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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

Doing Business As
LANGLADE HOSPITAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
112 E FIFTH AVE

City or town, state or country, and ZIP + 4
ANTIGO, WI 54409

D Employer identification number
39-0806429

E Telephone number
(715)623-2331

G Gross receipts $ 80,445,688

F Name and address of principal officer
PAT TINCHER
112 E FIFTH AVE
ANTIGO, WI 54409

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW LANGLADEHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1933 | **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE COMMUNITY BENEFIT CONTRIBUTION OF LANGLADE HOSPITAL INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW HISTORYTHE HOSPITAL WAS OPENED ON MARCH 21, 1933 AND WAS DEDICATED AS A MEMORIAL TO THE SERVICEMEN FROM LANGLADE COUNTY WHO SACRIFICED THEIR LIVES DURING WORLD WAR I IT IS OWNED AND OPERATED BY THE RELIGIOUS HOSPITALLERS OF ST JOSEPH THE RELIGIOUS HOSPITALLERS OF ST JOSEPH ARE A RELIGIOUS ORDER OF CATHOLIC SISTERS WHOSE ROOTS AS A RELIGIOUS CONGREGATION GO BACK TO THE 17TH CENTURY FRANCE IN 1659, THEIR FOUNDER, JEROME LEROYER, A LAYMAN AND FATHER OF FIVE CHILDREN, CAME TO MONTREAL, CANADA AND ESTABLISHED THE CONGREGATION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	503
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	625,473
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-189,427

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	362,183	183,790
9	Program service revenue (Part VIII, line 2g)	73,204,771	68,597,866
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,059,227	1,265,437
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,068	137,272
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,691,249	70,184,365
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,589,669	31,726,499
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	33,725,197	33,877,198
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,314,866	65,603,697
19	Revenue less expenses Subtract line 18 from line 12	9,376,383	4,580,668
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	65,164,282	71,670,421
21	Total liabilities (Part X, line 26)	13,532,325	10,553,313
22	Net assets or fund balances Subtract line 21 from line 20	51,631,957	61,117,108

Part II Signature Block

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

Sign Here

****** | 2012-05-03
Signature of officer | Date

PAT TINCHER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
		2012-05-03		

Firm's name ▶ WIPFLI LLP | Firm's EIN ▶

Firm's address ▶ 469 SECURITY BLVD
GREEN BAY, WI 54313 | Phone no ▶ (920) 662-0016

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

AS A MINISTRY OF JESUS, WE HEAL, PROMOTE HEALTH, AND ENRICH LIVES

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 $ 35,108,546 including grants of $) (Revenue $ 51,464,550)

ACUTE GENERAL CARE HOSPITAL WITH BOTH INPATIENT AND OUTPATIENT RELATED SERVICES, AND SUPPORTIVE HOMECARE SERVICES FOR ELDERLY CLIENTS - INPATIENTS - 1,166 ADMISSIONS WITH 4,069 PATIENT DAYS AND 165 BIRTHS - OUTPATIENTS - 67,321 OUTPATIENT VISITS, INCLUDING 11,737 EMERGENCY VISITS, 25,125 IMAGING PROCEDURES - SURGICAL SERVICES - 1,456 TOTAL PATIENTS TREATED

4b (Code) (Expenses $ 17,757,574 including grants of $) (Revenue $ 14,369,347)

PHYSICIAN CLINIC SERVICES - URGENT CARE, PRIMARY CARE, AND VARIOUS SPECIALTIES - CLINIC VISITS - 68,427

4c (Code) (Expenses $ 1,232,095 including grants of $) (Revenue $ 991,560)

ELDERLY HOUSING AND SUPPORT SERVICES- INDEPENDENT LIVING - 12,201 RESIDENT DAYS- ASSISTED LIVING - 5,199 RESIDENT DAYS- ADULT DAY CARE - 590 TREATMENT DAYS- HOSPICE - 3,241 PATIENT DAYS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 544,074 including grants of $) (Revenue $ 82,038)

4e **Total program service expenses** ▶ $ 54,642,289

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 (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	518		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	503		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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		No
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		

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 ▶

PAT TINCHER
112 EAST FIFTH AVENUE
ANTIGO, WI 54409
(715) 623-2331

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOE JOPEK PAST CHAIRMAN	1 00	X						0	0	0
(2) MIKE TURNEY CHAIRMAN	1 00	X						0	0	0
(3) SISTER DOLORES DEMULLING SECRETARY/TREASURER	1 00	X						0	0	76,405
(4) NOEL DEEP MD BOARD MEMBER	1 00	X						0	380,585	5,745
(5) MIKE WINTER BOARD MEMBER	1 00	X						0	0	0
(6) LYNNE HENRICKS BOARD MEMBER	1 00	X						0	0	0
(7) SISTER JEAN BRICCO BOARD MEMBER	1 00	X						0	0	46,037
(8) JOE SVEDA BOARD MEMBER	1 00	X						0	0	0
(9) CHARLES HEUSS MD BOARD MEMBER	1 00	X						0	0	0
(10) DAWN OFSTHUN BOARD MEMBER	1 00	X						0	0	0
(11) RICHARD HIGLEY BOARD MEMBER	1 00	X						0	0	0
(12) TOM BRADLEY BOARD MEMBER	1 00	X						0	0	0
(13) JAMES MOERMOND MD BOARD MEMBER	1 00	X						0	217,038	4,325
(14) KRISTINE FLOWERS MD BOARD MEMBER	1 00	X						0	242,484	5,745
(15) SID SCZYGELSKI BOARD MEMER	1 00	X						0	0	0
(16) DEAN DANNER BOARD MEMBER	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) SCOTT GARAVET BOARD MEMBER	1 00	X						0	0	0
(18) DAVID SCHNEIDER CEO	40 00			X				279,349	0	40,238
(19) PATRICK TINCHER CFO	40 00			X				172,239	0	41,701
(20) WILLIAM FRANK MD PHYSICIAN	40 00					X		346,001	0	31,219
(21) JAMES LEEK MD PHYSICIAN	40 00					X		332,577	0	26,340
(22) MARK SZMANDA MD PHYSICIAN	40 00					X		254,981	0	36,649
(23) JOHN STARYNSKI MD PHYSICIAN	40 00					X		272,123	0	23,199
(24) RUTH RISLEY-GRAY DIRECTOR - PATIENT SERVICE	40 00					X		143,004	0	35,110
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,800,274	840,107	372,713

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 ▶ 7

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
ASPIRUS CLINICS INC 3000 WESTHILL DR WAUSAU, WI 54401	CLINICAL	2,537,086
ASPIRUS GENERAL CLINIC LLC PO BOX 1405 WAUSAU, WI 54402	CLINICAL	2,504,876
NORTHWOODS RADIOLOGY PO BOX 209 ANTIGO, WI 54409	CLINICAL	1,634,052
ASPIRUS WAUSAU HOSPITAL INC PO BOX 972 WAUSAU, WI 54402	CLINICAL	1,284,053
NORTHWOODS EMERGENCY PO BOX 209 ANTIGO, WI 54409	CLINICAL	815,416

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 ▶ 16

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	110,000				
	e Government grants (contributions) 1e	55,960				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	17,830				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		183,790			
Program Service Revenue		Business Code				
	2a ACUTE HOSPITAL SERVICE	621990	51,464,550	51,464,550		
	b PHYSICIAN CLINICS	621110	14,369,347	14,369,347		
	c MISCELLANEOUS	621990	1,064,898			1,064,898
	d CONGREGATE HOUSING	623990	500,429	500,429		
	e ROSALIA GARDENS	623990	491,131	491,131		
	f All other program service revenue		707,511	82,038	625,473	
	g **Total.** Add lines 2a–2f . . . . . ▶		68,597,866			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		378,629			378,629
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	484,599				
	b Less rental expenses	347,327				
	c Rental income or (loss)	137,272				
	d Net rental income or (loss) . . . . . ▶		137,272			137,272
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	10,795,804	5,000			
	b Less cost or other basis and sales expenses	9,911,192	2,804			
	c Gain or (loss)	884,612	2,196			
	d Net gain or (loss) . . . . . ▶		886,808			886,808
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a _____					
	b _____					
	c _____					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		70,184,365	66,907,495	625,473	2,467,607

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,068,864	20,050,699	3,018,165	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	842,243	732,050	110,193	
9 Other employee benefits	6,375,867	5,541,694	834,173	
10 Payroll taxes	1,439,525	1,251,188	188,337	
a Fees for services (non-employees) Management				
b Legal	84,184		84,184	
c Accounting	92,690		92,690	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	41,556	39,904	1,652	
g Other	14,370,357	12,802,796	1,567,561	
12 Advertising and promotion	186,075		186,075	
13 Office expenses				
14 Information technology	422,390	90,841	331,549	
15 Royalties				
16 Occupancy	1,302,761	1,065,470	237,291	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	230,459	135,740	94,719	
20 Interest	196,842		196,842	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,768,292	1,675,818	3,092,474	
23 Insurance	418,740	246,520	172,220	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL/PROFESSIONAL	7,221,072	7,158,219	62,853	
b MISCELLANEOUS	1,988,758	1,509,164	479,594	
c MAINTENANCE AND REPAIR	1,619,812	1,532,984	86,828	
d BAD DEBT EXPENSE	516,188	516,188	0	
e MINOR EQUIPMENT	417,022	293,014	124,008	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	65,603,697	54,642,289	10,961,408	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,126,519	1	8,295,097
	2	Savings and temporary cash investments		9,936,295	2	11,199,962
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,592,318	4	7,958,694
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,177,257	8	1,071,840
	9	Prepaid expenses and deferred charges			9	670,415
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 66,635,763			
	b	Less accumulated depreciation	10b 34,747,661	27,034,405	10c	31,888,102
	11	Investments—publicly traded securities			11	6,840,013
	12	Investments—other securities See Part IV, line 11		1,372,488	12	2,296,742
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,925,000	15	1,449,556
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		65,164,282	16	71,670,421
Liabilities	17	Accounts payable and accrued expenses		6,392,624	17	9,065,228
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		5,528,771	20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,610,930	25	1,488,085
	26	**Total liabilities.** Add lines 17 through 25		13,532,325	26	10,553,313
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		50,574,605	27	60,169,756
	28	Temporarily restricted net assets		1,057,352	28	947,352
	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		51,631,957	33	61,117,108
	34	Total liabilities and net assets/fund balances		65,164,282	34	71,670,421

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,184,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,603,697
3	Revenue less expenses Subtract line 2 from line 1	3	4,580,668
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,631,957
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,904,483
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	61,117,108

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

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 described in **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See 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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:

Software Version:

EIN: 39-0806429

Name: LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 544,074 including grants of $) (Revenue $ 82,038)

PROVIDING DAYCARE, PATHOLOGY SERVICES AND MEALS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		852,646		852,646
b Buildings		34,602,122	19,704,854	14,897,268
c Leasehold improvements		2,266,101	1,341,841	924,260
d Equipment		19,621,578	13,700,966	5,920,612
e Other		9,293,316		9,293,316
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				31,888,102

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ASPIRUS CLINIC, INC 'S INTEREST IN JOINT VENTURE	1,197,816
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	290,269
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,488,085

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	70,184,365
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,603,697
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,580,668
4	Net unrealized gains (losses) on investments	4	365,246
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,539,237
9	Total adjustments (net) Add lines 4 - 8	9	4,904,483
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,485,151

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	69,841,033
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	365,246		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	347,326		
e	Add lines **2a** through **2d**			2e	712,572
3	Subtract line **2e** from line **1**			3	69,128,461
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	1,055,904		
c	Add lines **4a** and **4b**			4c	1,055,904
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	70,184,365

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

1	Total expenses and losses per audited financial statements			1	65,005,119
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	347,326		
e	Add lines **2a** through **2d**			2e	347,326
3	Subtract line **2e** from line **1**			3	64,657,793
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	945,904		
c	Add lines **4a** and **4b**			4c	945,904
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	65,603,697

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, THE ORGANIZATION DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND ANY PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE WHEN INCURRED AS OF AND FOR THE YEARS ENDED JUNE 30, 2011 AND 2010, THERE WAS NO INCOME TAX EXPENSE, TAX PENALTIES, OR INTEREST RELATED TO TAX PENALTIES RECORDED BY THE ORGANIZATION IN THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS IN 2011 OR 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		MEMBER CONTRIBUTION 3,672,623 NONCONTROLLING INTEREST 976,614 CHANGE IN INTEREST IN FOUNDATION -110,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 347,326
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY ELIMINATION 945,904 FOUNDATION CONTRIBUTION 110,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 347,326
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY EXPENSES ELIMINATED 945,904

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			906,024	239,157	666,867	1 020 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,876,014	5,934,674	1,941,340	2 980 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			8,782,038	6,173,831	2,608,207	4 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,213,639	828,332	385,307	0 590 %
f Health professions education (from Worksheet 5)			17,060		17,060	0 030 %
g Subsidized health services (from Worksheet 6)			9,583,553	0	9,583,553	14 720 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			42,123		42,123	0 060 %
j **Total** Other Benefits			10,856,375	828,332	10,028,043	15 400 %
k **Total.** Add lines 7d and 7j			19,638,413	7,002,163	12,636,250	19 400 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	268,547		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	21,486,734
6	Enter Medicare allowable costs of care relating to payments on line 5	6	22,497,212
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,010,478
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a			No
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b			

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	LANGLADE HOSPITAL - AN ASPIRUS PARTNER 112 E 5TH AVENUE ANTIGO, WI 54409	X				X		X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **5**

	Name and address	Type of Facility (Describe)
1	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO,WI 54409	CLINIC PROVDING A WIDE RANGE OF OUTPATIENT SERVICES
2	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO,WI 54409	CLINIC PROVDING A WIDE RANGE OF OUTPATIENT SERVICES
3	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO,WI 54409	CLINIC PROVDING A WIDE RANGE OF OUTPATIENT SERVICES
4	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO,WI 54409	CLINIC PROVDING A WIDE RANGE OF OUTPATIENT SERVICES
5	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO,WI 54409	CLINIC PROVDING A WIDE RANGE OF OUTPATIENT SERVICES
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 516188

Identifier	ReturnReference	Explanation
		PART II THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES FOCUS ON EFFORTS TO ENRICH THE LIVES OF COMMUNITY MEMBERS WHO ARE STRUGGLING WITH ISSUES THAT MAY HAVE A NEGATIVE IMPACT ON THEIR HEALTH

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE COST TO CHARGE RATIO USED IN THIS CALCULATION IS THE COST TO CHARGE RATIO AS CALCULATED FROM THE FINAL 2011 MEDICARE COST REPORT

Identifier	ReturnReference	Explanation
		PART III, LINE 8 ANY SHORTFALL IS TREATED AS A COMMUNITY BENEFIT SINCE THE HOSPITAL IS PROVIDING SERVICES AT A LOSS WHICH ARE ESSENTIAL TO THE COMMUNITY THE AMOUNTS OF MEDICARE ALLOWANCE COSTS ARE DETERMINED USING THE PRINCIPLES OF MEDICARE REIMBURSEMENT

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 MANAGEMENT REVIEWS HEALTH AND SOCIAL DATA AND TRENDS TO DETERMINE WHETHER THERE IS AN UNMET NEED WITHIN THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THE HOSPITAL UTILIZES PATIENT FINANCIAL SERVICES COUNSELORS WHO WORK WITH PATIENTS ON A ONE ON ONE BASIS TO EDUCATE THE PATIENT/MAKE THEM AWARE OF THE AVAILABLE OPTIONS THE HOSPITAL ALSO PARTNERS WITH A LOCAL CREDIT UNION TO PROVIDE INFORMATION REGARDING RESOURCES AVAILABLE TO THE RESIDENTS OF THE MARKETS SERVED

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 LANGLADE HOSPITAL SERVES THE POPULATION OF LANGLADE COUNTY AND SURROUNDING COUNTIES LANGLADE COUNTY IS A RURAL COUNTY WITH NO TOWNS OF ANY SIGNIFICANT SIZE THE POPULATION IS AGING AND PROJECTIONS INDICATE 50% OF THE POPULATION WILL BE OVER 64 YEARS OF AGE BY 2018 VERY LITTLE GROWTH IS PROJECTED FOR THE SERVICE AREA IN THE COMING YEARS LANGLADE COUNTY HAS TRADITIONALLY SEEN HIGH RATES OF UNEMPLOYMENT THERE ARE NO OTHER HOSPITALS IN THE IMMEDIATE AREA THAT SERVE LANGLADE COUNTY THERE ARE HOSPITALS IN RHINELANDER AND IN WAUSAU, HOWEVER, DEPENDING UPON LOCATION IN LANGLADE COUNTY, THESE FACILITIES WOULD BE FAIRLY FAR AWAY

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE BOARD OF DIRECTORS IS COMPRISED OF 18 INDIVIDUALS FROM THE SURROUNDING AREA OF THESE 17 BOARD MEMBERS, 14 ARE INDEPENDENT THE HOSPITAL DOES EXTEND PRIVILEGES TO ALL QUALIFIED LOCAL PHYSICIANS THE HOSPITAL PARTICIPATES IN LOCAL HEALTH FAIRS AND PROVIDES FREE SCREENINGS THROUGH THESE HEALTH FAIRS

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 EACH ORGANIZATION DETERMINES THE NEEDS OF THEIR RESPECTIVE COMMUNITIES WHERE APPROPRIATE, ORGANIZATIONS SHARE RESOURCES SUCH AS PHYSICIANS FOR PRESENTATIONS, ETC

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	WI

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) NOEL DEEP MD	(i)	0	0	0	0	0	0	0
	(ii)	380,585	0	0	0	5,745	386,330	0
(2) JAMES MOERMOND MD	(i)	0	0	0	0	0	0	0
	(ii)	217,038	0	0	0	4,325	221,363	0
(3) KRISTINE FLOWERS MD	(i)	0	0	0	0	0	0	0
	(ii)	242,484	0	0	0	5,745	248,229	0
(4) DAVID SCHNEIDER	(i)	275,199	58	4,092	12,719	27,519	319,587	0
	(ii)	0	0	0	0	0	0	0
(5) PATRICK TINCHER	(i)	171,628	59	552	9,117	32,584	213,940	0
	(ii)	0	0	0	0	0	0	0
(6) WILLIAM FRANK MD	(i)	346,001	0	0	9,571	21,648	377,220	0
	(ii)	0	0	0	0	0	0	0
(7) JAMES LEEK MD	(i)	332,577	0	0	12,241	14,099	358,917	0
	(ii)	0	0	0	0	0	0	0
(8) MARK SZMANDA MD	(i)	254,981	0	0	12,250	24,399	291,630	0
	(ii)	0	0	0	0	0	0	0
(9) JOHN STARYNSKI MD	(i)	272,123	0	0	1,587	21,612	295,322	0
	(ii)	0	0	0	0	0	0	0
(10) RUTH RISLEY-GRAY	(i)	143,004	0	0	7,354	27,756	178,114	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE HOSPITAL IS A NONSTOCK NONPROFIT CORPORATION THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		REVIEWED BY THE BOARD CHAIR AND VICE-CHAIR AND MADE AVAILABLE TO ALL BOD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL COMPLETION OF CONFLICT OF INTEREST STATEMENTS AND BOARD MEMBERS ABSTAINING ON VOTES THAT PRESENT A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT HUMAN RESOURCES/COMPENSATION CONSULTING FIRM IS UTILIZED TO CONDUCT A BENEFIT AND COMPENSATION ANALYSIS THE BOARD OF TRUSTEE'S EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE MEMBERS RELY UPON THIS INDEPENDENT COMPARABILITY DATA TO SUPPORT ANY WAGE ADJUSTMENTS AWARDED SENIOR LEADERSHIP THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF HOSPITAL MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH LANGLADE HOSPITAL EXECUTIVE PERFORMANCE & COMPENSATION COMMITTEE MANDATE 1 DETERMINE THE COMPENSATION LEVEL FOR ALL EXECUTIVES AND OTHER DISQUALIFIED PERSONS BASED ON THESE REVIEWS A REVIEW AND APPROVE EXECUTIVE COMPENSATION CHANGES AND TRANSACTIONS IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS B REVIEW AND APPROVE COMPENSATION CHANGES (INCENTIVE COMPENSATION PLANS, EXECUTIVE BASE SALARIES AND RANGES, EXECUTIVE WELFARE AND RETIREMENT BENEFIT PLANS), AND OTHER EXECUTIVE FRINGE BENEFITS 2 ENGAGE INDEPENDENT, OUTSIDE ADVISORS (E G , ATTORNEYS, COMPENSATION CONSULTANTS, ETC) TO PROVIDE OBJECTIVE AND IMPARTIAL COMPENSATION DATA AND EXPRESS AN OPINION ON THE REASONABLENESS OF TOTAL COMPENSATION A REVIEW PERIODICALLY THE COMPONENTS OF THE EXECUTIVES' TOTAL COMPENSATION PROGRAM TO DETERMINE WHETHER THEY ARE PROPERLY COORDINATED 3 DISCLOSURE AND REPORTING A REPORT REGULARLY TO THE FULL BOARD ON EXECUTIVE COMPENSATION B VERIFY THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION BELIEVES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A PART OF THE ORGANIZATION AND ARE NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 365,246 MEMBER CONTRIBUTION 3,672,623 NONCONTROLLING INTEREST 976,614 CHANGE IN INTEREST IN FOUNDATION -110,000 TOTAL TO FORM 990, PART XI, LINE 5 4,904,483

Identifier	Return Reference	Explanation
		PART XI QUESTION 2D - THE SELECTION OF THE INDEPENDANT ACCOUNTANT IS APPROVED BY THE FINANCE COMMITTEE OF THE BOARD THIS PROCESS HAS NOT CHANGED SINCE LAST YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

Employer identification number
39-0806429

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH CORP C/O VAN BRIESEN ROPER 411 E WIS AVE MILWAUKEE, WI 53202 27-1341591	HEALTH CARE	WI	501(C)(3)	170(B)(1)(A)(I)	N/A		No
(2) MEMORIAL HOSPITAL AND COMMUNITY HEALTH FOUNDATION 112 E 5TH AVENUE ANTIGO, WI 54409 39-1304761	PUBLIC CHARITY - HEALTH CARE	WI	501(C)(3)	170(B)(1)(A)(VI)	N/A		No
(3) ASPIRUS GENERAL CLINIC 110 E 5TH AVENUE ANTIGO, WI 54409 38-3741338	HEALTH CARE	WI	501(C)(3)	170(B)(1)(A)(VI)	LANGLADE HOSPITAL		No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY HEALTH FOUNDATION	B	104,830	FAIR MARKET VALUE
(2) ASPIRUS GENERAL CLINIC	L	254,551	FAIR MARKET VALUE
(3) ASPIRUS GENERAL CLINIC	P	76,005	FAIR MARKET VALUE
(4) ASPIRUS GENERAL CLINIC	I	384,192	FAIR MARKET VALUE
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Antigo, Wisconsin

Consolidated Financial Statements

Years Ended June 30, 2011 and 2010

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Financial Statements

Years Ended June 30, 2011 and 2010

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WIPFLI LLP

Independent Auditor's Report

Board of Trustees
Langlade Hospital - Hotel Dieu of St Joseph
of Antigo, Wisconsin
Antigo, Wisconsin

We have audited the accompanying consolidated balance sheets of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary as of June 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary at June 30, 2011 and 2010, and the results of their operations, changes in their net assets, and their cash flows for the years ended June 30, 2011 and 2010, in conformity with accounting principles generally accepted in the United States

Wipfli LLP

Wipfli LLP

September 9, 2011
Wausau, Wisconsin

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Balance Sheets

June 30, 2011 and 2010

Assets	2011	2010
Current assets		
Cash and cash equivalents	$ 8,295,097	$ 9,126,519
Short-term investments	11,199,962	9,936,295
Patient accounts receivable - Net	7,958,694	6,592,318
Other receivables	422,810	279,352
Inventory	1,071,840	1,177,257
Prepaid expenses and other	670,415	504,498
Estimated third-party payor settlements	-	3,357,239
Total current assets	29,618,818	30,973,478
Investments	1,716,056	-
Assets limited as to use	7,102,390	5,765,102
Property and equipment - Net	31,888,102	27,034,405
Other assets		
Interest in net assets of Community Foundation	947,352	1,057,352
Investments in unconsolidated affiliates	318,309	315,136
Other	79,394	18,809
Total other assets	1,345,055	1,391,297
TOTAL ASSETS	$ 71,670,421	$ 65,164,282

Liabilities and Net Assets	2011	2010
Current liabilities		
Current maturities of long-term debt	$ -	$ 5,528,771
Accounts payable		
Trade	781,202	935,807
Construction	2,500,646	-
Accrued and other liabilities	5,783,380	5,456,817
Estimated third-party payor settlements	290,269	-
Total current liabilities	9,355,497	11,921,395
Net assets		
The Organization's net assets		
Unrestricted	60,169,756	50,574,605
Temporarily restricted	947,352	1,057,352
Total net assets of the Organization	61,117,108	51,631,957
Noncontrolling interest	1,197,816	1,610,930
Total net assets	62,314,924	53,242,887
TOTAL LIABILITIES AND NET ASSETS	$ 71,670,421	$ 65,164,282

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Statements of Operations

Years Ended June 30, 2011 and 2010

	2011	2010
Revenue		
Net patient service revenue	$ 65,836,630	$ 66,473,916
Other operating revenue	2,303,936	2,203,797
Total revenue	68,140,566	68,677,713
Expenses		
Salaries and wages	23,068,865	22,918,331
Employee benefits	8,643,866	8,616,703
Medical fees	2,397,920	2,066,226
Supplies	7,091,609	6,555,961
Purchased services and other	16,764,477	15,366,826
Insurance and utilities	1,278,852	1,295,863
Provision for bad debts	516,188	2,496,680
Depreciation	5,046,500	5,121,934
Interest	196,842	348,263
Total expenses	65,005,119	64,786,787
Income from operations	3,135,447	3,890,926
Other income (expense)		
Investment income	1,628,487	1,096,310
Gain (loss) on sale of equipment	2,196	(37,083)
Contributions and grant income	69,784	32,837
Total other income - Net	1,700,467	1,092,064
Revenue in excess of expenses	4,835,914	4,982,990
Noncontrolling interest	976,614	1,088,520
Revenue in excess of expenses attributable to the Organization	$ 5,812,528	$ 6,071,510

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Statements of Changes in Net Assets

Years Ended June 30, 2011 and 2010

	2011	2010
Unrestricted net assets		
Revenue in excess of expenses attributable to the Organization	$ 5,812,528	$ 6,071,510
Member contribution	3,672,623	3,004,873
Net assets released from restrictions	110,000	300,000
Increase in unrestricted net assets	9,595,151	9,376,383
Temporarily restricted net assets		
Net change in interest in net assets of Community Foundation	-	(5,073)
Net assets released from restrictions	(110,000)	(300,000)
Decrease in temporarily restricted net assets	(110,000)	(305,073)
Increase in net assets	9,485,151	9,071,310
Net assets of the Organization at beginning	51,631,957	42,560,647
Net assets of the Organization at end	$ 61,117,108	$ 51,631,957

See accompanying notes to consolidated financial statements

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Statements of Cash Flows

Years Ended June 30, 2011 and 2010

	2011	2010
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Increase in net assets	$ 9,485,151	$ 9,071,310
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net change in interest in net assets of Community Foundation	-	5,073
Depreciatio n	5 ,046,500	5,121,934
Member contribution	(3,672,623)	(3,004,873)
Noncontrolling interest	(976,614)	(1,088,520)
(Gain) loss on sale of equipment	(2,196)	37,083
Provision for bad debts	516,188	2,496,680
Change in net unrealized gain on trading securities	(365,246)	(374,756)
Increase in equity in investment in unconsolidated affiliates	(3,173)	(22,805)
Changes in operating assets and liabilities		
Patient accounts receivable	(1,882,564)	(1,331,580)
Other receivables	(143,458)	153,572
Inventory	105,417	159
Prepaid expesnes and other	(165,917)	(154,066)
Other assets	(60,585)	(4,695)
Investments and assets limited as to use, including realized gain	(3,951,765)	566,156
Accounts payable	(154,605)	(456,072)
Accrued and other liabilities	326,563	930,656
Estimated third-party payor settlements	3,647,508	(4,397,591)
Total adjustments	(1,736,570)	(1,523,645)
Net cash provided by operating activities	7,748,581	7,547,665

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin and Subsidiary

Consolidated Statements of Cash Flows (Continued)

Years Ended June 30, 2011 and 2010

	2011	2010
Cash flows from investing activities		
Capital expenditures	$ (7,397,755)	$ (6,435,397)
Proceeds from sale of property and equipment	400	1,755
Net cash used in investing activities	(7,397,355)	(6,433,642)
Cash flows from financing activities		
Principal payments on long-term debt	(5,528,771)	(364,952)
Principal payments on capital lease obligations	-	(132,687)
Distributions from Community Foundation	110,000	300,000
Noncontrolling interest contribution	563,500	931,000
Member contribution	3,672,623	3,004,873
Net cash provided by (used in) financing activities	(1,182,648)	3,738,234
Net increase (decrease) in cash	(831,422)	4,852,257
Cash and cash equivalents at beginning	9,126,519	4,274,262
Cash and cash equivalents at end	$ 8,295,097	$ 9,126,519
Supplemental cash flow information		
Interest paid	$ 226,459	$ 336,627
Property and equipment included in accounts payable	2,500,646	-

See accompanying notes to consolidated financial statements

Note 1 Summary of Significant Accounting Policies

Principal Business Activity

Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin ("Langlade Hospital") is a nonstock, nonprofit corporation that operates a 25-bed acute care facility Langlade Hospital provides comprehensive medical, surgical, emergency, and outpatient services to residents of Langlade County and the surrounding area Langlade Hospital also operates Pine Meadows, a 40-unit independent living apartment complex, and Rosalia Gardens, an 18-unit certified community-based residential facility as departments of Langlade Hospital Pine Meadows and Rosalia Gardens are both located in Antigo, Wisconsin

Langlade Hospital owns 51% of Aspirus General Clinic, LLC (the "Clinic") The Clinic includes physician medical practices located in Antigo, Elcho, and Birnamwood, Wisconsin Aspirus Clinics, Inc , a subsidiary of Aspirus, Inc ("Aspirus"), owns the remaining 49%

The corporate members of Langlade Hospital are the Religious Hospitallers of St Joseph Health Corporation (RHSJ) and Aspirus, a nonprofit health care system in Wausau, Wisconsin RHSJ and Aspirus select all members of Langlade Hospital, who in turn appoint Langlade Hospital's Board of Trustees and delegate operational responsibility to Langlade Hospital's Board of Trustees RHSJ entered into an agreement dated June 26, 2008, with Aspirus under which Aspirus will acquire a 45% interest in Langlade Hospital As part of this transition, in 2009, Aspirus acquired a 30% minority membership interest in Langlade Hospital for approximately $11,161,000, which was based upon Langlade Hospital's net book value as of June 30, 2008 A second payment in the amount of $3,004,873 for an additional 5% interest was made on July 1, 2009 A third payment of $3,672,623 for an additional 5% interest was made on July 1, 2010 As of June 30, 2011, RHSJ's membership interest in Langlade Hospital is 60% and Aspirus' is 40% Aspirus' final payment will be $4,537,662 on July 1, 2011 for an additional 5% interest, at which time Aspirus will have acquired a 45% interest in Langlade Hospital

Note 1 Summary of Significant Accounting Policies (Continued)

Principles of Consolidation

The accompanying consolidated financial statements include the assets, liabilities, net assets, and operating activities of Langlade Hospital and the Clinic, which is controlled by Langlade Hospital (collectively the "Organization") All significant intercompany accounts and transactions have been eliminated in preparing the accompanying consolidated financial statements

Financial Statement Presentation

The Organization follows accounting standards contained in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP

Use of Estimates in Preparation of Consolidated Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period Actual results may differ from these estimates

Cash Equivalents

The Organization considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts whose use is limited or restricted

Note 1 Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Short-term investments consist of certificates of deposit and are stated at historical cost plus accrued interest, which approximates fair value

Investments, including investments designated as assets limited as to use, are measured at fair value in the accompanying consolidated balance sheets The Organization has designated its investments as trading securities

All investment income (including realized and unrealized gains and losses, interest, and dividends) is reported as other income and is included in revenue in excess of expenses unless the income is restricted by donor or law Realized gains or losses are determined by specific identification

Assets Limited as to Use

Assets limited as to use represents investments designated by the Board of Trustees for future capital improvements The funds designated by the Board of Trustees remains under the control of the Board and may at its discretion be subsequently used for other purposes Amounts required to meet current liabilities of the Organization have been classified as current assets in the accompanying consolidated balance sheets

Note 1 Summary of Significant Accounting Policies (Continued)

Fair Value Measurements

The Organization measures fair value of its financial instruments using a three-tier hierarchy which prioritizes the inputs used in measuring fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements) The three levels of the fair value hierarchy are described as follows

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs, other than quoted prices, that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs

Note 1 Summary of Significant Accounting Policies (Continued)

Patient Accounts Receivable and Credit Policy

Patient accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances These obligations are primarily from local residents, most of whom are insured under third-party payor agreements The Organization bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility Payments on patient accounts receivable are applied to the specific claim identified on the remittance advice or statement The Organization does not have a policy to charge interest on past due accounts

The carrying amount of patient accounts receivable is reduced by an allowance that reflects management's best estimate of the amounts that will not be collected Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable In addition, management provides for probable uncollectible amounts, primarily from uninsured patients and amounts patients are personally responsible for, through a charge to operations and a credit to a valuation allowance based on its assessment of historical collection likelihood and the current status of individual accounts Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable

Patient accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and an allowance for doubtful accounts

Note 1 Summary of Significant Accounting Policies (Continued)

Inventory

Inventory of supplies is valued at the lower of cost, determined on the first-in, first-out (FIFO) method, or market

Property, Equipment, and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Estimated useful lives range from 5 to 15 years for movable equipment and vehicles and 10 to 40 years for land improvements, buildings, leasehold improvements, and fixed equipment

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Note 1 Summary of Significant Accounting Policies (Continued)

Impairment

The Organization reviews its property, equipment, and identifiable intangible assets periodically to determine potential impairment by comparing the carrying value of the property, equipment, and identified intangible assets with the estimated future net discounted cash flows expected to result from the use of the assets, including cash flows from disposition Should the sum of the expected future net cash flows be less than the carrying value, the Organization would recognize an impairment loss at that time No impairment loss was recognized in 2011 or 2010

Asset Retirement Obligation

Management annually assesses its existing properties to determine if there is a need to recognize a liability for a conditional asset retirement specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties Management cannot reasonably estimate the liability related to this retirement activity as of June 30, 2011 and 2010

Interest in Net Assets of Community Foundation, Inc

Current accounting guidance establishes standards of financial accounting and reporting for transactions in which an entity makes contributions to another entity or an entity that accepts contributions from a donor and agrees to use those assets on behalf of or transfer those assets and the return on those assets to another entity The Organization and Memorial Hospital and Community Health Foundation, Inc (the "Community Foundation") are financially interrelated organizations and, accordingly, the Organization recognizes its interest in the net assets of the Community Foundation and adjusts that interest for its share of the change in the net assets of the Community Foundation

Note 1 Summary of Significant Accounting Policies (Continued)

Investments in Unconsolidated Affiliates

Investments in unconsolidated affiliates are accounted for using the equity or cost method, whichever is applicable

Net Assets

Unrestricted net assets consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Organization and include those expendable resources which have been designated for special use by the Board of Trustees Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity

For the years presented, the Organization had no permanently restricted net assets

Revenue in Excess of Expenses

The consolidated statements of operations include the classification revenue in excess of expenses which is considered the operating indicator Changes in unrestricted net assets, which are excluded from the operating indicator, consistent with industry practice, include permanent transfer of assets to and from affiliates for other than goods and services, contributions of long-lived assets including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets, and noncontrolling interest

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined

Note 1 Summary of Significant Accounting Policies (Continued)

Community Care

The Organization provides care to patients who meet certain criteria under its community care policy without charge or at amounts less than its established rates The Organization maintains records to identify the amount of charges forgone for services and supplies furnished under the community care policy Because the Organization does not pursue collection of amounts determined to qualify as community care, they are not reported as net patient services revenue in the accompanying consolidated statements of operations

Donor Restricted Contributions

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of changes in net assets as net assets released from restrictions

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions

Advertising Costs

Advertising costs are expensed as incurred

Unemployment Compensation

The Organization has elected reimbursement financing under provisions of the Wisconsin unemployment compensation laws The Organization has obtained a letter of credit of $216,284, which expires December 31, 2014, to meet state funding requirements as of June 30, 2011 and 2010

Note 1 Summary of Significant Accounting Policies (Continued)

Income Taxes

The Organization is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code The Organization is also exempt from state income taxes on related income

In order to account for any uncertain tax positions, the Organization determines whether it is more likely than not that a tax position will be sustained upon examination of the technical merits of the position, assuming the taxing authority has full knowledge of all information If the tax position does not meet the more-likely-than-not recognition threshold, the benefit of the tax position is not recognized in the consolidated financial statements

The Organization is also engaged, to a limited extent, in activities that the Internal Revenue Service considers unrelated to its exempt purpose and, therefore, taxable These activities, however, annually result in net operating losses for income tax purposes The Organization does not presently anticipate that a tax benefit from these net operating losses will be realized in the future Accordingly, any potential deferred tax asset resulting from the availability of net operating loss carryforwards is offset by a valuation allowance of equal amount No deferred tax assets and liabilities have been recognized since no other differences exist between the financial and tax bases of reporting the Organization's assets and liabilities

The Organization's policy is to recognize interest and any penalties related to income tax matters in income tax expense when incurred As of and for the years ended June 30, 2011 and 2010, there was no income tax expense, tax penalties, or interest related to tax penalties recorded by the Organization in the consolidated financial statements

The Organization recorded no assets or liabilities for uncertain tax positions or unrecognized tax benefits in 2011 or 2010 Federal returns for the year ended December 31, 2008, the six-month period ended June 30, 2009, and the years ended June 30, 2010 and beyond remain subject to examination by the Internal Revenue Service

Note 1 Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update (ASU) No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities* This ASU amends ASC Topic 954 and requires health care entities to change the presentation of their statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue Entities are also required to enhance disclosures about their policies for recognizing revenue and assessing bad debts In addition, this guidance requires disclosure of qualitative and quantitative information about changes in the allowance for doubtful accounts The guidance in this ASU is effective for the Organization's year ending June 30, 2013, with early adoption permitted

In August 2010, the FASB issued ASU No 2010-23, *Measuring Charity Care for Disclosure* This ASU amends ASC Topic 954 and requires entities to use cost as the measurement basis for charity care disclosures, including both direct and indirect costs Entities are also required to disclose the method used to determine these costs, such as directly from a costing system or through an estimation process The guidance in this ASU is effective for the Organization's year ending June 30, 2012

Subsequent Events

Subsequent events have been evaluated through September 9, 2011, which is the date the consolidated financial statements were available to be issued See Note 20 for additional information on subsequent events

Note 2 Reimbursement Arrangements With Third-Party Payors

The Organization has agreements with third-party payors that provide for reimbursement at amounts that vary from its established rates A summary of the basis of reimbursement with major third-party payors follows

- *Hospital - Medicare* - Langlade Hospital is designated as a critical access hospital (CAH) with reimbursement based upon cost for inpatient and outpatient services with the exception of certain lab and mammography services, which are reimbursed based on fee schedules Professional services provided by physicians and other clinicians are reimbursed based upon prospectively determined fee schedules

- *Hospital - Medicaid* - Langlade Hospital is designated as a CAH with reimbursement based upon cost for inpatient and outpatient services with the exception of certain lab, therapy, and mammography services, which are reimbursed based on fee schedules Professional services provided by physicians and other clinicians are reimbursed based upon prospectively determined fee schedules

  During 2011, a law was passed in Wisconsin under which eligible CAHs, including Langlade Hospital, were required to pay the State an annual assessment The assessment period will be the State's fiscal year, which runs from July to June The assessment is based on each hospital's gross inpatient revenue, as defined, and was effective July 1, 2010 The revenue generated from the assessment is to be used, in part, to increase overall reimbursement under the Wisconsin Medical Assistance program through the development of an access payment system Under the new CAH payment system, the Wisconsin Medical Assistance program will pay a hospital-specific amount per discharge for inpatient and outpatient services, determined based on prior hospital cost reports, plus an additional access payment In exchange for receiving these access payments, the State of Wisconsin is eliminating retroactive cost report settlements to CAHs effective July 1, 2010

Note 2 Reimbursement Arrangements With Third-Party Payors (Continued)

- *Others* - The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Organization under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Accounting for Medicare and Medicaid Contractual Arrangements

The Organization is paid for cost-reimbursable items at an interim rate with final settlements determined by the respective Medicare and Medicaid fiscal intermediaries after their review of the Organization's related annual cost reports and the application of cost limits prescribed by the respective programs Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying consolidated financial statements The Organization's cost reports have been audited by the Medicare and Medicaid intermediaries through June 30, 2009 and December 31, 2005, respectively

Compliance

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations, particularly those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time Recently, federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patients' services Management believes the Organization is in substantial compliance with current laws and regulations

Note 2 Reimbursement Arrangements With Third-Party Payors (Continued)

Compliance (Continued)

The Centers for Medicare & Medicaid Services (CMS) implemented a new project using recovery audit contractors (RACs) as part of its further efforts to ensure accurate payments under the Medicare program The project uses RACs to search for potentially inaccurate Medicare payments that may have been made to health care providers and were not detected through existing CMS program-integrity efforts Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment A RAC review for the Organization's Medicare claims is anticipated, however, the outcome of such a review is unknown, and any financial impact cannot be reasonably estimated at June 30, 2011

Note 3 Patient Accounts Receivable

Patient accounts receivable consisted of the following at June 30

	2011	2010
Patient accounts receivable	$ 14,664,819	$ 14,979,106
Less		
Contractual adjustments	4,406,125	4,886,788
Allowance for doubtful accounts	2,300,000	3,500,000
Patient accounts receivable - Net	$ 7,958,694	$ 6,592,318

Management routinely assesses the risks related to bad debts and other areas associated with providing health care services During 2011, management determined the risk associated with bad debts had decreased The result of the decline in this risk decreased the allowance for doubtful accounts and the provision for bad debts by approximately $1,200,000 for the year ended June 30, 2011

Note 4 Net Patient Service Revenue

Net patient service revenue consisted of the following for the years ended June 30

	2011	2010
Gross patient service revenue		
Inpatient services	$ 14,165,786	$ 14,654,366
Outpatient services	103,911,097	98,339,343
Totals	118,076,883	112,993,709
Less - Contractual adjustments and other deductions	52,240,253	46,519,793
Net patient service revenue	$ 65,836,630	$ 66,473,916

The Organization's percent of gross patient service revenue by payor is as follows for the years ended June 30

	2011	2010
Medicare	50%	50%
Medicaid	16%	16%
Other third-party payors	30%	31%
Patients	4%	3%
Totals	100%	100%

Note 5 Community Care

The Organization provides health care services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients Consistent with the mission of the Organization, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or are underinsured

Patients who meet certain criteria for community care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, determined based on qualifying criteria as defined in the Organization's community care policy and from applications completed by patients and their families

The Organization maintains records to identify and monitor the level of community care it provides The amount of charges forgone for services and supplies furnished under the Organization's community care policy aggregated approximately $1,793,000 and $1,246,000 for the years ended June 30, 2011 and 2010, respectively

Note 6 Investments and Assets Limited as to Use

Short-Term Investments

Short-term investments consisted of the following at June 30

	2011	2010
Certificates of deposit	$ 573,617	$ 3,304,069
Money market accounts	10,626,345	6,632,226
Total short-term investments	$ 11,199,962	$ 9,936,295

Long-Term Investments

Long-term investments consisted of the following at June 30

	2011	2010
Certificates of deposit	$ 1,716,056	$ -

Assets Limited as to Use

Assets limited as to use at June 30 are set forth in the following table Investments are stated at fair value

	2011	2010
By Board for future capital improvements		
Cash and cash equivalents	$ 262,377	$ 328,854
Fixed income securities	3,446,370	1,513,776
Common stock	3,393,643	3,922,472
Total by Board for future capital improvements	$ 7,102,390	$ 5,765,102

Note 6 Investments and Assets Limited as to Use (Continued)

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements

Investment income including net gains and losses on assets limited as to use and other investments are comprised of the following for the years ended June 30

	2011	2010
Investment income		
Interest and dividend income	$ 378,629	$ 293,060
Net realized gain on sale of investments	884,612	428,494
Change in net unrealized gain on trading securities	365,246	374,756
Total investment income	$ 1,628,487	$ 1,096,310

Note 7 Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value

Money market funds are valued at historical cost, which approximates fair value

Quoted market prices are used to determine the fair value in marketable equity securities which consist of publicly traded common stock Mutual funds invested in fixed income securities are valued at quoted market prices

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

Note 7 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Organization's assets as of June 30

	2011			
	Fair Value Measurements Using			Total Assets at
	Level 1	Level 2	Level 3	Fair Value
Assets				
Money market funds	$ 10,888,722	$ -	$ -	$ 10,888,722
Marketable equity securities	3,393,643	-	-	3,393,643
Mutual funds - Fixed income securities				
Short-term bond funds	1,305,684	-	-	1,305,684
Intermediate-term bond funds	1,701,353	-	-	1,701,353
Other bond funds	439,333	-	-	439,333
Total mutual funds - Fixed income securities	3,446,370	-	-	3,446,370
Total assets	$ 17,728,735	$ -	$ -	$ 17,728,735

	2010			
	Fair Value Measurements Using			Total Assets at
	Level 1	Level 2	Level 3	Fair Value
Assets				
Money market funds	$ 6,961,080	$ -	$ -	$ 6,961,080
Marketable equity securities	3,922,472	-	-	3,922,472
Mutual funds - Fixed income securities - Short-term bond funds	1,513,776	-	-	1,513,776
Total assets	$ 12,397,328	$ -	$ -	$ 12,397,328

The carrying values of current assets and current liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments

Note 8 Property and Equipment

Property and equipment by major categories consisted of the following at June 30

	2011	2010
Land	$ 852,646	$ 649,432
Land improvements	1,552,881	1,388,021
Buildings, leasehold improvements, and fixed equipment	36,280,272	35,985,035
Movable equipment	18,460,535	18,064,525
Vehicles	196,113	164,389
Total property and equipment	57,342,447	56,251,402
Less - Accumulated depreciation	34,747,661	30,114,599
Net depreciated value	22,594,786	26,136,803
Construction in progress	9,293,316	897,602
Property and equipment - Net	$ 31,888,102	$ 27,034,405

Construction in progress primarily relates to construction of a new hospital Total estimated costs to complete the construction project, which is expected to be completed May 2012, are approximately $45,000,000 The construction will be financed through the issuance of debt and available funds

The Board of Trustees has approved the issuance of up to $45,000,000 in debt to finance the construction of the replacement hospital and the renovation of additional patient care facilities on its campus with an approved cost not to exceed $45,000,000 As part of this issuance, Langlade Hospital has authorized its Executive Director to enter into agreements for Langlade Hospital to become part of the Aspirus Wausau Hospital Obligated Group (the "Obligated Group") The Obligated Group currently consists of Aspirus Wausau Hospital, Inc of Wausau, Wisconsin, and Memorial Health Center, Inc of Medford, Wisconsin It is anticipated that the debt financing will total approximately $75,000,000, of which $45,000,000 will be for Langlade Hospital The financing is anticipated to be completed in October 2011, with Langlade Hospital becoming part of the Obligated Group at that time, or shortly thereafter

Note 8 Property and Equipment (Continued)

Additional depreciation expense of approximately $1,900,000 was recorded in 2011 and 2010, related to the shortening of asset lives associated with the existing facility

Note 9 Interest in Net Assets of Community Foundation

The Community Foundation was created to facilitate contributions, investments, and distribution of funds to be used toward the improvement of the health care facility and services provided by the Organization Distributions of $110,000 and $300,000 were made by the Community Foundation to the Organization for the years ended June 30, 2011 and 2010, respectively

The net assets held in another entity for the sole benefit of the Organization are required to be reported as assets Accordingly, interest in net assets of the Community Foundation of $947,352 and $1,057,352 as of June 30, 2011 and 2010, respectively, are reported in the accompanying consolidated financial statements

A summary of the internal unaudited financial information for the Community Foundation for the years ended June 30, is as follows

	2011	2010
Assets	$ 2,773,869	$ 2,632,481
Net assets	$ 2,773,869	$ 2,632,481
Revenue in excess of expenses before contributions to the Hospital	$ 251,388	$ 180,647
Less - Contributions to the Hospital	110,000	300,000
Increase in net assets	141,388	(119,353)
Net assets at beginning	2,632,481	2,751,834
Net assets at end	$ 2,773,869	$ 2,632,481

Note 9 Interest in Net Assets of Community Foundation (Continued)

The Organization provided limited amounts of office supplies and services to the Community Foundation for which the Community Foundation reimbursed the Organization In addition, an Organization employee provides a limited amount of time coordinating the activities of the Community Foundation The Organization is not reimbursed by the Community Foundation for this service

Note 10 Investments in Unconsolidated Affiliates

The Organization has an interest of 25% in a partnership, Wisconsin Valley Health Network (WVHN) This investment is accounted for under the equity method

The Organization also has a 11 1% interest in a not-for-profit home health agency This investment is accounted for under the cost method

The operating results of these investments are included in the consolidated statements of operations under the classification purchased services and other

Detail by investment for the years ended June 30 is as follows

	2011		2010	
	Investments	Change	Investments	Change
WVHN	$ 177,067	$ 3,173	$ 173,894	$ 22,805
Home health agency	141,242	-	141,242	-
Totals	$ 318,309	$ 3,173	$ 315,136	$ 22,805

Note 10 Investments in Unconsolidated Affiliates (Continued)

The following is a summary of the financial position of the Organization's investment accounted for under the equity method as of June 30

	Unaudited	
	2011	2010
Assets	$ 827,036	$ 717,595
Liabilities	$ 161,002	$ 54,240
Equity	$ 666,034	$ 663,355

The following is a summary of purchases and sales between the Organization and WVHN for the years ended June 30

	2011	2010
Sales of technical staff and supplies	$ 58,258	$ 51,677
Purchases of diagnostic services	$ 36,080	$ 49,531
Annual participation fees	87,963	67,625
Totals	$ 124,043	$ 117,156

WVHN provides support and services to its member hospitals through joint planning objectives and meetings, participation in pooled purchasing programs, diagnostic testing services, and other contract services in which the member hospitals realize reduced costs in obtaining these services by purchasing as a group rather than as individual hospitals

Note 11 Long-Term Debt

Long-term debt consisted of 5 37% City of Antigo, Wisconsin, Hospital Revenue Bonds, Series 2001A Master Note (Langlade Memorial Hospital Project) dated April 17, 2011 and totaled $5,528,771 as of June 30, 2010 The revenue bonds were paid off in 2011

Note 12 Leases

The Organization has entered into various operating lease agreements Rental expense for all operating leases was $385,416 and $509,573 in 2011 and 2010, respectively

Future minimum payments under noncancelable operating leases with initial or remaining terms in excess of one year consists of $52,746 in 2012

Note 13 Retirement Plan

The Organization maintains a contributory defined contribution retirement plan for substantially all of its employees The Organization matches each participant's contribution up to a maximum of 5% of covered earnings The Clinic, through Aspirus Clinics, Inc , also has a defined contribution plan, which contributes 8% of covered earnings The Organization's total retirement expense under these plans totaled approximately $1,364,000 and $1,366,000 in 2011 and 2010, respectively

Note 14 Malpractice Insurance

The Organization's professional liability insurance for claim losses of less than $1,000,000 per claim and $3,000,000 per year covers professional liability claims reported during a policy year ("claims made" coverage) The Organization is covered against losses in excess of these amounts through its mandatory participation in the Patients' Compensation Fund of the State of Wisconsin The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending through January 31, 2012

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Organization Although the possibility exists of claims arising from services provided to patients through June 30, 2011, which have not yet been asserted, the cost, if any, of such possible claims is undeterminable and, accordingly, no provision has been made for them

In addition, umbrella coverage is maintained for claims in excess of the professional liability limits to a maximum of $10,000,000 per occurrence and $10,000,000 per year

Note 15 Functional Expenses

The Organization primarily provides general health care services to patients within its geographic location Expenses related to providing these services consisted of the following for the years ended June 30

	2011	2010
Health care and related services	$ 58,514,750	$ 58,779,294
General and administrative	6,490,369	6,007,493
Total expenses	$ 65,005,119	$ 64,786,787

Note 16 Related Parties

The Organization had the following related-party transactions for the years ended June 30, 2011 and 2010

RHSJ

The Organization pays membership dues to RHSJ and contracts with RHSJ for various management, clinical, and pastoral care services Amounts paid to RHSJ aggregated $205,687 and $196,464 for the years ended June 30, 2011 and 2010, respectively

Aspirus, Inc

The Organization purchased information technology services and other contracted services from Aspirus totaling $1,093,722 and $795,319 for the years ended June 30, 2011 and 2010, respectively As of June 30, 2011 and 2010, $124,042 and $919, respectively, was due to Aspirus

Aspirus Wausau Hospital, Inc

The Organization purchased insurance, supplies, reference lab, information technology services, and other services from Aspirus Wausau Hospital, Inc (AWH) totaling $2,537,006 and $2,582,837 for the years ended June 30, 2011 and 2010, respectively As of June 30, 2011 and 2010, $101,581 and $95,181, respectively, was due to AWH Aspirus is the sole corporate member of AWH

Aspirus Clinics, Inc

The Organization purchased insurance, recruitment, physician, lab, billing, and Employee Assistance Program services from Aspirus Clinics, Inc In 2011, the billing services were provided by Aspirus Aspirus is the sole corporate member of Aspirus Clinics, Inc The services with Aspirus Clinics, Inc totaled $8,263,601 and $8,148,059 for the years ended June 30, 2011 and 2010, respectively As of June 30, 2011 and 2010, $528,152 and $399,730, respectively, was due to Aspirus Clinics, Inc

Note 17 Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30

	2011	2010
Interest in net assets of Community Foundation	$ 947,352	$ 1,057,352

Note 18 Concentration of Credit Risk

Financial instruments that subject the Organization to possible credit risk consist principally of accounts receivable, cash deposits in excess of insured limits, and investments of surplus operating funds

The mix of Organization receivables from patients and third-party payors is as follows at June 30

	2011	2010
Medicare	38%	43%
Medicaid	13%	10%
Other third-party payors	25%	26%
Patients	24%	21%
Totals	100%	100%

Note 18 Concentration of Credit Risk (Continued)

The Organization maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation (FDIC) insured institutions On November 9, 2010, the FDIC issued a final rule implementing Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act that provides for unlimited insurance coverage of non-interest-bearing transaction accounts through December 31, 2012 In addition, the Organization maintains cash in interest-bearing accounts at these institutions which are insured by the FDIC up to $250,000 At June 30, 2011, none of the Organization's operating cash balances exceeded FDIC limits

In addition, management has entered into one irrevocable standby letter of credit for $2,000,000 expiring April 4, 2012, and another for $7,000,000 expiring July 2, 2012, related to its short- and long-term investments At June 30, 2011, the amount of the Organization's short- and long-term investments that are uninsured totaled approximately $3,916,000 Also, all of the Organization's assets limited as to use are uninsured

Note 19 Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements to conform with the 2011 classifications

Note 20 Subsequent Events

On July 1, 2011, Aspirus Clinics, Inc entered into an agreement with Langlade Hospital to sell its remaining equity investment in the Clinic for net book value of approximately $1 2 million Langlade Hospital will pay Aspirus Clinics, Inc approximately $300,000 in 2012 and Aspirus Clinics, Inc will issue a note to Langlade Hospital for the remaining balance The note will be forgiven over a three-year period based on Langlade Hospital meeting certain quality and other measures while operating the Clinic as defined in the contract

*** SIR ***

OPINION AUDIT SUPPLEMENTAL INFORMATION RPT

FS & AI	X	SEP LTR	
FS		Other	
MR			
LTD EX		Product Code	

Year/Period Ended 6-30-11

DUE DATE 8/12/11 - PAR

Prelim 8/16/11 - sid Final 9/13/11 must be uc'd 9/14/11

Client Langlade Hospital

(address)

Preparation Charge $

Client No. 1 9 4 5 8

Job No. Non SEC Audit

Bill to (client name) if different from name on left:

Biller Name

Mgr/Sr

FINAL

SIR Code	Period Ended	Date Out	Initial
		9/13/11	MK
9 9 5*			

*Use only if no SIR code

Description

QUALITY CONTROL/MCS CHECKS

	Initial	Date
Client Retention Form (G-2)	KM	8/12/11
Risk Rating # 3		
W/P Reviewed	KM	8/1/11
F/S Cklist (G-21 or PPC)	KM	9/3/11
Audit Review Checklist (G-3 or PPC) Prepared		

PREPARATION & PROCESSING

Pencil Draft	PT/LK	8/8/11
Checked	✓	✓
Approval to type	✓	✓
Typed/Formatted	MK	8/9/11
Proofed	pm	8/12/11
Draft approved (Mgr/Sr)		
Draft approved (Partner)	KM	8/12/11
Concurring reviewer appr		
Corrections typed MK	8/10 8/28/31 9/7 9/12	
Corrections proofed pm	8/12, 8/16, 8/31, 9/7, 9/12	
Release draft to client	KM/PT/sid	8/12/11 / 8/16/11
Client approval of draft	KM	9/13/11 / 9/7/11
Partner/manager sign*	KM	9/13/11
*Managers may sign M/R only		
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.8 **Client Survey Required: Yes ☐ No ☐ Cost of Engagement $**

*** SIR ***

OPINION AUDIT SUPPLEMENTAL INFORMATION RPT

FS & AI _____ SEP LTR _____
FS _____ Other _____
MR _____
LTD EX _____ Product Code _____

Year/Period Ended _____

DUE DATE

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Client Langlade Hospital

_____
(address)

_____

Preparation Charge $_____

Client No. 19458

Job No. Non SEC Audit

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Mgr/Sr _____

SIR Code	Period Ended	FINAL Date Out	FINAL Initial
9995*			

*Use only if no SIR code

Description _____

QUALITY CONTROL/MCS CHECKS

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Client Retention Form (G-2)		
Risk Rating # _____		
W/P Reviewed		
F/S Cklist (G-21 or PPC)		
Audit Review Checklist (G-3 or PPC) Prepared		

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8/05/08

Client Survey Required: Yes ☐ No ☐ Cost of Engagement $_____

Wipfli LLP
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Wausau, WI 54403
PO Box 8010
Wausau, WI 54402-8010
715 845 3111
fax 715 842 7272
www wipfli com

September 13, 2011

Mr. Patrick Tincher, CFO
Langlade Hospital – Hotel Dieu of
St. Joseph of Antigo, Wisconsin
112 E. 15th Avenue
Antigo, WI 54409

Dear Mr. Tincher:

We have prepared the following documents for Langlade Hospital – Hotel Dieu of St. Joseph of Antigo, Wisconsin for the years ended June 30, 2011 and 2010:

- 34 copies of the Consolidated Financial Statements;
- 20 copies of the Presentation to the Langlade Hospital Finance and Personnel Committee; and
- 20 copies of the Required Communications Letter.

We look forward to our continued association and appreciate the opportunity to serve you.

Sincerely,

Kathleen J. LaBrake
Certified Public Accountant

mk

Enc.