpatient Services Community Memorial had 87,249 outpatient visits in the twelve months ended June 30, 2010 Community offers a wide variety of ancillary, specialty and subspecialty services including but not limited to the following - Allergy/Immunology - Cardiology - Clinical Genetics - Dermatology - Electrophysiology - Endocrinology - Family Practice - Gastroenterology - Gerontology - Gynecologic Oncology - Gynecology - Hand Surgery - Hematology - Infectious Disease - Internal Medicine - Interventional Radiology - Magnetic Resonance Imaging - Neonatology - Nephrology - Neurosurgery - Nuclear Medicine - Occupational Medicine - Oncology - Ophthalmology - Oral Surgery - Otolaryngology - Pathology - Pediatrics - Pedodontics - Perinatology - Periodontics - Physical Medicine and Rehabilitation - Plastic/Reconstructive Surgery - Podiatry - Psychiatry - Psychology - Pulmonary Medicine - Radiology - Radiation Oncology - Rheumatology - Thoracic Surgery - Urology - Vascular Surgery - Thoracic Surgery

4c	(Code) (Expenses \$ 3,712,261 including grants of \$) (Revenue \$ 4,391,427)
	Emergency Services The Emergency Department at Community Memorial Hospital provides expert care 24/7 for adults and children throughout northern Waukesha, Milwaukee, and Washington counties The facility is a Level III Trauma Center, and is staffed by board-certified emergency physicians, as well as specialists in trauma, neurosurgery, cardiology and orthopedics During fiscal year 2010, the emergency department had 19,597 emergency visits

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

4e	Total program service expenses \$ 148,284,016
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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	No
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	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any 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	Yes
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, line 10? 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?	Yes	No
	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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	296	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,681	
	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)			
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	No
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	No
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	No
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	0
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	No
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	No
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	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
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	No
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	14	
b	Enter the number of voting members that are independent . . .	1b	9	
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		No
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		No
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		No

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 ▶ David Dirksmeyer N74W127501 Leatherwood Ct Menomonee Falls, WI 530514490 (414) 777-0960

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

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

Form 990 (2009)

1b Total	2,073,979	4,264,617	932,669
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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 **45**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
Transolutions Inc 5019 Paysphere Circle Chicago, IL 60674	Transcription	1,093,612
Siemens Medical Solutions 51 Valley Stream Parkway Malvern, PA 19355	Equipment Servicing	580,924
Pyramid Healthcare Solutions PO Box 17389 Clearwater, FL 33762	HIM Outsourcing	635,923
Medical College of WI 8701 Watertown Plank Rd Milwaukee, WI 53206	Physicians	973,126
Columbia St Marys 4425 N Port Washington Rd Glendale, WI 53212	Physicians	1,352,394

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 **26**

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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code					
	2a	Outpatient Revenue	900,099	55,365,384	55,365,384			
	b	Inpatient Revenue	900,099	115,656,102	115,656,102			
	c	Emergency/Trauma Revenue	900,099	4,391,427	4,391,427			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			175,412,913			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			4,688,555	1,584,706	3,103,849	
	4	Income from investment of tax-exempt bond proceeds . . .			13,334		13,334	
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents		1,205,120				
		b	Less rental expenses	633,660				
		c	Rental income or (loss)	571,460				
	d	Net rental income or (loss)			571,460	332,519	238,941	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		139,620,402	3,300			
		b	Less cost or other basis and sales expenses	138,747,650	116,856			
		c	Gain or (loss)	872,752	-113,556			
	d	Net gain or (loss)			759,196		759,196	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	66,762					
		b	Less direct expenses	34,365				
	c	Net income or (loss) from fundraising events . . .			32,397		32,397	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances . .							
	a							
	b	Less cost of goods sold . . .						
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	Other Dept Operating Rev		561,499	699,988	618,313	81,675		
b	Dietary Revenue		561,499	701,944			701,944	
c	Corporate Allocated Rev		561,000	728,502	728,502			
d	All other revenue			156,815			156,815	
e	Total. Add lines 11a-11d			2,287,249				
12	Total revenue. See Instructions			183,765,104	178,344,434	414,194	5,006,476	

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	50,000	50,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	60,341,928	56,736,136	3,460,726	145,066
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	208,845	196,356	11,988	501
10	Payroll taxes	4,308,278	4,050,643	247,295	10,340
11	Fees for services (non-employees)				
a	Management	269,590	269,590		
b	Legal	505,881	374,129	131,752	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	12,632,429	11,337,995	1,293,819	615
12	Advertising and promotion	107,280	901	106,379	
13	Office expenses	34,022,924	33,336,339	675,642	10,943
14	Information technology	418,337	80,239	338,098	
15	Royalties	0			
16	Occupancy	4,312,762	3,517,489	784,060	11,213
17	Travel	55,440	20,500	34,598	342
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	72,940	57,599	15,216	125
20	Interest	2,613,143	2,131,280	475,069	6,794
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,084,099	6,593,391	1,469,689	21,019
23	Insurance	3,630	3,630		
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	State Hospital Assessment	5,206,073	5,206,073		
b	Provision for Uncollectable	3,152,000	3,152,000		
c	Dues & Subscriptions	311,275	94,187	215,771	1,317
d	Corporate Allocations	31,843,309	14,500,231	17,311,735	31,343
e	Clinic Practice Fee	6,504,735	6,504,735		
f	All other expenses	94,315	70,573	23,742	
25	Total functional expenses. Add lines 1 through 24f	175,119,213	148,284,016	26,595,579	239,618
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			866,444	1	539,468
	2	Savings and temporary cash investments			4,968,487	2	7,199,533
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			20,539,627	4	20,690,343
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	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	0
	7	Notes and loans receivable, net			2,249,584	7	1,675,089
	8	Inventories for sale or use			1,484,406	8	3,726,241
	9	Prepaid expenses and deferred charges			3,365,285	9	3,131,291
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	168,610,475			
	b	Less accumulated depreciation	10b	82,968,289	91,749,630	10c	85,642,186
	11	Investments—publicly traded securities			97,300,440	11	134,375,008
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			42,424,253	15	48,553,741
	16	Total assets. Add lines 1 through 15 (must equal line 34)			264,948,156	16	305,532,900
Liabilities	17	Accounts payable and accrued expenses			23,627,086	17	12,113,961
	18	Grants payable				18	
	19	Deferred revenue				19	6,955
	20	Tax-exempt bond liabilities			51,484,652	20	69,223,820
	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			2,074,804	23	549,764
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			58,773,385	25	97,043,483
	26	Total liabilities. Add lines 17 through 25			135,959,927	26	178,937,983
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			128,442,230	27	125,905,277
	28	Temporarily restricted net assets			545,999	28	689,640
	29	Permanently restricted net assets				29	
	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			128,988,229	33	126,594,917
	34	Total liabilities and net assets/fund balances			264,948,156	34	305,532,900

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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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?		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 . . .		No

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 Community Memorial Hospital of Menomonee Falls Inc	Employer identification number 39-0987025
--	--

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization Community Memorial Hospital of Menomonee Falls Inc	Employer identification number 39-0987025
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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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	3,166,213	3,670,185		
b	Contributions	353,474	505,082		
c	Investment earnings or losses	384,524	-466,268		
d	Grants or scholarships	-189,853	542,781		
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	4,094,064	3,166,218		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100.000 %

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

Yes

3b

Yes

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		2,455,851		2,455,851
b Buildings		100,885,133	35,239,575	65,645,558
c Leasehold improvements		2,384,844	1,796,379	588,465
d Equipment		31,685,497	25,012,726	6,672,771
e Other		31,199,150	20,919,609	10,279,541
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				85,642,186

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
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
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
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

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 X	Part X FIN48 Footnote	Effective January 1, 2007, F&CH adopted ASC No. 740, Income Taxes (formerly FIN 48), which clarifies the accounting for uncertainty in income taxes recognized in a company's financial statements. ASC No. 740 prescribes a more-likely-than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Under ASC No. 740, tax positions will be evaluated for recognition, derecognition, and measurement using consistent criteria and will provide more information about the uncertainty in income tax assets and liabilities. At the date of adoption and as of June 30, 2010 and 2009, F&CH does not have an asset or liability recorded.
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The funds are held by Community Memorial Foundation of Menomonee Falls (CMF), a related organization. The board designated endowment was created to support long range financial needs of Community Memorial Hospital of Menomonee Falls, Inc. and its affiliates.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
Community Memorial Hospital of Menomonee
Falls Inc

Employer identification number

39-0987025

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Cheery Cherry Fall Fair	Holiday Nuts & Candy		(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	53,279	8,212		61,491
Direct Expenses	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	53,279	8,212		61,491
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	6,262			6,262
	7	Food and beverages	4,065			4,065
	8	Entertainment				
	9	Other direct expenses	10,532	6,817		17,349
	10	Direct expense summary Add lines 4 through 9 in column (d)				27,676
	11	Net income summary Combine lines 3, column d, and line 10.				33,815

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

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 ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most 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 <i>free</i> 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 _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> 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 _____ 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"?			
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 eligible for free or discounted care?	5c		No
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)			1,365,144		1,365,144	0 780 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,371,484	4,428,927	2,942,557	1 680 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			8,736,628	4,428,927	4,307,701	2 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	73	24,242	2,442,484	78,627	2,363,857	1 350 %
f Health professions education (from Worksheet 5)	7	730	1,054,502	11,500	1,043,002	0 600 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	32	4,975	448,935	22,987	425,948	0 240 %
j Total Other Benefits	112	29,947	3,945,921	113,114	3,832,807	2 190 %
k Total. Add lines 7d and 7j)	112	29,947	12,682,549	4,542,041	8,140,508	4 650 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	1		80,975		80,975	0.050 %
9Other						
10Total	1		80,975		80,975	0.050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	21,502,732		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	548,448,676		
6Enter Medicare allowable costs of care relating to payments on line 5	658,245,425		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-9,796,749		
8Describe 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			
9aDoes the organization have a written debt collection policy?	9a		
9bIf "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 IVManagement 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				

[illegible]

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

See additional data

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

See additional data

- 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

Community Memorial Hospital (CMH) has a Financial Counselor who performs outreach to all self pay patients Contact may be in person or via phone call to patient The patient is screened for eligibility for state/local programs and/or CMH's Financial Assistance program Information regarding our financial assistance program is also available in our registration areas, in our ED, and is noted on our billing statements In addition, during our billing call cycle, if a patient indicates they are unable to pay, they are screened for eligibility for Financial Assistance

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

See additional data

- 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

In order to promote the health of the community we serve, our hospital participates in community building activities which are not a part of Part I Charity Care and Other Community Benefits, and are not included elsewhere on Schedule H Workforces development Our hospital has a diversity recruiting officer who trains and recruits health professionals needed in our traditionally underserved community

- 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)

See additional data

- 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 communities served

See additional data

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

WI

Additional Data

Software ID:
Software Version:
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Financial Assistance and Billing Highlights
Policy Community Memorial Hospital (CMH) is committed to providing the community with quality healthcare without regard to economic status, race, color, sex, faith or national origin of the recipient. Patients with insufficient resources to meet their financial responsibilities may be given a Financial Assistance discount to relieve all or a portion of the obligation to make payment for services rendered at CMH.
Communication CMH will communicate to patients the availability of Financial Assistance. They will provide uninsured patients information to ensure each patient understands the financial obligations he/she is incurring by receiving healthcare services.
Brochures, available to all patients at registration, explain the hospital policy for billing and payment of services. Also information is available on each hospital's website. Patients also have the opportunity to speak with a financial counselor and the hospital will assist patients in identifying and applying for government assistance programs for which the patient may be eligible.
Eligibility CMH reserves the right to review each application for financial assistance on its own merits and to consider other extenuating circumstances in the decision to approve or deny a patient's application for financial assistance. The applicant's gross family income will be compared to the annual Federal Poverty guidelines set forth by the U.S. Department of Health and Human Services. Applicants whose gross family income is equal to or less than 400% of the current year's poverty guidelines will not pay for more than 15% of their annual gross income on any single account during the approved eligibility time frame.
Discounts CMH recognizes that patients without any insurance coverage are billed at full charges, and as the hospitals offer discounts to other payers, several options for discounted billing are in place for these self-pay patients. Total charges to self-pay patients will be discounted 20% before any bill is submitted for payment. This discount will be noted on each patient's bill. An additional 20% discount will be extended to self-pay patients if estimated charges are paid in advance of service. Self-pay patients who have not prepaid, will receive a 10% prompt pay discount if the bill is paid in full within 15 days of receipt.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Charity Care and certain other community benefits costs were determined by using internal information to reduce the various activities to cost. We try to present cost information consistently in the different venues that it appears.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Community Memorial Hospital reports accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. Community Memorial Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends. 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. Discounts and payments on patient accounts are recorded as an adjustment to revenue, not bad debt expense. As a not-for-profit, patient care is provided to all, regardless of ability to pay for that care. Making quality patient care available to all in our community, regardless of their economic means, qualifies bad debts as a community benefit.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The total revenues and costs associated with Medicare services are respectively \$50,105,000 and \$68,266,000 This results in a total Medicare shortfall of \$18,161,000 Community Memorial Hospital believes that all of the \$18,161,000 shortfall should be considered as community benefit The IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients Medicare shortfalls must be absorbed by the hospital in order to continue treating the elderly in our community The hospital provides care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection policies are the same for all patients. Patients are screened for eligibility for financial assistance before collection procedures begin. If at any point in the collection process, documentation is received that indicates the patient is potentially eligible for financial assistance but has not applied for it, the account is referred back for a financial assistance review.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Community Memorial Hospital is the only facility listed under this reporting of the IRS Form 990, Schedule H

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

In August 2007, the Community Outreach Steering Committee of Community Memorial Hospital (CMH) wanted to again explore how it can measurably improve the health and wellness of people who live in the hospital's service area. A review was conducted of research reports and data provided by various state, county and local agencies regarding health related issues of the area's population. This assessment indicated that the optimal goal of the community outreach efforts would be to help alleviate obesity, alcohol and tobacco addiction, and the mismanagement of diabetes and asthma among at risk populations in the area. Focus group discussions were conducted with professionals who work with at risk populations in regard to obesity, addiction and/or chronic disease management in the CMH service area. The discussions explored the causes of these problems and possible ways to reduce them. Methodology was:

1. Four focus group sessions were conducted with professionals who work with at risk populations in regard to obesity, addiction, chronic disease management or related fields in the CMH service area.
2. Qualified participants were identified and recruited by the Community Outreach department at CMH.
3. CMH contracted with a professional research group to develop the discussion topic outline and moderate sessions.
4. The research group analyzed the discussions and the findings are reported.

Specific objectives of the focus group discussions included:

1. The causes, influences and factors that contribute to obesity, alcohol and tobacco addiction, and the mismanagement of diabetes and asthma.
2. What has been done and what is being done now to help reduce these problems, and the level of success to these efforts.
3. Possible solutions to alleviate obesity, alcohol and tobacco addiction, and the mismanagement of diabetes and asthma. Solutions are to be collaborative efforts among community groups/agencies/organizations, supported by the public, aimed at at risk populations, and provide measurable results.
4. The need and effectiveness of a possible central listing of resources in the community for help with these problems.
5. Work site programs to help alleviate obesity, alcohol and tobacco addiction, and the mismanagement of diabetes and asthma.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Since its founding in 1964 by the citizens of the community it serves, Community Memorial Hospital (CMH) has focused on the emerging healthcare and wellness needs of over half a million people in the four county region of Waukesha, Washington, northwest Milwaukee, and Ozaukee Counties. Our growth has been guided by listening carefully to people we serve, and designing and expanding our services to meet their changing needs. The population served by CMH is 88% Caucasian, 5.5% African American, 3.5% Asian American, 1.5% Hispanic/Latino, 0.5% Asian American, and 1% other. Today, CMH ranks as one of the top hospitals nationally based on surveys by the Joint Commission on Accreditation of Healthcare Organizations, which reviews all hospitals for safety and quality healthcare practices. The Hospital has 202 staffed beds and a medical staff of 657 physicians in 49 specialties, over 1,400 employees and 320 volunteers caring for 9,845 inpatients, 87,249 outpatients and 19,597 emergency visits in fiscal 2010. Based on demographic and community needs assessments, CMH has led area community based hospitals by establishing programs in hospital based day surgery, cardiac rehabilitation, and the "Right from the Start" birthing program which matches a personal obstetrics case manager with first time expectant mothers. CMH is accredited by Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the American Association of Cardiovascular & Pulmonary Rehabilitation, the American College of Radiology (ACR), the Intersocietal Commission for Accreditation of Echocardiography, the College of American Pathologists (CAP), the American College of Surgeons (ACS), and is licensed by the State of Wisconsin. Eight area institutions of higher learning send students to CMH for clinical experiences in health care. CMH is more than a healthcare facility, it is a true community partner, joining forces with other organizations who share our vision and values. Our collaborative initiatives include outreach to youth, elderly and the underserved, satellite rehabilitation clinics offering outpatient therapy, community education in parenting and wellness topics, health screenings and support groups, a program for lab house calls to the homebound, and serving as the medical control center for five area Emergency Medical Service units. In July 2009, the American Diabetes Association acknowledged Community Memorial as having a Recognized Diabetes Self Management Education Program for outpatients. In January 2010, Community Memorial received the Gold Recognition as a Wellness Council of America Well Workplace organization, an award that recognizes quality and excellence in worksite health promotion. Also in 2010, the Cancer Care Center received Accreditation with Commendation from the American College of Surgeons - Commission on Cancer. Community Memorial was also recognized as a Quality Respiratory Care Recognition Hospital in 2010. Only 700 hospitals in the U.S. have been named a QRCR institution. The hospital received certification as a Level III Trauma Center in January 2010 and was awarded certification for its Stroke program from the Joint Commission in February 2010. The Community Outreach Health Clinic (COHC) was established by CMH in 2000 to provide quality, affordable health care to the uninsured and underinsured in our service area. COHC's rapid growth since its opening has demonstrated the need for such a service in CMH's service area.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

The Community Outreach Steering Committee (COSC) actualizes the mission of Community Memorial Hospital (CMH) through community benefit activities that improve the quality of life and enhance wellness resources which meet identified comprehensive health needs of the communities served. The Community Outreach Steering Committee is appointed annually by the hospital president and is advisory to the CMH Board and Administration. Membership appointments are made each June with members serving one year terms. The COSC meets quarterly and is composed of hospital and board representatives plus community members representing the various constituencies of the total service area. Functions include:

- Provide a leadership role in advocating community wide responses to health care needs in the community
- Facilitate and support community and health care partnerships
- Envision, assess and guide new community benefit opportunities
- Identify and describe unmet health needs
- Promote universal access to health care
- Determine allocation of the Community Outreach Services Fund
- Annually submit a community benefit report, which describes the scope of community benefit provided directly and in collaboration with others

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Every year, the Froedtert & Community Health partners engage in a variety of outreach activities in collaboration with key leaders and organizations in their communities that help improve health and quality of life. Much more than the provision of charity care, the American Hospital Association defines community benefit as "promoting and protecting the health and well being of the entire community through responsive programs and services." Froedtert & Community Health strategies are based on the unique needs of each of the communities that we serve. By conducting regular community needs assessments that monitor critical public health issues, and actively seeking community input, the F&CH partners have built important relationships with their local communities, and are committed to providing meaningful outreach programs that link each hospital to their neighbors and patients. In FY2010, Froedtert, Community Memorial and St Joseph's Hospitals made significant investments in the health of their communities. Patients who couldn't pay for their medical care received more than \$36 million in uncompensated services. Beyond providing care for the poor, we contributed \$54 million to improve access to care, teach future healthcare professionals, develop new medical therapies and participate in local partnerships aimed at reducing health disparities. Froedtert & Community Health members develop, and are held accountable for achieving community benefit goals, and strategies are based on the unique needs of each of their communities. By conducting regular community needs assessments that monitor critical public health issues, and actively seeking community input, the member partners have built important local relationships and are committed to providing meaningful outreach programs that link each hospital to their neighbors and patients. As a not-for-profit health system, Froedtert & Community Health reinvests its surplus funds back into the community through programs to serve the poor and uninsured, teach future healthcare professionals, develop new medical therapies, manage chronic conditions like diabetes, health education and promotion initiatives, and participate in local partnerships aimed at reducing health disparities. For more information about Froedtert & Community Health, visit www.froedterthealth.org

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization Community Memorial Hospital of Menomonee Falls Inc	Employer identification number 39-0987025
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b		No
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		No
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 accrued 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		No

Part II

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

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

Note. The sum of columns (B)(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				
Zorbini John	(i) (ii)	237,657		123,940	15,906	19,119	396,622	105,075
Unger Michael J	(i) (ii)	149,561		126,706	12,650	16,225	305,142	111,400
Sanders Paul A	(i) (ii)	176,351		33,016	11,361	21,384	242,112	25,360
Pollard Dennis	(i) (ii)	282,703		152,152	11,875	29,076	475,806	82,062
Petasnick William D	(i) (ii)	1,131,447		1,866,561	610,010	57,237	3,665,255	1,846,999
O'Connell Blaine J	(i) (ii)	393,660		76,497	13,800	18,959	502,916	746,647
McClure Debra	(i) (ii)	279,030		422	12,382	9,771	301,605	
Freiberg Kerry J	(i) (ii)	142,771		70,939	9,190	10,380	233,280	54,653
Evenson Rock E	(i) (ii)	141,957		80,153	9,571	21,987	253,668	61,971
Bestor William E	(i) (ii)	400,951		472,122	5,750	16,036	894,859	221,078

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
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	Certain management employees participate in an incentive compensation plan that includes some non-fixed elements. Upon the attainment of a certain financial threshold, incentive compensation is available for meeting identified goals in the areas of financial performance, operational efficiencies, quality improvements, customer satisfaction, strategic growth and partnership initiatives. In some cases the determination of whether a goal is met is absolute while others require a certain amount of discretion to determine if goal is met. In addition, the incentive compensation includes a purely discretionary component.
Sch J, Part I, Line 1b	Part I, Line 1b Reason for not following policy regarding payment provisions for expenses	Health club membership subsidy/discount is a benefits program applicable to all employees and is documented in the benefit program documents. Dining club membership is specified in the written employment contract which was approved by the Compensation Committee.
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Discounted or subsidized health club membership is available to all employees.

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
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	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
Riteway Bus Services	See Sch O	110,807	Shuttle Bus Services		No
Stacy Werner	See Sch O	23,606	Employment		No
Carrie Fitzgerald Hart	See Sch O	117,822	Employment		No

Additional Data

Software ID:

Software Version:

EIN: 39-0987025

Name: Community Memorial Hospital of Menomonee Falls Inc

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As Filed Data -

DLN: 93493131028051

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Community Memorial Hospital of Menomonee Falls Inc		Employer identification number 39-0987025
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Financial Information The Health Systems quarterly financial information is made available to the public through Digital Assurance Corporation, Inc website Governing Documents and COI Policy Documents are available to the public through the corporate office upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	In establishing the compensation of the organizations CEO/Directors/Top Management, independent compensation consultants are utilized, compensation studies are completed to gather comparative data, and amounts are review ed and approved by the Compensation Committee of the Board of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis all officers, directors, trustees, key employees are required to complete a conflict of interest disclosure document The data is compiled, and the Vice President - Chief Compliance Officer (CCO), the Vice President - General Counsel and/or delegate w ill review all forms and notifications to determine if any conflicts of interests exist in the disclosure documents If it is determined that a conflict of interest exists, then the person making the disclosure shall be relieved of his/her obligations on behalf of an F&CH affiliate with respect to the transaction or arrangement that creates the conflict of interest A report of all conflicts of interest w ill be made by the CCO at least once annually to the Finance Committee of the Board of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Froedtert & Community Health accounting staff prepare form 990 w hich is review ed by the Corporation's financial leaders and legal counsel The 990 is then review ed by KPMG, the Corporation's outside accounting firm Next, the 990 is review ed by the Corporation's Board of Directors Finally, the 990 is filed as required

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Froedtert & Community Health, as the member of Community Memorial Hospital of Menomonee Falls, has the final approval of election of all board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Froedtert & Community Health is the member of Community Memorial Hospital of Menomonee Falls

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
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

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
West Bend Surgery Center LLC 1710 Vogt Drive West Bend, WI 53095 39-1954169	Surgical Services	WI			West Bend Clinic Inc
F&CH Heart Institute LLC 9220 West Wisconsin Ave Milwaukee, WI 532263596	Inactive	WI			Froedtert & Community Health Inc
Horizon Ventures Limited LLC W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1855822	Lessor of Medical Office Building	WI	916,000	7,879,000	NA

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
See Additional Data Table					

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Fitness Development Associates LLC 9200 W Wisconsin Avenue Milwaukee, WI53226 39-1936497	Real Estate	WI	NA					No			No
Milwaukee Center of Diagnostic Imaging 5775 Wayzata Boulevard Suite 400 St Louis Park, MN55416 41-1748361	Health Care	WI	NA					No			No
FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Avenue Milwaukee, WI53226 26-0629591	Real Estate	WI	na					No			No

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
Progressive Physician Network Inc 9200 W Wisconsin Ave Milwaukee, WI53226 27-0367127	Management Services	WI	Froedtert & Community Health Inc	C			
Kettle Moraine Anesthesiology Inc PO Box 8031 Appleton, WI54912 14-1842439	Health Care	WI	West Bend Clinic Inc	C			
Community Ventures of Menomonee Falls W180N8085 Town Hall Road Menomonee Falls, WI53051 39-1635059	Inactive	WI	NA	C			100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

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)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

09000047

Software Version:

2009v1.3

EIN:

39-0987025

Name:

Community Memorial Hospital of Menomonee Falls Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
Froedtert Physician Partners Inc 9200 W Wisconsin Ave Milwaukee, WI53226 27-2042610	Health Care Services	WI	501(c)(3)	3	Froedtert & Community Health Inc
Quality Health Solutions Inc N74 W12501 Leatherwood Court Menomonee Falls, WI530514480 20-2636686	Health Care Services	WI	501(c)(3)	Ln 11, Type 1	Froedtert & Community Health Inc
Froedtert Hospital Foundation Inc 9200 West Wisconsin Avenue Milwaukee, WI532263596 39-1431192	Health, Welfare, Research and Education Promotion	WI	501(c)(3)	Ln 11, Type 1	Froedtert Memorial Lutheran Hospital
St Josephs Community Foundation Inc 3200 Pleasant Valley Road West Bend, WI530953686 39-2034296	Health and Welfare Promotion	WI	510(c)(3)	Ln 11, Type 1	St Josephs Community Hospital Inc
West Bend Clinic Inc 1700 W Paradise Drive West Bend, WI53095 39-2034294	Health Care Services	WI	501(c)(3)	3	Froedtert & Community Health Inc
St Josephs Community Hospital Inc 3200 Pleasant Valley Road West Bend, WI530953868 39-0806302	Hospital Care Services	WI	501(c)(3)	3	Froedtert & Community Health Inc
Froedtert Memorial Lutheran Hospital Inc 9200 West Wisconsin Avenue Milwuakee, WI532263522 39-6105970	Hospital	WI	501(c)(3)	3	Froedtert & Community Health Inc
Community Memorial Foundation W180 N8085 Town Hall Road Menomonee Falls, WI53051 39-1635057	Health and Welfare promotion	WI	501(c)(3)	Ln 11, Type 1	NA
Community Outpatient Health Services W180 N8085 Town Hall Road Menomonee Falls, WI53051 39-1743056	Outpatient Medical and Dental Services	WI	501(c)(3)	3	NA
Froedtert & Community Health Inc 9200 West Wisconsin Avenue Milwaukee, WI532263596 39-2014409	Management Services	WI	501(c)(3)	Ln 11, Type 1	NA

Additional Data

Software ID:

Software Version:

EIN: 39-0987025

Name: Community Memorial Hospital of Menomonee Falls 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			
Zorbini John Sr VP HR F&CH	0						X	0	361,597	35,025
White MD Michael G Director	1 00	X						0	0	0
Unger Michael J VP Medical Affairs	40 00					X		276,267	0	28,875
Turtenwald Robyn Director	1 00	X						0	0	0
Templin Susan Director	1 00	X						0	0	0
Stadelmann Douglas J Dir & Secretary	1 00	X		X				0	0	0
Specht Christine Director	1 00	X						0	0	0
Sanders Paul A VP Clinical Svcs	0						X	209,367	0	32,745
Pollard Dennis Director	40 00	X		X				0	434,855	40,951
Pieters Robert B Director	1 00	X						0	0	0
Petasnick William D Director	5 00	X						0	2,998,008	667,247
O'Connell Blaine J FCH CFO	1 00			X				0	470,157	32,759
Nelson Karen J Director	1 00	X						0	0	0
McClure Debra Nurse Anesthetist	0					X		279,452	0	22,153
Hart Daniel Dir & Treasurer	1 00	X		X				0	0	0
Freiberg Kerry J VP Extrnl Affairs	40 00					X		213,710	0	19,570
Evenson Rock E VP Pln & Prg Dvlp	40 00					X		222,110	0	31,558
Ellis Sharon Q Director	1 00	X						0	0	0
Dittmar Clarence H Director	1 00	X						0	0	0
Bestor William E Former Pres/CEO	40 00					X		873,073	0	21,786
Becker Richard C Dir & Chair	1 00	X		X				0	0	0
Bast Ronald R Dir & Vice Chr	1 00	X		X				0	0	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
State Hospital Assessment	5,206,073	5,206,073		
Provision for Uncollectable	3,152,000	3,152,000		
Dues & Subscriptions	311,275	94,187	215,771	1,317
Corporate Allocations	31,843,309	14,500,231	17,311,735	31,343
Clinic Practice Fee	6,504,735	6,504,735		