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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 10-01-2010 and ending 09-30-2011

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

C Name of organization
DOOR COUNTY MEMORIAL HOSPITAL

Doing Business As
MINISTRY DOOR COUNTY MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) 323 SOUTH 18TH AVENUE

Room/suite

City or town, state or country, and ZIP + 4
STURGEON BAY, WI 54235

D Employer identification number
39-0806324

E Telephone number
(920) 743-5566

G Gross receipts $ 68,554,728

F Name and address of principal officer
ROBERT SCIESZINSKI
323 S 18TH AVE
STURGEON BAY, WI 54235

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MINISTRYHEALTH ORG/DCMH/HOME NWS

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1944

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DOOR COUNTY MEMORIAL HOSPITAL, INC IS A FULLY ACCREDITED, ACUTE-CARE HOSPITAL AND OUTPATIENT MEDICAL CENTER THE HOSPITAL OFFERS A FULL RANGE OF SERVICES AND SPECIALTIES, INCLUDING HOME HEALTH, A SKILLED NURSING FACILITY FOR LONG-TERM CARE AND REHABILITATION SERVICES, A REHAB SERVICES DEPARTMENT AND NORTH SHORE MEDICAL CLINIC

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**	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	697
	6 Total number of volunteers (estimate if necessary)	**6**	135
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	164,367	241,883
	9 Program service revenue (Part VIII, line 2g)	64,035,420	67,866,896
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-151,082	101,841
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,803	151,460
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,187,508	68,362,080
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,375	12,748
	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)	38,638,502	40,238,125
	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)	21,695,788	23,070,832
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,356,665	63,321,705
	19 Revenue less expenses Subtract line 18 from line 12	3,830,843	5,040,375

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	74,283,847	79,492,952
	21 Total liabilities (Part X, line 26)	22,828,722	23,290,341
	22 Net assets or fund balances Subtract line 21 from line 20	51,455,125	56,202,611

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

****** 2012-05-11
Signature of officer — Date

ROBERT SCIESZINSKI 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
TERRI REXRODE CPA MST	TERRI REXRODE CPA MST	2012-05-11	☐	

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

Firm's address ▶ PO BOX 12237
GREEN BAY, WI 543072237 — 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

OUR MISSION AS A CATHOLIC HEALTH CARE SYSTEM IS TO FURTHER THE HEALING MINISTRY OF JESUS BY CONTINUALLY IMPROVING THE HEALTH AND WELL BEING OF ALL PEOPLE, ESPECIALLY THE POOR, IN THE COMMUNITIES WE SERVE

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 $ 50,326,495 including grants of $ 12,748) (Revenue $ 67,491,402)

DOOR COUNTY MEMORIAL HOSPITAL PROVIDES THE FOLLOWING HEALTH CARE PROGRAMS HOSPITAL INPATIENT WITH DAYS TOTALING 4,728, OUTPATIENT SERVICES THAT SERVED 79,536 VISITS, 30 BED EXTENDED CARE FACILITY, CLINIC THAT SERVED 59,248 VISITS, AND A REHABILITATION AGENCY THAT HAD 39,613 VISITS

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 50,326,495

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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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		No
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**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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**		No
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	83		
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	697		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		No
	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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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		No
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 ▶

ROBERT SCIENSZINSKI
323 SOUTH 18TH PLACE
STURGEON BAY, WI 542351495
(920)743-5566

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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,457,088	541,876	534,983

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 ▶ 38

			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
MARSHFIELD LABORATORIES 1000 N OAK AVE MARSHFIELD, WI 54449	LABORATORY TEST	588,576
NORTHERN X RAY CO INC 4TH S AVENUE MINNEAPOLIS, MN 55404	RADIOLOGY EQUIP SERVICE CONTRACT	546,179
INFINITY HEALTHCARE INC 111 E WISCONSIN AVE MILWAUKEE, WI 54302	ER PHYSICIANS	495,000
ARAMARK SERVICES 2300 WARRENVILLE ROAD DOWNERS GROVE, IL 60515	MANAGEMENT OF DIETARY, HOUSEKEEPING AND	434,997
HALL RENDER AND KILLIAN PO BOX 82064 INDIANAPOLIS, IN 46282	LEGAL SERVICES	232,565

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 ▶ 13

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	241,883				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		241,883			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE R	624100	66,691,386	66,691,386		
	b ONCOLOGY CLINIC REVENU	624100	585,097	585,097		
	c CAFETERIA SALES	624100	228,048			228,048
	d WASHINGTON ISLAND SUB	624100	135,000	135,000		
	e LIFELINE REVENUE	624100	111,916			111,916
	f All other program service revenue		115,449	79,919		35,530
	g **Total.** Add lines 2a–2f . . . . . ▶		67,866,896			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		99,234			99,234
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	343,932				
	b Less rental expenses	192,472				
	c Rental income or (loss)	151,460				
	d Net rental income or (loss) . . . . . ▶		151,460			151,460
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,783			
	b Less cost or other basis and sales expenses		176			
	c Gain or (loss)		2,607			
	d Net gain or (loss) . . . . . ▶		2,607			2,607
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 . . . ▶		68,362,080	67,491,402	0	628,795

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	12,748	12,748		
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	1,591,934		1,591,934	
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	30,229,931	25,800,203	4,429,728	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,458,422	1,227,777	230,645	
9 Other employee benefits	4,985,482	3,844,967	1,140,515	
10 Payroll taxes	1,972,356	1,621,057	351,299	
a Fees for services (non-employees) Management	386,336		386,336	
b Legal	184,167		184,167	
c Accounting	11,850		11,850	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	3,884,909	2,423,016	1,461,893	
12 Advertising and promotion	503,609	6,379	497,230	
13 Office expenses	8,149,655	7,654,067	495,588	
14 Information technology	702,529	168,737	533,792	
15 Royalties				
16 Occupancy	1,215,367	1,147,100	68,267	
17 Travel	457,014	272,357	184,657	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	653,087	653,087		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,949,405	3,283,885	665,520	
23 Insurance	268,566	288,154	-19,588	
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 PROVISION FOR BAD DEBTS	1,327,741	1,327,741		
b RECRUITMENT	503,264	434,983	68,281	
c HOSPITAL ASSESSMENT	384,017		384,017	
d DUES & SUBSCRIPTIONS	141,052	43,869	97,183	
e COMMUNITY RELATIONS	131,216	1,937	129,279	
f All other expenses	217,048	114,431	102,617	
25 **Total functional expenses.** Add lines 1 through 24f	63,321,705	50,326,495	12,995,210	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		22,218	1	15,197
	2	Savings and temporary cash investments		7,180,719	2	7,262,371
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,714,090	4	9,879,313
	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		1,367,938	7	1,424,809
	8	Inventories for sale or use		913,762	8	992,006
	9	Prepaid expenses and deferred charges		1,288,649	9	1,415,034
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 73,304,707			
	b	Less accumulated depreciation	10b 34,247,305	38,738,717	10c	39,057,402
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		2,409,008	12	2,417,245
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,648,746	15	17,029,575
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		74,283,847	16	79,492,952
Liabilities	17	Accounts payable and accrued expenses		7,026,271	17	5,767,538
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			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		15,802,451	23	17,522,803
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		22,828,722	26	23,290,341
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		51,221,755	27	55,967,056
	28	Temporarily restricted net assets		233,370	28	235,555
	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		51,455,125	33	56,202,611
	34	Total liabilities and net assets/fund balances		74,283,847	34	79,492,952

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	68,362,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,321,705
3	Revenue less expenses Subtract line 2 from line 1	3	5,040,375
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	51,455,125
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-292,889
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	56,202,611

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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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: 39-0806324
Name: DOOR COUNTY MEMORIAL HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES BRANN VICE-CHAIRMAN	1 00	X		X				0	0	0
GREGORY CASPERSON MEMBER-AT-LARGE	1 00	X						0	0	0
BARTH GUILETTE DIRECTOR	1 00	X						0	0	0
TOM HERLACHE DIRECTOR	1 00	X						0	0	0
DR JAMES LEWIS SECRETARY	1 00	X						0	24,102	964
JOSEPH MCMAHON TREASURER	1 00	X						0	0	0
PATRICK O'HERN CHAIRMAN	1 00	X						0	0	0
ERIC PAULSEN DIRECTOR	1 00	X						0	0	0
SALLY PFEIFER DIRECTOR	1 00	X						0	0	0
JEFF RABAS DIRECTOR	1 00	X						0	0	0
DR GEORGE ROENNING NSMC MEDICAL DIRECTOR-STAFF TO THE BOARD	1 00	X						0	198,620	35,777
GRACE ROSSMAN DIRECTOR	1 00	X						0	0	0
DR DORENE DEMPSTER MEDICAL STAFF PRESIDENT	1 00	X						0	319,154	38,385
DAVID WARD DIRECTOR	1 00	X						0	0	0
CATHY WIESE DIRECTOR	1 00	X						0	0	0
GERALD WORRICK DCMH PRESIDENT/CEO	40 00	X		X				358,343	0	51,610
CORWIN DAHL DIRECTOR	1 00	X						0	0	0
ROBERT SCIESZINSKI CFO	40 00			X				245,567	0	45,291
JODY BOES VP OF PATIENT CARE SERVICES	40 00			X				210,204	0	40,632
SANDRA MCKUEN VP OF BUSINESS AND HOSPITALITY	40 00			X				27,944	0	0
STEVEN QUADE VP OF HUMAN RESOURCES	40 00			X				128,206	0	24,661
MARY LOPAS CHIEF INFORMATION OFFICER	40 00			X				104,823	0	33,348
CHRISTA VANPAY CHIEF QUALITY OFFICER	40 00			X				88,770	0	35,421
MARIBETH HETHERINTON CHIEF CHANGE OFFICER	32 00			X				71,009	0	2,980
KELLI BOWLING CHIEF CULTER OFFICER	40 00			X				93,896	0	26,762

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL TOMASZEWSKI PHYSICIAN	40 00					X		573,501	0	36,094
STEPHEN DAVIS PHYSICIAN	40 00					X		457,103	0	43,385
MICHAEL BRUNO PHYSICIAN	40 00					X		409,185	0	40,219
RICHARD HOGAN PHYSICIAN	40 00					X		359,363	0	38,385
MARTIN FINK PHYSICIAN	40 00					X		329,174	0	41,069

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
DOOR COUNTY MEMORIAL HOSPITAL	39-0806324

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		5,154
j	Total lines 1c through 1i			5,154
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	LOBBYING PORTION OF DUES PAID TO WHA - $2,117 LOBBYING PORTION OF DUES PAID TO RHWC - $3,037

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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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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		831,569		831,569
b Buildings		44,287,597	15,635,434	28,652,163
c Leasehold improvements		668,425	512,377	156,048
d Equipment		27,304,301	17,946,128	9,358,173
e Other		212,815	153,366	59,449
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				39,057,402

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
(1) THIRD PARTY SETTLEMENT	5,445,875
(2) OTHER A/R	537,821
(3) FOUNDATION	230,743
(4) LSHS INVESTMENT	9,220,021
(5) DUE FROM AFFILIATE	1,595,115
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	17,029,575

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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	68,362,080
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,321,705
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,040,375
4	Net unrealized gains (losses) on investments	4	-48,292
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-244,597
9	Total adjustments (net) Add lines 4 - 8	9	-292,889
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,747,486

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION IS COMPRISED OF TAX-EXEMPT CORPORATIONS THAT HAVE BEEN RECOGNIZED AS SUCH PURSUANT TO SECTIONS 501C(3) AND 509 (A) (3) OF THE INTERNAL REVENUE CODE (THE CODE) WITH THE EXCEPTION OF TWO TAXABLE INSURANCE COMPANIES WHICH ARE A PART OF AFFINITY THE CORPORATION IS, HOWEVER, SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME UNDER THE PROVISIONS OF SECTION 511 OF THE CODE THE CORPORATION RECORDED ITS PROPORTIONAL SHARE OF INCOME TAXES RELATED TO THE AFFINITY INSURANCE COMPANIES OF $7,392 IN 2011 AND $5,982 IN 2010, INCLUDED IN NON-OPERATING GAINS (LOSSES)-NET IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS NO OTHER TAX PROVISION WAS RECORDED IN 2011 AND 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET TRANSFER FROM AFFILIATE -354 MINISTRY HOME CARE LOSS FUNDING -244,243

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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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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)			2,150,384		2,150,384	3 470 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,126,463	5,848,406	1,278,057	2 060 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			9,276,847	5,848,406	3,428,441	5 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,594,812	393,013	1,201,799	1 940 %
f Health professions education (from Worksheet 5)			76,573		76,573	0 120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			308,919		308,919	0 500 %
j **Total** Other Benefits			1,980,304	393,013	1,587,291	2 560 %
k **Total.** Add lines 7d and 7j			11,257,151	6,241,419	5,015,732	8 090 %

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			3,583		3,583	0 010 %
2	Economic development			124		124	0 %
3	Community support			11,395		11,395	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members			10,883		10,883	0 020 %
6	Coalition building			176,345		176,345	0 280 %
7	Community health improvement advocacy			4,518		4,518	0 010 %
8	Workforce development			147,108		147,108	0 240 %
9	Other						
10	**Total**			353,956		353,956	0 580 %

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	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	753,216		
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	16,703,281
6	Enter Medicare allowable costs of care relating to payments on line 5	6	21,595,024
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,891,743
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
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	Yes		

Part IV **Management Companies and Joint Ventures**

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

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	DOOR COUNTY MEMORIAL HOSPITAL 323 S 18TH AVE STURGEON BAY, WI 54235	X	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? **4**

	Name and address	Type of Facility (Describe)
1	NORTH SHORE MEDICAL CLINIC 323 S 18TH AVE STURGEON BAY, WI 54235	OP PHYS CLINIC
2	NORTH SHORE MEDICAL CLINIC 323 S 18TH AVE STURGEON BAY, WI 54235	OP PHYS CLINIC
3	NORTH SHORE MEDICAL CLINIC 323 S 18TH AVE STURGEON BAY, WI 54235	OP PHYS CLINIC
4	NORTH SHORE MEDICAL CLINIC 323 S 18TH AVE STURGEON BAY, WI 54235	OP PHYS CLINIC
5		
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 6A AS PART OF MINISTRY HEALTH CARE, INC , THE ORGANIZATION FILES AN ANNUAL COMMUNITY BENEFIT REPORT ON ITS WEBPAGE THE REPORT CAN BE VIEWED BY VISITING WWW MINISTRYHEALTH ORG/MINISTRYHEALTH/COMMUNITY NWS

Identifier	ReturnReference	Explanation
		PART I, LINE 7 AMOUNTS CALCULATED IN PART I, LINE 7 ARE DETERMINED BOTH ON A COST ACCOUNTING SYSTEM AND A COST-TO-CHARGE RATIO OTHER BENEFITS ARE DETERMINED BASED ON THE DIRECT AND INDIRECT COSTS (WHERE ALLOCATED) ASSOCIATED WITH A PROGRAM NET OF EARNED REVENUE DETAIL FOR EACH PROGRAM/ACTIVITY IS MAINTAINED AND DETERMINED AT THE DEPARTMENT LEVEL CHARITY CARE AND MEANS TESTED PROGRAMS ARE DETERMINED BASED ON A COST-TO-CHARGE RATIO CONSISTENT WITH WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGE PRIOR YEAR COST REPORT SETTLEMENTS ARE EXCLUDED FROM THE SHORTFALL CALCULATION IN ORDER TO GET A TRUE FISCAL YEAR SHORTFALL AMOUNT

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) IN THE CALCULATION OF PART I, LINE 7, COLUMN (F), THE TOTAL EXPENSES FROM PART IX, LINE 25 WERE REDUCED BY BAD DEBT EXPENSE OF $1,327,741

Identifier	ReturnReference	Explanation
		PART II SOME OF THE THINGS INCLUDED IN THIS AREA ARE WORKING WITH COMMUNITY ORGANIZATIONS SUCH AS ROTARY, LEADERSHIP OF DOOR COUNTY, AND LOAVES AND FISHES WORKFORCE DEVELOPMENT INCLUDES HEALTH CARE CAREER PRESENTATIONS AND SCHOOL/COMMUNITY PROGRAMS THAT ALLOW JOB SHADOWING AND MENTORING SUPPORT A COMMUNITY GARDEN AND WORK WITH LOCAL EMERGENCY AGENCIES REGARDING DISASTER READINESS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE CALCULATION ABOVE STARTED WITH THE ACTUAL PATIENT CHARGES WRITTEN OFF TO BAD DEBT AND CONTRACTUAL RESERVES MULTIPLIED BY RATIO OF PATIENT CARE COST TO CHARGE RATIO THESE ACCOUNTS ARE CONSIDERED UNCOLLECTABLE

Identifier	ReturnReference	Explanation
		PART III, LINE 9B DCMH HAS A DEBT COLLECTION POLICY WHICH SETS FORTH COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY OR MAY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE PROGRAM SUFFICIENT FINANCIAL COUNSELING SUPPORT IS MADE AVAILABLE TO PATIENTS SO THEY CAN EASILY ACCESS PATIENT FINANCIAL SERVICE REPRESENTATIVES AND HAVE THEIR QUESTIONS ANSWERED, AND GAIN AN UNDERSTANDING OF THE REASONS WHY THEY OWE A BALANCE ACCOUNTS ARE DESIGNATED AS CHARITY CARE IN THE BUSINESS OFFICES SO NO ADDITIONAL TIME IS SPENT ON COLLECTION EFFORTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE ORGANIZATION PERFORMS COMMUNITY NEEDS ASSESSMENTS AS NEEDED PLANNING WORKGROUPS CONSISTING OF COMMUNITY PARTNERS ARE FORMED TO DEFINE THE COMMUNITY AND ITS NEEDS THROUGH REVIEW OF HEALTH PEOPLE INITIATIVES, CENSUS DOCUMENTS, AND LOCAL GOVERNMENT HEALTH AND WELFARE AGENCIES CONSIDERING OTHER COMMUNITY RESOURCES/ASSETS, DATA COLLECTION METHODS ARE USED TO IDENTIFY PARTICULAR PROBLEMS OR SUBGROUPS AND AREAS KNOWN TO HAVE HIGH POVERTY RATES AND TO BE UNDERSERVED THE DATA IS ANALYZED AND PRIORITIES ARE SET BASED ON TRENDING INFORMATION WHICH MAY TARGET A SPECIFIC NEED WHEN A NEED IS IDENTIFIED, THE HOSPITAL DEVELOPS A PLAN TO IMPLEMENT A PROGRAM EITHER THROUGH COMMUNITY COLLABORATION OR INDIVIDUALLY OUTCOMES FROM THE PROGRAMS ARE MEASURED AND CONSIDERED IN SUBSEQUENT COMMUNITY NEEDS ASSESSMENTS COMMUNITY BENEFIT PLANS ARE PRESENTED TO SENIOR LEADERSHIP AND BOARD MEMBERS TO ENSURE THE FINDINGS ARE INCORPORATED INTO THE ORGANIZATION'S STRATEGY AND POLICY DEVELOPMENT FOR EXAMPLE, SENIOR LEADERS ARE REQUIRED TO PROVIDE DIRECT SERVICE TO THE POOR HOURS AS PART OF THEIR PERFORMANCE GOALS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 THE ORGANIZATION GOES TO GREAT LENGTHS IN ORDER TO INFORM AND EDUCATE PATIENTS/PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS AND UNDER THE ORGANIZATION'S CHARITY CARE POLICY THE CHARITY CARE POLICY AND APPLICATION IS POSTED ON THE ORGANIZATION'S WEBSITE ADMISSIONS AND OTHER KEY AREAS CONTAIN SUMMARY INFORMATION OF THE CHARITY CARE POLICY AS PART OF THE INTAKE/DISCHARGE PROCESS, PATIENTS ARE PROVIDED WITH A COPY OF THE POLICY AND OTHER INFORMATION FOR FINANCIAL ASSISTANCE IF DURING THE COURSE OF THE PATIENT REGISTRATION PROCESS, TREATMENT, OR UPON DISCHARGE IT BECOMES EVIDENT THAT A PATIENT MAY NEED FINANCIAL ASSISTANCE, THE PATIENT SHALL BE REFERRED TO THE ORGANIZATION'S COMMUNITY CARE PROGRAM PATIENTS MAY BE IDENTIFIED AS NEEDED FINANCIAL ASSISTANCE AT ANY TIME DURING THE COURSE OF AN ENCOUNTER A REFERRAL FOR CONSIDERATION OF COMMUNITY CARE FINANCIAL ASSISTANCE CAN BE INITIATED BY ANY MEMBER OF THE HOSPITAL'S WORKFORCE, INCLUDING MEDICAL STAFF MEMBERS, WHO BECOME AWARE OF THE PATIENT'S POTENTIAL NEED FOR COMMUNITY CARE FINANCIAL ASSISTANCE THE CHARITY CARE POLICY WAS ALSO TRANSLATED INTO DIALECTS PREVALENT IN THE COMMUNITY IN ORDER TO REACH OUT TO THOSE THAT MAY SPEAK ANOTHER LANGUAGE PATIENT REGISTRATION STAFF AND FINANCIAL COUNSELORS ARE PROVIDED WITH SCRIPTS TO FOLLOW WHEN INTERACTING WITH PATIENTS AS PART OF THE CHARITY CARE PROCESS, PATIENTS MUST REGISTER WITH THE COUNTY PUBLIC ASSISTANCE TO SEE IF THEY MAY QUALIFY UNDER ANY OTHER FEDERAL OR STATE PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 WHILE THERE IS GROWING AGREEMENT IN THE UNITED STATES ABOUT WHAT CONSTITUTES A NON-PROFIT HOSPITAL'S "COMMUNITY BENEFIT", THIS IS A WORK IN PROGRESS DCMH PROVIDED SIGNIFICANT CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS BUT IN ADDITION, WE BELIEVE THAT WE PROVIDE A CRITICALLY IMPORTANT COMMUNITY BENEFIT, WHICH IS NOT QUANTIFIED OUR HOSPITAL, LIKE MOST RURAL HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY - CARE THAT WITHOUT OUR HOSPITAL, WOULD NOT BE AVAILABLE LOCALLY

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE LOCAL BOARD FOR DOOR COUNTY MEMORIAL HOSPITAL IS MADE UP OF COMMUNITY MEMBERS THAT LIVE IN OUR PRIMARY SERVICE AREA DOOR COUNTY MEMORIAL HOSPITAL PARTNERS WITH THE LOCAL YMCA ON VARIOS EVENTS PROMOTING HEALTH AND WELL BEING IN THE COMMUNITY DOOR COUNTY MEMORIAL HOSPITAL EXTENDS MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY DOOR COUNTY MEMORIAL HOSPITAL PARTICIPATES IN MEDICARE, MEDICAID, AND OTHER GOVERNMENT SPONSORED PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM CALLED MINISTRY HEALTH CARE, INC THE MISSION OF MINISTRY AS A CATHOLIC HEALTH CARE SYSTEM IS TO FURTHER THE HEALING MINISTRY OF JESUS BY CONTINUALLY IMPROVING THE HEALTH AND WELL BEING OF ALL PEOPLE, ESPECIALLY THE POOR, IN THE COMMUNITIES SERVED MINISTRY SUPPORTS SUCH NON-HOSPITAL FACILITIES AS THE AGAPE COMMUNITY CENTER AS A COMMUNITY CENTER, IT HAS THE UNIQUE ADVANTAGE OF WELCOMING YOUTH, ADULTS, FAMILIES AND SENIORS INTO THE FACILITY THROUGH A BROAD RANGE OF EDUCATIONAL, SOCIAL, RECREATIONAL, CULTURAL, HEALTH AND LIFE-LONG LEARNING OPPORTUNITIES IN AN IMPOVERISHED PORTION OF MILWAUKEE OUR CATHOLIC IDENTITY EXPECTS LEADERS TO INITIATE AND SUPPORT EFFORTS TO REACH OUT TO THE POOR AND VULNERABLE PEOPLE, ESPECIALLY WHERE NO ONE ELSE WANTS TO GO HEALTH CARE CAN BECOME VERY BUREAUCRATIC AND BURDENED WITH OVERSIGHT OF FINANCES, REGULATORY REQUIREMENTS AND STRATEGIC PLANNING OUR FOCUS ON THESE ISSUES MAY CAUSE US TO LOSE TOUCH WITH THOSE FOR WHOM WE HAVE A PRIMARY RESPONSIBILITY, THOSE WHO ARE POOR AND VULNERABLE TITHING OF TIME ALLOWS US TO LOOK INTO THE FACE OF THE POOR, HEAR THE VOICE OF THE POOR, AND HELP US BETTER UNDERSTAND THE DAILY CHALLENGES AND BARRIERS THEY FACE AS AN AFFILIATED HEALTH SYSTEM, ALL LEADERS WITH DIRECT REPORTS ARE REQUIRED TO PROVIDE SERVICE TO THE POOR THIS ALSO INCLUDES PHYSICIAN LEADERS AND HOURLY SUPERVISORY STAFF THE ORGANIZATION ALSO PARTICIPATES IN THE MINISTRY HEALTH CARE FUND WHICH PROVIDES MONIES FOR SPECIAL PROJECTS WITHIN THE COMMUNITIES WE SERVE ALL ORGANIZATIONS SPONSORED OR CO-SPONSORED BY MINISTRY HEALTH CARE, INC SET ASIDE MONIES EACH YEAR TO ASSIST WITH THE NEEDS OF THE COMMUNITY AND THE POOR AS THE MINISTRY HEALTH CARE FUND, THESE DOLLARS ARE FUNNELED BACK INTO OUR COMMUNITIES FOR A VARIETY OF PROGRAMS AND SERVICES THROUGH A COMMUNITY ASSETS AND NEEDS ASSESSMENT PROCESS

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY CLINIC			12,748				FREE COMMUNITY LAB SERVICES

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

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WE PROVIDED ASSISTANCE TO THE COMMUNITY CLINIC BY PROVIDING FREE LAB SERVICES THAT AMOUNTED TO 12,748 FOR THE YEAR THE OTHER TYPE OF ASSISTANCE WE PROVIDE IS COMMUNITY CARE OR CHARITY CARE FOR PATIENTS WHO ARE ELIGIBLE DOCUMENTATION IS KEPT IN THE PATIENT RECORDS AND PATIENT FINANCIAL SERVICES OFFICE

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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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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) DR GEORGE ROENNING	(i)	0	0	0	0	0	0	0
	(ii)	196,300	0	2,320	11,871	23,906	234,397	0
(2) DR DORENE DEMPSTER	(i)	0	0	0	0	0	0	0
	(ii)	318,880	0	274	16,500	21,885	357,539	0
(3) GERALD WORRICK	(i)	234,259	52,129	71,955	30,578	21,032	409,953	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT SCIESZINSKI	(i)	147,562	35,000	63,005	0	0	245,567	0
	(ii)	0	0	0	22,347	22,944	45,291	0
(5) JODY BOES	(i)	156,233	33,062	20,909	0	0	210,204	0
	(ii)	0	0	0	19,159	21,473	40,632	0
(6) STEVEN QUADE	(i)	94,154	21,251	12,801	0	0	128,206	0
	(ii)	0	0	0	24,661	0	24,661	0
(7) DANIEL TOMASZEWSKI	(i)	573,501	0	0	12,409	23,685	609,595	0
	(ii)	0	0	0	0	0	0	0
(8) STEPHEN DAVIS	(i)	456,683	0	420	14,700	28,685	500,488	0
	(ii)	0	0	0	0	0	0	0
(9) MICHAEL BRUNO	(i)	334,108	74,803	274	14,700	25,519	449,404	0
	(ii)	0	0	0	0	0	0	0
(10) RICHARD HOGAN	(i)	299,307	59,271	785	14,700	23,685	397,748	0
	(ii)	0	0	0	0	0	0	0
(11) MARTIN FINK	(i)	249,975	78,779	420	14,700	26,369	370,243	0
	(ii)	0	0	0	0	0	0	0
(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 K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855	391337855	10-21-2009	11,000,000	CONSTRUCTION LOAN		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,982,841			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	17,159			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,982,841			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) DR TOMASZEWSKI EMPLOYEE RETENTION LOAN		X	125,000	70,833		No	Yes		Yes	
(2) DR TOMASZEWSKI EMPLOYEE EDUCATION LOAN		X	163,569	99,752		No	Yes		Yes	
Total . . . . . ▶ $				170,585						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132019792

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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MINISTRY HEALTH CARE, INC IS THE CORPORATE MEMBER OF DOOR COUNTY MEMORIAL HOSPITAL, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MINISTRY HEALTH CARE, INC HAS THE POWER TO APPOINT AND REMOVE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MINISTRY HEALTH CARE, INC HAS THE POWER TO INITIATE AND APPROVE ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS MINISTRY HEATH CARE, INC CAN ALSO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS, AUTHORIZE VACANCIES, AND DETERMINE THE NUMBER OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S FINANCE COMMITTEE AFTER IT WAS FILED THE EXECUTIVE COMMITTEE HAS DESIGNATED THE DETAIL REVIEW OF THE FORM 990 TO MANAGEMENT, BUT HAS FINAL APPROVAL OF THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	JERRY WORRICK, CEO, ROBERT SCIESZINSKI, CFO, AND RON MOHOREK WATCH FOR PROPOSALS THAT ARE BEING VOTED ON AT THE BOARD MEETINGS IN THE EVENT THAT THE PARTICULAR PROPOSAL MIGHT BE CONSIDERED A CONFLICT OF INTEREST FOR ANY OF THE VOTING MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	MINISTRY HEALTH CARE AND DOOR COUNTY MEMORIAL HOSPITAL USE COMPARABILITY DATA TO DETERMINE COMPENSATION THE MINISTRY BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE THAT IS ASSISTED BY AN INDEPENDENT OUTSIDE CONSULTING FIRM, SILLIVAN COTTER SULLIVAN COTTER, IN PARTNERSHIP WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS MARKET DATA FOR COMPENSATION AND BENEFITS AND COMPARABILITY DATA ON EVERY MINISTRY HEALTH CARE EXECUTIVE GERALD WORRICK, CEO, AND GREG HOLUB, VP CLINIC, USES AMGA DATA BY REGION AND SPECIALTY TO DETERMINE COMPENSATION FOR THE PHYSICIANS THIS PROCESS IS DOCUMENTED WITH THE MINISTRY HEALTH CARE COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -48,292 NET TRANSFER FROM AFFILIATE -354 MINISTRY HOME CARE LOSS FUNDING -244,243 TOTAL TO FORM 990, PART XI, LINE 5 -292,889

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990 PART XI LINE 2B-C AND FORM 990 PART IV LINE 12	DOOR COUNTY MEMORIAL HOSPITAL'S FINANCIAL STATEMENTS ARE AUDITED AS PART OF MINISTRY HEALTH CARE'S CONSOLIDATED STATEMENTS THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS BETWEEN THE CURRENT AND PRIOR YEAR

Identifier	Return Reference	Explanation
HOURS WORKED FOR A RELATED ORGANIZATION	FORM 990, PART VII	DR JAMES LEWIS WORKED 40 HOURS FOR A RELATED ORGANIZATION DR GEORGE ROENNING WORKED 40 HOURS FOR A RELATED ORGANIZATION DR DORENE DEMPSTER WORKED 40 HOURS FOR A RELATED ORGANIZATION

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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
DOOR COUNTY MEMORIAL HOSPITAL

Employer identification number
39-0806324

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) MINISTRY HEALTH CARE 11925 W LAKE PARK DRIVE MILWAUKEE, WI 53224 39-1490371	SUPPORT RELATED HEALTHCARE ORGANIZATIONS	WI	501(C)(3)	11B-II	N/A		No
(2) DOOR COUNTY MEMORIAL HOSPITAL FOUNDATION INC 1843 MICHIGAN STREET STURGEON BAY, WI 54235 39-1649104	RAISE FUNDS IN SUPPORT OF DOOR COUNTY MEMORIAL HOSPITAL, INC	WI	501(C)(3)	11A-I	N/A		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**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
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**	**No**
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**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(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

Ministry Health Care, Inc. and Affiliates

Consolidated Financial Statements as of and for the Years Ended September 30, 2011 and 2010, and Independent Auditor's Report

MINISTRY HEALTH CARE, INC. AND AFFILIATES

TABLE OF CONTENTS

McGladrey

Independent Auditor's Report

To the Board of Directors of
Ministry Health Care, Inc

We have audited the accompanying consolidated balance sheets of Ministry Health Care, Inc. and Affiliates (collectively the "Corporation") as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in total net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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, 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 present fairly, in all material respects, the financial position of Ministry Health Care, Inc. and Affiliates as of September 30, 2011 and 2010, and the results of their operations, changes in their total net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey & Pullen, LLP

Milwaukee, Wisconsin
December 21, 2011

Ministry Health Care, Inc. and Affiliates

Consolidated Balance Sheets
As of September 30, 2011 and 2010
(In thousands)

	2011	2010
ASSETS		
CURRENT ASSETS.		
Cash and cash equivalents	$ 178,080	$ 208,237
Assets limited as to use (Note 4)	43,375	50,599
Net patient accounts receivable — less allowances for uncollectible accounts and charity care of $37,955 in 2011 and $39,219 in 2010 (Note 10)	160,421	147,866
Other current assets	63,712	62,887
Total current assets	445,588	469,589
ASSETS LIMITED AS TO USE: (Note 4)		
Under trust and bond indenture	51,812	41,923
Board restricted	523,443	407,329
Other restricted	59,942	59,347
Total assets limited as to use	635,197	508,599
PROPERTY AND EQUIPMENT — Net (Note 5)	485,413	493,859
INVESTMENTS IN AFFILIATES AND OTHER ASSETS (Notes 1, 2 and 13)	139,031	115,783
LEASE RECEIVABLE (Note 8)	22,939	24,196
TOTAL	$ 1,728,168	$ 1,612,026

See Notes to Consolidated Financial Statements.

	2011	2010
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current installments of long-term debt (Note 6)	$ 14,934	$ 14,035
Long-term debt being remarketed (Note 6)	32,225	35,585
Accounts payable, accrued expenses, and other liabilities (Note 2)	127,506	132,582
Estimated amounts due to third-party payors (Note 9)	23,565	14,917
Total current liabilities	198,230	197,119
LONG-TERM LIABILITIES (Note 7)	63,919	42,376
LONG-TERM DEBT — Less current installments, debt being remarketed, and unamortized bond discount/premium (Note 6)	560,805	570,303
Total liabilities	822,954	809,798
NET ASSETS (Notes 4, 14, and 16):		
Unrestricted	855,066	746,219
Temporarily restricted	8,113	11,900
Permanently restricted	42,035	44,109
Total net assets	905,214	802,228
TOTAL	$ 1,728,168	$ 1,612,026

Ministry Health Care, Inc. and Affiliates

Consolidated Statements of Operations
For the Years Ended September 30, 2011 and 2010
(In thousands)

	2011	2010
NET PATIENT SERVICE REVENUE (Notes 9 and 11)	$ 1,114,102	$ 1,080,368
OTHER OPERATING REVENUE (Note 2)	51,107	44,967
Total revenue	1,165,209	1,125,335
EXPENSES.		
Salaries and wages	454,514	448,370
Employee benefits (Notes 2 and 12)	125,637	138,261
Medical and surgical supplies	94,377	94,231
Drugs	42,222	42,655
Other expenses (Note 9)	244,393	222,750
Provision for bad debts	36,225	37,480
Depreciation and amortization (Notes 2 and 5)	60,290	63,407
Interest (Note 2)	15,575	15,866
Total expenses	1,073,233	1,063,020
INCOME FROM OPERATIONS	91,976	62,315
NON-OPERATING GAINS (LOSSES) — Net (Notes 2, 4, and 6)	7,694	(6,260)
EXCESS OF REVENUE OVER EXPENSES	$ 99,670	$ 56,055

See Notes to Consolidated Financial Statements.

Ministry Health Care, Inc. and Affiliates

Consolidated Statements of Changes in Total Net Assets
For the Years Ended September 30, 2011 and 2010
(In thousands)

	2011	2010
UNRESTRICTED NET ASSETS:		
Excess of revenue over expenses	$ 99,670	$ 56,055
Change in net unrealized gains and losses on investments (Note 4)	7,946	13,289
Net assets released from restrictions for capital	4,302	2,006
Other	(3,071)	(2,713)
Increase in unrestricted net assets	108,847	68,637
TEMPORARILY RESTRICTED NET ASSETS.		
Restricted contributions	2,658	3,630
Change in net unrealized gains and losses on investments (Note 4)	(249)	199
Net assets released from restrictions	(6,180)	(2,006)
Change in interest of net assets of Foundations (Note 13)	(16)	266
(Decrease) increase in temporarily restricted net assets	(3,787)	2,089
PERMANENTLY RESTRICTED NET ASSETS:		
Contributions	37	23
Investment return, change in net unrealized gains and losses on trust assets and other (Note 4)	(2,111)	1,715
(Decrease) increase in permanently restricted net assets	(2,074)	1,738
INCREASE IN TOTAL NET ASSETS	102,986	72,464
NET ASSETS·		
Beginning of year	802,228	729,764
End of year	$ 905,214	$ 802,228

See Notes to Consolidated Financial Statements.

Ministry Health Care, Inc and Affiliates

Consolidated Statements of Cash Flows
For the Years Ended September 30, 2011 and 2010
(In thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in total net assets	$ 102,986	$ 72,464
Adjustments to reconcile increase in total net assets to net cash provided by operating activities:		
Depreciation and amortization	60,290	63,407
Provision for bad debts	36,225	37,480
(Gain) loss from sales of property and equipment	(25,347)	786
(Increase) decrease in investment in unconsolidated affiliates	(1,631)	2,120
Change in net unrealized losses/(gains) on investments and losses on investments other-than-temporarily impaired	8,973	(15,203)
Restricted contributions	(193)	(3,494)
Interest rate swaps	8,159	6,003
Changes in operating assets and liabilities		
Patient accounts receivable	(48,780)	(35,916)
Accounts payable, accrued expenses, and other liabilities	(4,811)	15,234
Estimated amounts due to third-party payors	8,648	3,191
Other assets and liabilities	327	(2,134)
Net cash provided by operating activities	144,846	143,938
CASH FLOWS FROM INVESTING ACTIVITIES:		
Increase in investments in unconsolidated affiliates	(23,054)	(8,399)
Additions to property and equipment	(53,025)	(58,880)
Purchases of investments	(265,443)	(503,833)
Proceeds from sales or maturities of investments	147,810	425,570
Change in interest of trust	338	(725)
Proceeds from sales of property and equipment	30,391	291
Net cash used in investing activities	(162,983)	(145,976)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from issuance of long-term debt	1,987	142,279
Payments on long-term debt	(14,200)	(66,214)
Debt issuance costs	-	(1,753)
Restricted contributions	193	3,494
Net cash (used in) provided by financing activities	(12,020)	77,806
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(30,157)	75,768
CASH AND CASH EQUIVALENTS:		
Beginning of year	208,237	132,469
End of year	$ 178,080	$ 208,237
THE NET CHANGE IN CASH, CASH EQUIVALENTS, AND ASSETS LIMITED AS TO USE IS AS FOLLOWS		
Net (decrease) increase in cash and cash equivalents	$ (30,157)	$ 75,768
Net increase in assets limited as to use	104,483	89,408
Increase (decrease) in collateral under securities lending program	11,052	(4,783)
NET INCREASE	$ 85,378	$ 160,393
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION - Interest paid	$ 25,222	$ 23,878
NONCASH INVESTING ACTIVITIES:		
Additions to property and equipment in accounts payable	$ 1,953	$ 2,218

See Notes to Consolidated Financial Statements

1. ORGANIZATION AND BASIS FOR CONSOLIDATION

Ministry Health Care, Inc ("Ministry") is a Wisconsin non-stock, tax-exempt corporation that manages, promotes and supports the health care and related ministries of the Milwaukee region of the Sisters of the Sorrowful Mother ("SSM"). The sole corporate member of Ministry is Marian Health System, Inc. ("Marian"), which is primarily governed by members of the SSM Congregation

The consolidated financial statements include the accounts of Ministry and certain of the following affiliates which Ministry is the sole sponsor. Ministry also co-sponsors certain affiliates which are accounted for under the equity method of accounting (except as described below). Collectively these affiliates are referred to as the Corporation.

Affiliate Organization	Location
Solely Sponsored:	
Agape Community Center	Milwaukee, WI
Door County Memorial Hospital	Sturgeon Bay, WI
Good Samaritan Health Center	Merrill, WI
Howard Young Health Care, Inc.	
Howard Young Medical Center, Inc.	Woodruff, WI
Eagle River Memorial Hospital, Inc.	Eagle River, WI
Ministry Home Care:	
Ministry Home Care Services	Various in Wisconsin
Ministry Medical Group	
Northern Region	Various in Wisconsin
Central Region	Various in Wisconsin
Sacred Heart Hospital	Tomahawk, WI
Saint Clare's Hospital	Weston, WI
St Elizabeth's Hospital	Wabasha, MN
St. Joseph's Hospital	Marshfield, WI
St Mary's Hospital	Rhinelander, WI
St. Michael's Hospital	Stevens Point, WI
Our Lady of Victory Hospital	Stanley, WI
Co-Sponsored:	
Affinity Health System	
Calumet Medical Center	Chilton, WI
Network Health System (NHS):	
Affinity Medical Group	Fox Valley of Wisconsin
Network Health Plan	Fox Valley of Wisconsin
Network Health Insurance Corporation	Fox Valley of Wisconsin
Mercy Medical Center	Oshkosh, WI
St. Elizabeth Hospital	Appleton, WI
Diagnostic and Treatment Center	Weston, WI
Flambeau Hospital and Price County Clinics	Park Falls and Phillips, WI

Ministry and Wheaton Franciscan Healthcare, Inc. ("WFH") operate an integrated health care delivery system in the Fox Valley of Wisconsin through Affinity Health System, Inc. ("Affinity"). Ministry and WFH have established common management of Affinity and its affiliates. Ministry and WFH are equal corporate members of Affinity. As the corporate members of Affinity, Ministry and WFH have certain reserve powers over Affinity and indirectly over the other Affinity affiliates. In addition, Ministry exclusively holds selected reserved powers over Mercy Medical Center.

The collective excess of revenue over expenses plus depreciation of Mercy Medical Center and St. Elizabeth Hospital are shared equally between Ministry and WFH. The consolidated financial statements include the balance sheet, results of operations, and cash flows of Mercy Medical Center, adjusted for the impact of the aforementioned income sharing. Ministry records its 50 percent sponsorship interest in Calumet Medical Center and NHS on the equity method The amounts of excess of revenue over expenses related to Affinity reflected in the consolidated financial statements for the years ended September 30, 2011 and 2010 were $9,559 and $11,815, respectively.

Ministry has a 7 percent note receivable from Affinity in the amount of $13,900 and $15,382 as of September 30, 2011 and 2010, respectively, due in monthly installments through August 2018. During 2010, Ministry issued another note receivable with Affinity bearing interest of 6 percent in the amount of $26,262 and $10,126 as of September 30, 2011 and 2010, respectively These notes, along with other advances to Affinity, which total $106,064 and $79,548 at September 30, 2011 and 2010, respectively, are included in investments in affiliates and other assets in the accompanying consolidated balance sheets Ministry's total investment in Affinity, including Mercy Medical Center, was $118,684 and $111,466 at September 30, 2011 and 2010, respectively.

Ministry is one of two corporate members of Flambeau Hospital, Inc. ("Flambeau Hospital") and shares certain contractual reserved powers over two physician clinics in Flambeau Hospital's service area (collectively, "Price County"). Marshfield Clinic is the other corporate member and serves as the managing member Ministry and Marshfield Clinic jointly govern Price County. Ministry accounts for Price County on the equity method. The amounts of excess of revenue over expenses related to Price County reflected in the consolidated financial statements for the years ended September 30, 2011 and 2010 were $696 and $(152), respectively. Ministry's investment in Price County was $3,420 and $2,724 at September 30, 2011 and 2010, respectively.

Saint Clare's Hospital ("Saint Clare's") is a 107 bed hospital located in Weston, WI which opened in October 2005. Ministry also operates a medical office building on the Saint Clare's campus. The Diagnostic and Treatment Center ("DTC") is a corporation formed to provide the majority of the ancillary services on the campus. Saint Clare's and Marshfield Clinic are the two equal corporate members of the DTC. The DTC is accounted for on the equity method The amounts of excess of revenue over expenses related to the DTC reflected in the consolidated financial statements for the years ended September 30, 2011 and 2010 were $6,963 and $5,551 respectively. Ministry's investment in the DTC was $4,865 and $4,902 at September 30, 2011 and 2010, respectively.

Entities of which Ministry controls 50 percent are presented on the equity method of accounting Ministry's share of the results of operations of entities accounted for on the equity method are included in other expenses, other operating revenue, or non-operating gains (losses) – net, as appropriate, in the accompanying consolidated statements of operations.

(In thousands)

A summary of certain financial data for Ministry's solely sponsored and co-sponsored entities presented as if Ministry controlled the co-sponsored entities as of and for the years ended September 30, 2011 and 2010, was as follows:

	(Unaudited)	
	2011	2010
Totals assets	$ 2,043,572	$ 1,863,594
Total net assets	$ 992,918	$ 890,784
Gross patient service revenue	$ 2,548,220	$ 2,399,762
Total revenue	$ 2,065,398	$ 1,868,895

All significant intercompany accounts and transactions have been eliminated in preparing the consolidated financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates and are subject to change in the near term.

The Corporation's accounting principles and policies comply with the *American Institute of Certified Public Accountant's Audit and Accounting Guide — Health Care Entities.*

Except as otherwise noted, the carrying amounts reported in the consolidated balance sheets of cash and cash equivalents, accounts receivable, accounts payable, accrued expenses, and estimated amounts due to third-party payors approximate fair value. The fair value of investments is disclosed in Note 3, the fair value of debt is disclosed in Note 6 and interest rate swaps are disclosed in Note 7.

Significant accounting policies of the Corporation are as follows:

Cash and Cash Equivalents — Cash and cash equivalents, some of which are classified as assets whose use is limited, include certain investments in highly liquid debt instruments with original maturities of three months or less

The Corporation maintains its cash in bank deposit accounts, which at times may exceed federally insured limits Management regularly monitors the Corporations' cash balances along with the financial condition of the financial institutions to minimize this potential risk.

Investments in Non-Consolidated Affiliates — Investments in affiliates which are not consolidated are accounted for under the equity method of accounting. Under the equity method of accounting, Ministry's share of the income or loss of the affiliate is recorded in other operating revenue, other operating expenses, or non-operating gains (losses) - net in the accompanying consolidated statements of operations

Investments and Investment Income — Investments in equity and debt securities are measured at fair value The fair value of investments is disclosed in Note 3. Investment income or loss (including realized gains and losses on investments, interest and dividends unless the income is restricted by donor or law) are included in the excess of revenue over expenses. Unrealized gains and losses on investments, all of which are other than trading securities, are excluded from the excess of revenue over expenses. Management periodically assesses investments for impairment in cases where market value has been below cost for either an extended period of time or by a significant amount Other-than-temporary declines in the fair market value of investments are recorded as non-operating gains (losses) - net in the consolidated statements of operations.

Securities Held Under Repurchase Agreements — The Corporation has entered into a repurchase agreement with a bank, whereby the Corporation authorizes the bank to transfer excess deposits for the purpose of purchasing certain U.S. Government obligations. The Corporation simultaneously agrees to resell, and the bank agrees to repurchase, such securities on a daily basis in amounts sufficient to maintain a minimum cash balance. As consideration for the arrangement, the Corporation receives a rate of return on the related securities. The agreement can be terminated at any time without penalty to the Corporation. Amounts transferred to purchase securities are not deposits and therefore are not insured by the Federal Deposit Insurance Corporation.

Accounts Receivable — Patient accounts receivable are stated at net realizable value. The Corporation maintains allowances for uncollectible accounts and estimated losses resulting from a payor's inability to make payments on accounts. The Corporation estimates the allowance for uncollectible accounts based upon management's evaluation of the collectability of its accounts receivable based on factors such as the length of time the receivable is outstanding, payor class, historical experience, trends in healthcare coverage, and business and economic conditions. Accounts receivable are written off against the allowance for doubtful accounts when they are deemed uncollectible Recoveries of receivables previously written off are recorded as a reduction of the provision for uncollectible accounts when received. Patient receivables, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors. The past due status of receivables is determined on a case-by-case basis depending on the payor responsible Interest is generally not charged on past due accounts. Receivables or payables related to estimated settlements on various payor contracts, primarily Medicaid, are reported as amounts due from or to third-party programs Significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental health care coverage could affect the Corporation's collection of accounts receivable, cash flows and results of operations

Swap Agreements — Ministry has a program to actively manage its interest cost and exposure to interest rate movements through the use of swaps The program seeks to achieve lower interest cost consistent with an acceptable level of risk given varying interest rate environments Swaps are related to existing outstanding debt or investments. Ministry's swaps do not qualify for hedge accounting treatment and accordingly are recorded at fair value as an asset or liability with the change in fair value recorded in non-operating gains (losses) – net.

Ministry formally documents all relationships between hedging instruments and hedged items, as well as its risk management objective and strategy for undertaking swap transactions. This process includes linking all interest rate swap agreements to specific assets or liabilities on the balance sheet

Interest Expense — Interest expense of approximately $10,156 and $8,958 in 2011 and 2010, respectively, related to the proceeds of various bond issues, is recorded as a non-operating expense (included in non-operating gains (losses) – net) because the related proceeds have not been expended for use in operations All other interest expense is recorded as an operating expense

Inventory — Inventory of supplies, included in other current assets, is stated at the lower of cost (first-in, first-out) or market

Deferred Financing Expenses and Amortization of Bond Discount/Premium — The deferred financing costs and original issue discount/premium in conjunction with the issuance of long-term debt are amortized over the terms of the respective debt issues using an effective interest method. Amortization of certain financing costs is recorded as operating expense. Amortization of other financing costs is recorded as a non-operating expense (included in non-operating gains (losses) – net) because, generally, these loan proceeds have not been expended for use in operations

Property and Equipment — Property and equipment are recorded at cost. Donated property and equipment are recorded at fair value at the date of donation. Interest costs incurred on borrowed funds during the period of construction are capitalized as a component of the cost of acquiring those assets Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment

The Corporation periodically assesses the recoverability of long-lived assets (including property and equipment and intangibles) when indications of potential impairment exist. Management considers such factors as current results, trends, market conditions, future prospects and other economic factors in determining the impairment of an asset The Corporation did not record any property impairment losses in 2011. In 2010, the Corporation recorded $52 of property impairment losses.

Effective June 1, 2011, the Corporation sold the assets related to its outpatient dialysis services to a third-party In connection with the Corporation's disposal of those assets, it recognized a net gain of $26,771 during the year ended September 30, 2011, recorded within non-operating gains (losses) – net The Corporation recorded $8,737 of operating revenue and $387 of a net loss in relation to the outpatient dialysis services for the year ended September 30, 2011 The carrying amount of the Property and Equipment – Net and Other Current Assets included as part of the disposed component was $977 and $407, respectively.

Intangible Assets — Intangible assets are stated at cost, net of accumulated amortization. Cost is amortized using the straight-line method over the expected periods to be benefited, between five and fifteen years. Included in other assets is approximately $1,627 and $2,881 of intangible assets at September 30, 2011 and 2010, respectively The Corporation's proportional interest in Affinity's intangible assets was $1,625 and $2,438 at September 30, 2011 and 2010, respectively, included in investments in affiliates and other assets in the accompanying consolidated balance sheets. Amortization expense related to these intangible assets was $1,749 and $1,807 for the years ended September 30, 2011 and 2010, respectively During 2011, the Corporation wrote off $317 of intangible assets related to the sale of outpatient dialysis assets.

Assets Limited as to Use — Assets limited as to use include assets restricted by donors, assets held by trustees under indenture agreements, and assets designated by the boards or management Amounts available to meet current liabilities are classified as current assets.

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use by the Corporation 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 Corporation in perpetuity and only the income from the investment of the principal can be expended Substantially all temporarily restricted net assets consist of funds for capital projects and other donor designated programs.

When a donor restriction expires, such as 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 operations as other operating revenue or in the statements of changes in total net assets as net assets released from restrictions. Unrestricted contributions and donor-restricted contributions for operating purposes whose restrictions are met in the same year as received are reported as other operating revenue.

Revenue — Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered Reimbursable amounts from third-party payors are estimated in the period the related services are rendered and adjusted in future periods as final settlements are determined. 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 Laws and regulations regarding government and other payment programs are complex and subject to interpretation As a result, there is a reasonable possibility that recorded estimated settlements could change by a material amount.

Other operating revenue (i.e., rental, retail pharmacy, cafeteria, and dietary revenue and net assets released from restrictions for operations) consists of revenue that is integral to operations but not directly related to patient care.

Contributions — Unrestricted contributions are recorded as other income, restricted contributions are recorded as additions to restricted net asset balances. Unconditional promises to give are reported at fair value at the date the pledge is received Conditional promises to give are reported at fair value when the conditions on which they depend are substantially met. Contributions of property, plant, and equipment are recorded as temporarily restricted net assets at the fair value as of the date of the contribution. Upon expenditure in accordance with a donor's restrictions and when the asset is placed in service, net assets restricted for capital acquisitions are reported as direct additions to unrestricted assets, and assets restricted for operating purposes are reported as an increase to other operating revenue

Employee Health Care Benefits — The Corporation converted its employee health benefit to a self-funded product effective January 1, 2011 Premiums previously paid to a third-party and expensed totaled $16,179 and $63,877 for the years ended September 30, 2011 and 2010, respectively. Total expenses under the self-funded product were $39,048 for the year ended September 30, 2011. Coverage under the plan has not changed. To limit the losses on individual claims, the Corporation has entered into a stop-loss insurance agreement with a third-party on both medical and pharmaceutical *claims at a $500 individual claim deductible level*

Excess of Revenue over Expenses — The consolidated statements of operations includes the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments except for unrealized losses on investments deemed other-than-temporarily impaired, capital contributions and other items required by generally accepted accounting principles to be reported as a component of the change in unrestricted net assets

For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as revenue and expenses Peripheral or incidental transactions are reported as non-operating gains or losses.

Income Taxes — The Corporation is comprised of tax-exempt corporations that have been recognized as such pursuant to Sections 501(c)(3) and 509(a)(3) of the Internal Revenue Code (the "Code") with the exception of two taxable insurance companies which are a part of Affinity. The Corporation is, however, subject to federal and state income taxes on unrelated business income under the provisions of Section 511 of the Code. The Corporation recorded its proportional share of income taxes related to the Affinity insurance companies of $7,392 in 2011 and $5,982 in 2010, included in non-operating gains (losses) - net in the accompanying consolidated statements of operations. No other tax provision was recorded in 2011 and 2010

Risks and Uncertainties — Ministry utilizes various investment instruments, including mutual funds and investment contracts Investment securities, 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 investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements

Reclassifications — Certain 2010 amounts have been reclassified to conform with the 2011 presentation with no effect on the excess of revenue over expenses and the increase in net assets.

Subsequent Events — Management of the Corporation has evaluated all material subsequent events through December 21, 2011, which is the date the financial statements were issued, for events requiring disclosure or recognition in the consolidated financial statements.

In December 2011, the Corporation entered into a definitive agreement to acquire WFH's interest in Affinity and assume full sponsorship As outlined in Note 1, Affinity includes three acute care hospitals, Mercy Medical Center in Oshkosh, Wisconsin (172 licensed beds) over which Ministry exclusively holds selected reserved powers, St Elizabeth's Hospital in Appleton, Wisconsin (332 licensed beds) and Calumet Medical Center in Chilton, Wisconsin (25 licensed beds) Affinity also includes a 180 physician clinic and a 125,000 member HMO. The transaction, subject to customary federal and state regulatory and Vatican approvals, is expected to be completed by March 31, 2012.

Pending Accounting Standards — In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-23, Health Care Entities (Topic 954) – Measuring Charity Care for Disclosure. ASU 2010-23 requires disclosure of charity care based on the health care provider's direct and indirect costs of providing charity care services, the method used to identify or estimate such costs and funds received to offset or subsidize charity services provided. The disclosures required by ASU 2010-23 are effective for fiscal years beginning after December 15, 2010, and must be applied retrospectively. The Corporation is assessing the impact of the implementation of ASU 2010-23 on the disclosures in its financial statements

In July 2011, the FASB issued ASU 2011-07, Health Care Entities (Topic 954) – Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay, to change the presentation of their statement 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 (net of contractual allowances and discounts). Additionally, ASU 2011-07 requires those health care entities to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The provisions of ASU 2011-07 are effective for fiscal years and interim periods within those years ending after December 15, 2012, with early adoption permitted. The changes to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The Corporation is assessing the impact of the implementation of ASU 2011-07 on its financial statements.

In September 2011, the FASB issued ASU 2011-09, Multiemployer Plans (Subtopic 715-80) – Disclosures about an Employer's Participation in a Multiemployer Plan, which expanded and enhanced the existing disclosures related to multiemployer pension and other postretirement benefit plans. The amendments require additional quantitative and qualitative disclosures about an employer's involvement in multiemployer plans including, the significant multiemployer plans in which the Corporation participates, level of the Corporation's participation and contributions, financial health and an indication of funded status and the nature of the employer commitments to the plan. This guidance is effective for annual periods for fiscal years ending after December 15, 2011. The adoption of this guidance will significantly expand the existing disclosures but will not have an impact on the Corporation's financial position, results of operation and cash flows.

3. FAIR VALUE MEASUREMENTS

The Corporation applies the *Fair Value Measurements and Disclosures* Topic of the Accounting Standards Codification Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy applies to all financial instruments that are being measured and reported on a fair value basis, and it ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Quoted market prices in active markets for identical assets and liabilities.

Level 2 – Observable market prices based on inputs or unobservable inputs that are corroborated by market data.

Level 3 – Unobservable prices based on inputs that are not corroborated by market data Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets and liabilities

The assets and liabilities measured at fair value on a recurring basis are investments and interest rate swap agreements. The fair values of the Corporation's investments included in Level 1 were determined through quoted prices in active markets. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by Ministry at year-end. The fair values of the Level 2 investments are primarily determined using quoted prices for similar assets in active markets and other inputs from observable market data. Components of Level 2 investments are recorded at net asset value, which is based on the fair value of the respective fund's underlying investments.

The beneficial interest in trust is recorded at fair value based on the underlying value of the assets in the trust The trust reported as Level 3 is a perpetual trust managed by a third-party and is invested in mutual funds and other securities that are traded in active markets with observable inputs, which would result in Level 1 or Level 2 hierarchal reporting However, considering the restrictive nature of the trust, the Corporation has classified the asset as Level 3 The fair value of the Level 3 interest rate swap agreements were determined through dealer counterparties and other independent market sources in addition to unobservable non-performance risk assumptions. Due to the volatility of the capital markets, *there is a reasonable possibility of significant changes in fair value and additional gains or losses in the* near term subsequent to September 30, 2011.

These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Corporation believes these 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 estimate of fair value as of the reporting date.

(In thousands)

The tables below present the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of September 30, 2011 and 2010:

	2011			
	Assets and Liabilities Measured at Fair Value			
	Total	Level 1	Level 2	Level 3
Assets.				
Assets Limted as to Use:				
U S Government and agency securities	$ 223,631	$ 223,631	$ -	$ -
Corporate bonds and asset backed securities	1,778	1,778	-	-
Tax-exempt variable rate demand bonds	14,985	-	14,985	-
Mutual funds:				
Money market	7,968	7,968	-	-
Fixed Income	30,173	30,173	-	-
Balanced Funds	5,678	5,678	-	-
Small Cap	3,726	3,726	-	-
Mid Cap	1,861	1,861	-	-
Large Cap	6,624	6,624	-	-
International	1,130	1,130	-	-
Growth	2,158	2,158	-	-
Common trust funds:				
U.S Equity Fund	164,039	-	164,039	-
International Equity Fund	37,126	-	37,126	-
Bond Index Funds	47,989	-	47,989	-
Securities pledged under securities lending agreement	10,837	10,837	-	-
Beneficial interest in trust	35,451	-	-	35,451
Total	$ 595,154	$ 295,564	$ 264,139	$ 35,451
Liabilities				
Payable under securities lending agreement	$ 11,052	$ 11,052	$ -	$ -
Interest rate swaps	26,594	-	-	26,594
Total	$ 37,646	$ 11,052	$ -	$ 26,594

(In thousands)

	2010			
	Total	Level 1	Level 2	Level 3
Assets				
Assets Limited as to Use:				
U.S. Government and agency securities	$ 159,816	$ 159,816	$ -	$ -
Corporate bonds and asset backed securities	1,578	1,578	-	-
Tax-exempt variable rate demand bonds	48,839	-	48,839	-
Mutual funds.				-
Money market	1,406	1,406	-	-
Fixed Income	36,516	36,516	-	-
Balanced Funds	4,769	4,769	-	-
Small Cap	3,169	3,169	-	-
Mid Cap	1,769	1,769	-	-
Large Cap	7,017	7,017	-	-
International	1,412	1,412	-	-
Growth	1,647	1,647	-	-
Common trust funds:				-
U.S Equity Fund	133,622	-	133,622	-
International Equity Fund	35,360	-	35,360	-
Beneficial interest in trust	37,659	-	-	37,659
Total	$ 474,579	$ 219,099	$ 217,821	$ 37,659
Liabilities				
Interest rate swaps	$ 18,435	$ -	$ -	$ 18,435

While there were no changes in the fair value methodologies used at September 30, 2011 and 2010, certain securities were reclassified from Level 2 to Level 1 to better reflect the inputs used to determine fair value

Changes in the Level 3 assets measured at fair value on a recurring basis are summarized as follows

	2011	2010
Balance, October 1	$ 37,659	$ 35,978
Investment return, change in net unrealized gains and losses and other	(746)	3,209
Distributions	(1,462)	(1,528)
Balance, September 30	$ 35,451	$ 37,659

(In thousands)

Changes in the Level 3 liabilities measured at fair value on a recurring basis are summarized as follows

	2011	2010
Balance, October 1	$ 18,435	$ 12,432
Receipts under swap agreements	4,466	5,211
Payments under swap agreements	(3,884)	(4,018)
Net change in fair value of swap included in excess of revenue over expenses	7,577	4,810
Balance, September 30	$ 26,594	$ 18,435

The following tables disclose the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of September 30, 2011 and 2010:

	2011			
	Fair Value Estimated Using Net Asset Value Per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Period
Common Trust Funds:				
U.S. Equity Fund (A)	$ 164,039	$ -	Daily	3 days
International Equity Fund (B)	37,126	-	Semi-monthly	3 days
Bond Index Funds (C)	47,989	-	Daily	3 days
	$ 249,154	$ -		

	2010			
	Fair Value Estimated Using Net Asset Value Per Share			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Period
Common Trust Funds:				
U S Equity Fund (A)	$ 133,622	$ -	Daily	3 days
International Equity Fund (B)	35,360	-	Semi-monthly	3 days
	$ 168,982	$ -		

(A) The objective of the fund is to provide broad exposure to the U.S. equity market. The fund seeks to approximate, as closely as practicable, before expenses, the performance of the Russell 3000 Index over the long term. The Fund implements a screen of certain social or environmental criteria. Accordingly, the fund's risk characteristics will vary from those of the Index.

(B) The objective of the fund is to provide broad exposure to global equity markets. The fund seeks to approximate, as closely as practicable, before expenses, the performance of the MSCI EAFE Index over the long term. The Fund implements a screen of certain social or environmental criteria Accordingly, the fund's risk characteristics will vary from those of the Index.

(In thousands)

(C) The objective of the funds is to provide broad exposure to the government bond market The fund seeks to approximate, as closely as practicable, before expenses, the performance of the Barclays Capital U.S ABS Index, the Barclays Capital U.S. Intermediate and Long Government Bond Index, the Barclays Capital U.S Credit Bond and the Barclays Capital U.S. MBS Index. The Fund implements a screen of certain social or environmental criteria. Accordingly, the fund's risk characteristics will vary from those of the Indices.

4. ASSETS LIMITED AS TO USE

Assets limited as to use at September 30, 2011 and 2010 was comprised of the following:

	2011	2010
Assets designated by board and/or management	$ 555,636	$ 429,908
Assets with trustee	77,786	81,720
Temporarily restricted by donors for specified purposes	9,597	9,789
Beneficial interest in trust	35,451	37,659
Permanently restricted	102	122
Total	$ 678,572	$ 559,198

Howard Young Medical Center, Inc. is the sole beneficiary of the Howard Young Medical Center Trust ("Trust"). The corpus of the Trust is permanently restricted Realized and unrealized gains on investments are retained in the Trust corpus. Interest and dividend income earned on Trust investments has been and shall be received in perpetuity at least annually for use in operations by Howard Young Medical Center, Inc The assets of this trust are measured at the fair value of the related investments The Trust assets were $35,451 and $37,659 at September 30, 2011 and 2010, respectively.

As of September 30, 2011 and 2010, the Corporation's assets limited as to use consisted of the following:

	2011	2010
Cash and cash equivalents	$ 83,418	$ 84,619
U.S Government and agency securities	223,631	159,816
Corporate bonds and asset backed securities	1,778	1,578
Tax-exempt variable rate demand bonds	14,985	48,839
Mutual funds	59,318	57,705
Common trust funds	249,154	168,982
Securities pledged under securities loan agreement-commercial paper	10,837	-
Beneficial interest in trust	35,451	37,659
Total	$ 678,572	$ 559,198

(In thousands)

At September 30, 2011, the unrealized losses and related fair value of the investments for which fair value is less than cost, summarized by security type, were as follows

	Less than 12 months		12 months or greater		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
U S. Government and agency securities	$ 3,023	$ (3)	$ 11,209	$ (555)	$ 14,232	$ (558)
Corporate bonds and asset backed	755	(93)	512	(30)	1,267	(123)
Mutual funds	31,878	(637)	2,632	(315)	34,510	(952)
Total	$ 35,656	$ (733)	$ 14,353	$ (900)	$ 50,009	$ (1,633)

At September 30, 2010, the unrealized losses and related fair value of the investments for which fair value is less than cost, summarized by security type, were as follows:

	Less than 12 months		12 months or greater		Total	
	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss	Fair Value	Unrealized Loss
U.S Government and agency securities	$ 15,150	$ (88)	$ -	$ -	$ 15,150	$ (88)
Corporate bonds and asset backed securities	419	(12)	165	(4)	584	(16)
Mutual funds	-	-	382	(57)	382	(57)
Common trust funds	4,617	(38)	30,743	(9,055)	35,360	(9,093)
Total	$ 20,186	$ (138)	$ 31,290	$ (9,116)	$ 51,476	$ (9,254)

The Corporation recorded $14,510 of losses deemed other than temporarily impaired in 2011, which is included in non-operating gains (losses) – net. There were no impairment losses recorded in 2010 Management does not believe there are any other material amounts of investments that are other than temporarily impaired

Ministry has a security lending arrangement with a financial institution whereby certain of the Corporation's marketable securities are loaned to designated counterparties (borrowers) in exchange for cash collateral. Such arrangements involve risk of loss arising from the potential non-performance of the borrowers The minimum collateral required is 102 percent of the market value of the securities on loan at the time of initiating the loan. On a daily basis, securities on loan are marked to market and collateral levels are adjusted, if collateral falls below 100 percent of the loan, to maintain a collaterization level of 100 percent of the loan. A third-party agent holds collateral in custody. The market value of the loaned securities was $10,837 at September 30, 2011. In exchange for loaned securities, the Corporation received cash collateral of $11,052 at September 30, 2011 The investments purchased with the cash collateral are shown as both an asset and liability of the Corporation and are included in assets limited as to use and long-term liabilities in the accompanying consolidated balance sheets. There were no securities loaned as of September 30, 2010

(In thousands)

The composition of investment returns on assets limited as to use for the years ended September 30, 2011 and 2010 was as follows:

	2011	2010
Interest and dividend income	$ 17,239	$ 15,068
Net realized gains on sales of investments	614	1,172
Impairment losses recognized	(14,510)	-
Change in net unrealized gains and losses on investments	5,537	15,203
Total investment returns	$ 8,880	$ 31,443

Investment returns are included in the accompanying consolidated statements of operations and the consolidated statements of changes in total net assets for the years ended September 30, 2011 and 2010, and were as follows:

	2011	2010
Non-operating gains (losses) - net	$ 3,343	$ 16,240
Change in net unrealized gains and losses on investments	5,537	15,203
Total investment returns	$ 8,880	$ 31,443

5. PROPERTY AND EQUIPMENT

A summary of property and equipment at September 30, 2011 and 2010 is as follows

	2011	2010
Land	$ 22,469	$ 22,552
Land improvements	13,718	13,263
Buildings and fixed equipment	708,387	694,861
Movable equipment	450,367	438,950
Construction in progress	22,194	20,630
	1,217,135	1,190,256
Less accumulated depreciation	731,722	696,397
Property and equipment - net	$ 485,413	$ 493,859

The Corporation has various hospital and clinic construction projects which will be completed at various times over the next year. In addition, construction in progress includes costs related to an electronic health record system being implemented over multiple years. It is anticipated the projects will be funded with assets limited as to use.

(In thousands)

6. LONG-TERM DEBT

A summary of long-term debt at September 30, 2011 and 2010 is as follows.

	2011	2010
Hospital facility revenue bonds — Ministry Restricted Group:		
Series 1993A — Principal maturities due annually through 2022 at an interest rate of 6.1%	$ 25,890	$ 25,890
Series 1997A — Principal maturities due annually through 2026 at interest rates from 5 6% to 5 9%	50,905	51,865
Series 2002A — Principal maturities due annually through 2032 at interest rates from 5 0% to 5.5%	152,280	154,825
Series 2004 — Principal maturities due annually through 2034 at interest rates from 4.0% to 5.0%	114,430	115,720
Series 2009		
Series A — Principal maturities due annually through 2029, and interest rates are reset at various intervals (effective rates of 1.1% and 1.9% for 2011 and 2010, respectively)	81,640	86,275
Series B — Principal maturities due annually through 2022, and interest rates are reset weekly (effective rate of 0.4% for 2011 and 2010)	15,585	18,880
Series 2010		
Series A — Principal maturities due annually through 2023 at interest rates from 2.0% to 5.0%	50,670	50,770
Series B — Principal maturities due annually through 2035 at interest rates from 3 5% to 5.3%	60,000	60,000
Series C — Principal maturities due annually through 2036, and interest rates are reset weekly (effective rate of 0.4% for 2011 and 0.2% for 2010)	20,000	20,000
Hospital facility revenue bonds — Howard Young Health Care, Inc		
Series 1998 — Principal maturities due annually through 2028 at interest rates from 5.0% to 5.1%	14,860	15,405
Series 2000 — Principal maturities due annually through 2030 at interest rates from 5 8% to 5 9%	9,475	9,745
Other	15,304	13,331
	611,039	622,706
Less:		
Current installments	14,934	14,035
Long-term debt being remarketed	32,225	35,585
Unamortized bond discount/premium	3,075	2,783
Long-term debt — less current installments, debt being remarketed, and unamortized bond discount/premium	$ 560,805	$ 570,303

Ministry, certain of the solely sponsored hospitals, and Mercy Medical Center have formed a restricted group ("Restricted Group") under a master trust indenture ("Indenture"). The related revenue bonds have been issued by the Wisconsin Health and Educational Facilities Authority on behalf of the Restricted Group

Pursuant to the Indenture, the Restricted Group participating hospitals have executed contribution agreements with Ministry and have pledged their accounts receivable as security for the bonds. Those agreements provide that, in the event they receive written direction from Ministry to do so, the Restricted Group hospitals will transfer to Ministry, by loan or contribution, such of their revenue and assets as necessary to enable Ministry to make debt service payments on the bonds issued under the Indenture and to comply with the Indenture's other provisions

The Indenture contains various covenants and restrictions including provisions limiting the amount of additional liens and indebtedness which may be incurred and requirements for maintenance of certain financial ratios by the Restricted Group.

During 2010, Ministry accomplished the following debt refinancing and issuance. Effective March 31, 2010, $50,770 of Series 2010 A Bonds were issued to refund Series 1993 C and Series 1993 D Bonds. A loss of $1,379 was recognized on the refinancing and recorded as a non-operating loss (included in non-operating gains (losses) – net). Also, effective June 17, 2010, $60,000 and $20,000 of Series 2010 B and 2010 C Bonds, respectively, were issued to fund the acquisition, construction, renovation and equipping of certain health care facilities, along with routine capital expenditures, of Ministry. The 2010 C Bonds are repriced and can be put back to Ministry on a weekly basis by the bondholders. In the event the Series C Bonds cannot be remarketed, Ministry is obligated to repay the bonds. Therefore these bonds are classified as Long-term debt being remarketed on the balance sheet. The 2010 C Bonds have been successfully remarketed since issuance.

The Series 2009 A can be put back to Ministry at various future dates, ranging from one week to two months, as determined by the respective mode of each tranche. The Series 2009 A Bonds are supported by a letter of credit which expires on April 30, 2016. In the event the Series 2009 A Bonds cannot be remarketed, the letter of credit will be drawn upon and Ministry will owe that amount, over a 5 year period, to the letter of credit bank. There have been no draws upon the letter of credit. The Series 2009 B Bonds are repriced and can be put back to Ministry on a weekly basis by the bondholders In the event the Series B Bonds cannot be remarketed, Ministry is obligated to repay the bonds. Therefore these bonds are classified as Long-term debt being remarketed on the balance sheet The Series 2009 B Bonds have been successfully remarketed since issuance.

The Howard Young Health Care, Inc ("Howard Young") bonds are collateralized by substantially all revenue of the issuing entities and by a mortgage on certain assets. In addition, the loan documents contain various covenants and restrictions including the maintenance of certain financial ratios

(In thousands)

Assuming the Series 2009 A Bond letters of credit are renewed under similar terms and that the applicable bonds are successfully remarketed, aggregate scheduled principal payments and sinking fund deposits on long-term debt are as follows

2012 - Current portion	$ 14,934
2012 - Debt being remarketed	32,225
2013	13,773
2014	14,904
2015	15,602
2016	16,221
Thereafter	503,380
Total	$ 611,039

The estimated fair value of long-term debt, based on discounted cash flows at estimated current borrowing rates, was approximately $622,000 and $635,000 at September 30, 2011 and 2010, respectively.

7. SWAP AGREEMENTS

Ministry maintains interest-rate risk management and cost of capital reduction strategies that use swap derivative instruments to minimize significant, unanticipated earnings fluctuations caused by interest-rate volatility. Ministry's specific goal is to lower the cost of its borrowed funds or increase the return on financial assets. Additional information regarding Ministry's risk-management strategy relative to swap agreements is included in Note 2 to the financial statements

Ministry has a fixed payer swap, for which it pays a fixed rate and receives a variable rate, in the notional amount of $78,750 which expires on August 1, 2029 Ministry has a basis swap, for which it pays a tax-exempt variable rate and receives a percentage of a taxable variable rate, to hedge against rising interest costs on Ministry's variable rate debt As of September 30, 2011 and 2010, the basis swap has a notional amount of $120,000 which expires on February 17, 2028 During 2011 and 2010, Ministry had a swap agreement in place with a notional amount of $120,000 for which it paid a percentage of 1-month LIBOR and received a percentage of 5-year LIBOR This swap agreement was terminated and monetized in April 2011.

Finally, Ministry has interest rate swap agreements in place which effectively convert the interest payments on $76,795 of Series 1993 and Series 1997 Bonds from fixed rates to variable rates during the terms of the swaps. These swaps expire at various dates through February 15, 2015.

The net fair value of the swap agreements of $26,594 and $18,435 at September 30, 2011 and 2010, respectively, has been reflected as a long-term liability in the accompanying consolidated balance sheets with the offsetting valuation change impact included in non-operating gains (losses) - net. Ministry received net swap payments of $582 and $1,193 during the years ended September 30, 2011 and 2010, respectively, which are recorded in non-operating gains (losses) — net in the accompanying consolidated statements of operations.

Ministry's swap agreements contain various collateralization provisions, affecting both Ministry and the swap counterparty, with collateral posting levels which are dependent on the magnitude of the value of the swaps and the credit ratings of the parties At September 30, 2011, Ministry had posted $20,201 as collateral pursuant to the fixed payer swap.

(In thousands)

8. LEASES AND COMMITMENTS

The Corporation leases office space and equipment from third-parties under noncancelable operating leases which expire at various dates during the next five years Total rent expense for operating leases during 2011 and 2010, including rents renewable annually, was $7,504 and $8,190, respectively. Future minimum lease payments are as follows:

2012	$ 5,072
2013	4,339
2014	2,430
2015	1,477
2016	1,172
Thereafter	399
Total	$ 14,889

The Corporation leases offices under operating leases primarily to physicians and the DTC. The future minimum rentals to be received under these agreements are between $1,300 and $2,600 annually, through 2035, and aggregated $18,383 and $15,670 as of September 30, 2011 and 2010, respectively Rentals received are recorded as Other Operating Revenue when incurred

The Corporation leases an ancillary services facility under a direct financing lease to the DTC At September 30, 2011 and 2010, Ministry had $24,196 and $25,392 of leases receivable under this agreement and future minimum lease payments to be received that aggregate approximately $33,455 and $35,887, respectively The future minimum lease payments to be received for each of the next five years are $2,400 per year

The Corporation has entered into various physician employment contracts which include noncancelable commitments as of September 30, 2011, payable as follows $4,688 in 2012, $1,743 in 2013; and $914 in 2014 The physician employment contracts generally include performance expectations which management believes will result in revenue production to help fund these commitments

The Corporation's clinics have various physician employment agreements which are production based All amounts due under these agreements have been paid or accrued as of September 30, 2011 and 2010.

At September 30, 2011, the Corporation had commitments of $27,155 related to construction and information technology projects

The Corporation is subject to various legal proceedings and claims that are incidental to its normal business activities In the opinion of management, the amount of ultimate liability with respect to these actions will not materially affect the consolidated financial position or results of operations of the Corporation.

(In thousands)

9. NET PATIENT SERVICE REVENUE

A summary of gross and net patient service revenue for the years ended September 30, 2011 and 2010 is as follows.

	2011	2010
Gross patient service revenue:		
Inpatient:		
Routine services	$ 336,195	$ 319,072
Ancillary services	670,450	647,561
Outpatient	1,102,639	1,019,812
Total gross patient service revenue	2,109,284	1,986,445
Less provisions for contractual adjustments under third-party reimbursement programs and charity care	995,182	906,077
Net patient service revenue	$ 1,114,102	$ 1,080,368

Certain inpatient acute and hospital outpatient and home health services rendered to Medicare beneficiaries are paid at prospectively determined rates These rates vary according to patient classification systems that are based on clinical, diagnostic and other factors. Certain of the hospitals which meet Medicare guidelines as critical access or sole community hospitals, as well as certain inpatient non-acute services and medical education costs related to Medicare beneficiaries, are paid based upon cost reimbursement methods For cost reimbursed methods, the hospitals are reimbursed at tentative rates with final settlement determined after submission of annual cost reports and audits by the Medicare fiscal intermediary. Clinics are reimbursed based on federally established fee schedules for Medicare patients.

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed primarily based upon prospectively determined rates

The percentage of net patient service revenue applicable to services provided to Medicare and Medicaid patients was approximately 45 percent and 46 percent in 2011 and 2010, respectively.

During the years ended September 30, 2011 and 2010, the State of Wisconsin enacted a hospital assessment under which hospitals were assessed a percentage of their revenues In turn, the State of Wisconsin revised the level of Medicaid reimbursement to those hospitals, improving Medicaid reimbursement for most hospitals. Ministry's assessment for the years ended September 30, 2011 and 2010, including its proportional interest in the Affinity Hospitals, of $25,230 and $22,732, respectively, is included in Other Expenses in the accompanying consolidated statements of operations. Ministry management estimates that $46,412 and $37,532 of additional Medicaid reimbursement, including its proportional interest in the Affinity hospitals, was received during the years ended September 30, 2011 and 2010, respectively.

The Corporation has entered into reimbursement agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations The basis for reimbursement to the Corporation under these agreements is primarily based on discounts from established charges.

(In thousands)

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as unknown and unasserted regulatory actions. Over the last number of years, federal government activity has increased with respect to investigations and allegations concerning possible violations of regulations which could result in the imposition of fines and penalties, as well as repayments of previously billed and collected revenue from patient services. Management believes that the Corporation is in substantial compliance with current laws and regulations which may have a material effect on the Corporation's financial position or results of operations.

10. CONCENTRATIONS OF CREDIT RISK

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. This mix of receivables from patients and third-party payors at September 30, 2011 and 2010 was as follows.

	2011	2010
Medicare	36%	39%
Medicaid	13	11
Other third-party payors	34	34
Self pay	17	16
Total	100%	100%

11. COMMUNITY AND PARTIALLY REIMBURSED CARE

The Corporation's hospitals and clinics have policies of providing health care services, without charge or at amounts less than established rates, to those unable to pay a portion of their charges and who meet certain eligibility criteria established in community care policies ("Community Care") Because collection of amounts determined to qualify as Community Care is not pursued, they are not reported as revenue.

The Corporation's hospitals and clinics are providers under the Title XIX Wisconsin and Minnesota Medical Assistance ("Medicaid") and Wisconsin County General Relief ("County") programs Under these programs, the hospitals and clinics are legally bound to accept the amount determined by the state or county as payment in full for each patient's charges. Accordingly, services provided under the Medicaid and County programs are reported as gross patient service revenue (Note 9). The Corporation's hospitals and clinics maintain records and monitor the level of unreimbursed and partially reimbursed care they provide. The level of these services for the years ended September 30, 2011 and 2010 is summarized as follows:

(In thousands)

	2011	2010
Charges for services provided.		
Community Care	$ 33,672	$ 30,273
Medicaid	288,742	274,440
County general relief	2,210	1,818
Total charges for services provided	324,624	306,531
Less government reimbursement	107,228	104,125
Community Care and partially reimbursed care based on charges foregone	$ 217,396	$ 202,406

Certain solely sponsored Ministry hospitals and Mercy Medical Center financially support projects endorsed by the Ministry Fund. The Ministry Fund is a management designation of assets to improve the health and provide services to disadvantaged area residents Monies are maintained at the local hospitals and expended for various specific charitable projects designed to serve their communities. Ministry's hospitals have expensed $233 and $529 in 2011 and 2010, respectively, as support for these projects. Operating expenses include costs incurred by the hospitals to implement the projects.

The Corporation's hospitals also support a variety of activities through Marian Ministry contributed $752 and $935 in 2011 and 2010, respectively, to Marian to support its activities, including other similar charitable activities.

In summary, Ministry's Community Care activities for the years ended September 30, 2011 and 2010 were as follows

	2011	2010
Community Care (based on charges forgone)	$ 33,672	$ 30,273
Contributions for.		
Ministry Fund	233	529
Marian Health System	752	935
Total	$ 34,657	$ 31,737

The Corporation also provides a variety of additional community benefits including community education programs, counseling, clinics, medical education and research and other cash and in-kind contributions for the benefit of the local or broader communities. The net expenses related to these community benefit activities are included in operating expenses and have not yet been quantified for the year ended September 30, 2011. Expenses related to these community benefit activities and the unreimbursed cost of care activities for Medicaid enrollees totaled $110,436 for the year ended September 30, 2010

(In thousands)

12. PENSION PLANS

Ministry and certain solely sponsored hospital affiliates participate in a pension plan sponsored by Marian The Marian Health System Employee Retirement Plan ("Plan") is a multi-employer plan which provides defined benefits to employees of participating hospital affiliates, along with employees of other Marian and SSM related participating employers, who began employment prior to January 1, 2006 Ministry and the participating employers' employees become participants in the Plan upon the attainment of age 21 and the completion of 1,000 hours of service. Benefits under the Plan are based on employee years of credited service and compensation, as defined, paid either in lump sum or annuity form. Contributions to the Plan, which are also the amounts expensed in the financial statements, are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future

Ministry's and its participating employers' proportional share of the Plan's assets and obligations and assumptions based on an actuarial valuation as of September 30, 2011 and 2010, were as follows:

	(Unaudited) 2011	2010
Plan assets at fair value	$ 229,911	$ 232,155
Present value of benefit obligation (includes effect of future compensation increases)	256,515	238,203
Plan assets less than present value of benefit obligation	$ (26,604)	$ (6,048)
Accumulated benefit obligation (excludes effect of future compensation increases)	$ 224,798	$ 206,619
Assumptions used in actuarial valuation:		
Discount rate	8.0 %	8.0 %
Expected return on plan assets	8 0 %	8 0 %

Because this is a multi-employer plan, all assets are available to pay benefits to all participants regardless of which participating employer contributed to them, and therefore no assets or liabilities of the plan are actually segregated However, the employers in the Plan have a historical practice of funding their own liabilities. Ministry and the other participating employers have not accrued for the underfunded projected benefit obligation of the Plan However, on an accumulated benefit obligation basis, Ministry employers are fully funded

Pension expense and contributions and benefits paid for the years ended September 30, 2011 and 2010 were as follows:

	2011	2010
Pension expense and contributions	$ 10,074	$ 19,000
Benefits paid (unaudited)	13,734	10,202

(In thousands)

The same employers also sponsor a tax sheltered annuity retirement plan, which entails employer matching of 50 percent of employee contributions, up to a defined limit. Corporation expense relating to employer matching for that plan was $5,210 and $5,199 for the years ended September 30, 2011 and 2010, respectively.

Certain other affiliates, along with Ministry and the participating employers, also participate in various other pension plans and supplemental compensation plans which are primarily defined contribution plans. Expense under these plans amounted to $13,288 and $10,762 for the years ended September 30, 2011 and 2010, respectively

13. FOUNDATIONS

Various foundations ("Foundations") solicit and hold certain funds on behalf of Ministry's respective hospitals The purposes of the Foundations are to receive and maintain funds for charitable, religious, scientific, literary and educational purposes on behalf of the hospitals and other tax-exempt organizations. The accompanying consolidated financial statements include the assets, liabilities and results of operations for certain of the Foundations.

Pledges receivable over one year are discounted at 3 percent. Pledges receivable at September 30, 2011, consisted of the following

Amounts receivable:	
In less than one year	$ 789
In one to five years	1,190
Thereafter	825
Less — discount	(284)
Less — allowance for uncollectible pledges	(81)
Net pledges receivable	$ 2,439

Pledges receivable due in less than one year are recorded as other current assets on the consolidated balance sheets. Pledges receivable due in one year or greater are recorded within investments in affiliates and other assets on the consolidated balance sheets.

Certain other Foundations are not consolidated in the accompanying financial statements because the affiliates do not control those Foundations. Net assets of $9,629 and $10,405, representing Ministry's beneficial interest in nonconsolidated Foundations, are included in other current assets and investments in affiliates and other assets in the accompanying consolidated balance sheets at September 30, 2011 and 2010, respectively.

Ministry affiliates periodically receive transfers of funds from the Foundations not consolidated within the accompanying financial statements for capital or other needs. Such transfers of funds are reported in the accompanying financial statements as contributions from these Foundations The amounts received were $906 and $3,095 for the years ended September 30, 2011 and 2010, respectively.

(In thousands)

14. ENDOWMENT FUNDS

The Corporation applies guidance regarding the net asset classification and disclosures for funds subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). This guidance provides a framework for disclosures about an organization's endowment funds

The Corporation endowments are held at its various affiliates' Foundations. These endowments consist of several different donor-restricted endowment funds, and funds designated by the respective Foundation's boards, as endowments established for a variety of purposes consistent with the Foundations' missions Net assets associated with these endowment funds are classified and reported as unrestricted, permanently restricted or temporarily restricted based on the existence or absence of donor imposed restrictions.

The Corporation's management has interpreted the Wisconsin UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of donor-restricted endowment funds, absent explicit donor stipulations to the contrary As a result of this interpretation, the Corporation has classified as permanently restricted net assets a) the original value of gifts donated to the permanent endowment, b) the original value of subsequent gifts to the permanent endowment and c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portions of the donor-restricted endowment fund that are not classified in permanently restricted net assets are classified as temporarily restricted net assets until appropriated for expenditure by the Foundation. Each Foundation Board has adopted investment and spending policies designed to earn a rate of return that will meet or exceed the sum of the distribution rate, anticipated inflation, investment fees and administrative costs

The Corporation's endowment net asset composition by fund type was as follows as of September 30, 2011 and 2010

	2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted	$ -	$ 540	$ 6,520	$ 7,060
Board-designated	3,071	-	-	3,071
Total:	$ 3,071	$ 540	$ 6,520	$ 10,131

	2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted	$ -	$ 621	$ 6,359	$ 6,980
Board-designated	2,885	-	-	2,885
Total.	$ 2,885	$ 621	$ 6,359	$ 9,865

(In thousands)

The changes in endowments by net asset class for the Corporation were as follows for the years ended September 30, 2011 and 2010:

	2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets beginning of year	$ 2,885	$ 621	$ 6,359	$ 9,865
Investment return	30	1	-	31
Fee allocation	(15)	(10)	-	(25)
Contributions to endowment	341	1	139	481
Reclassification/transfers/other	(170)	(73)	22	(221)
Endowment net assets end of year	$ 3,071	$ 540	$ 6,520	$ 10,131

	2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets beginning of year	$ 2,964	$ 169	$ 6,391	$ 9,524
Investment return	60	455	1	516
Fee allocation	(15)	(8)	-	(23)
Contributions to endowment	30	-	42	72
Reclassification/transfers/other	(154)	5	(75)	(224)
Endowment net assets end of year	$ 2,885	$ 621	$ 6,359	$ 9,865

15. MALPRACTICE INSURANCE

The Corporation has professional liability insurance with limits of $1,000 per claim and $3,000 in aggregate for claims made during a policy year The deductible limits for this coverage are the same as the policy limits, effectively making most of the Corporation self-insured for any losses up to these limits. An estimate of claims incurred but not reported is recorded within accrued liabilities The Corporation's losses in excess of these amounts are generally fully covered through its mandatory participation in the Injured Patient and Families Compensation Fund ("Fund") of the State of Wisconsin.

Ministry also has additional professional liability insurance with an aggregate limit of $20,000 for affiliates that do not participate in the Fund.

16. AFFILIATIONS

Ministry continues to explore affiliations with and sponsorships of other providers in order to support its strategic initiatives.

Ministry is the sole corporate member of Howard Young Howard Young is the sole corporate member of the other Howard Young entities listed in Note 1. Ministry also is the sole corporate member of Door County Memorial Hospital, Inc. ("Door County"). If Ministry and Howard Young or Door County were to terminate the affiliations, their net assets as of the affiliation dates plus one-half of the increase in the net assets since the affiliation dates or the net assets as of the date of termination, whichever is less, would be distributed to a not-for-profit entity designated by the Howard Young Board of Directors or to the Door County Memorial Hospital Foundation, and such entities may not be related to Ministry.

* * * * * *

MINISTRY HEALTH CARE, INC.

ANNUAL REPORT
SEPTEMBER 30, 2011

MINISTRY HEALTH CARE, INC.

ANNUAL REPORT
TABLE OF CONTENTS:

Schedule 1

MINISTRY HEALTH CARE, INC.

ANNUAL REPORT CERTIFICATE
Fiscal Year Ended September 30, 2011

The undersigned duly appointed and acting Chief Administrative & Financial Officer of Ministry Health Care, Inc. ("Ministry"), as the Restricted Group Representative pursuant to the Master Continuing Disclosure Agreement dated as of March 1, 1997 as amended (the "Master Continuing Disclosure Agreement") between the Restricted Group Representative and Bank of New York Trust Company, N.A. (formerly J.P Morgan Trust Company, N.A. formerly Bank One Wisconsin Trust Company, National Association) as Dissemination Agent (the "Dissemination Agent"), hereby certifies as follows:

1. **Definitions.** Capitalized terms used but not defined herein shall have the meanings ascribed thereto in the Master Continuing Disclosure Agreement.

2. **Annual Report.** Accompanying this Annual Report Certificate is the Annual Report for the Fiscal Year ended September 30, 2011.

3. **Compliance with Master Continuing Disclosure Agreement.** The Annual Report is being delivered to the Dissemination Agent herewith not later than the last day of the sixth calendar month after the Fiscal Year, which is the applicable Annual Report Date for purposes of such Annual Report. The Annual Report contains, or includes by reference, Financial Information and Operating Data of the types identified in the Continuing Disclosure Certificate most recently delivered to the Dissemination Agent pursuant to Section 5 of the Master Continuing Disclosure Agreement. The Financial Information and Operating Data relates to the Obligated Persons identified in Schedule 5 hereto to the extent such Financial Information and Operating Data is relevant to such Obligated Persons' operations, and such Obligated Persons constitute all of the Obligated Persons with respect to the Related Bonds for the Fiscal Year covered by the Annual Report. To the extent any such Financial Information or Operating Data is included in the Annual Report by reference, any document so referred to has been previously provided to the Repositories or filed with the SEC or, in the case of a reference to a Final Official Statement, has been filed with the Municipal Securities Rulemaking Board.

Such Financial Information and Operating Data have been prepared on the basis of the Audited Financial Statements. Such Audited Financial Statements are included as part of the Annual Report.

4. Attached hereto as Schedule 7 is a listing of the Related Bond Trustees, the Related Issuers and the providers of any credit enhancement and the issuers of any liquidity facilities respecting any Related Bonds.

IN WITNESS WHEREOF the undersigned has executed and delivered this Annual Report Certificate to the Dissemination Agent, which has received such certificate and the Annual Report, all as of the 13th day of January, 2012.

MINISTRY HEATLH CARE, INC., as
Restricted Group Representative

By:_____
Its: Chief Administrative & Financial Officer

Acknowledgement of Receipt:
Bank of New York Trust Company, N.A.
(formerly J. P. Morgan Trust Company, N. A
formerly Bank One Trust Company, National Association),
as Dissemination Agent

By_____
Its:_____

Schedule 2

MINISTRY HEALTH CARE, INC.

DEBT SERVICE COVERAGE RATIO OF THE RESTRICTED GROUP
Fiscal Year Ended September 30, 2011
(000's)

Excess of Revenue over Expenses[1]	$87,034
Add Depreciation, Amortization, Swap market adjustment and Interest[1]	76.523
Less: Gain on sale of property & equipment	(26,771)
Income Available for Debt Service	$136,786
Maximum Annual Long Term Debt Service Requirement[2]	$40.858
Maximum Long Term Debt Service Coverage Ratio	3.35x

[1] Derived from the audited consolidated financial statements and internal records for Ministry Health Care, Inc.
[2] Maximum Annual Long term Debt Service is derived using an assumed interest rate of 3.5% on the 2009A, 2009B and 2010C Variable Rate Debt.

Schedule 3

MINISTRY HEALTH CARE, INC.

SELECTED STATISTICAL AND FINANCIAL INFORMATION

SUMMARY OF OPERATING STATISTICS:

	FY Ended Sept. 30, 2011
RESTRICTED GROUP	
Admissions	32,304
Inpatient Days	145,331
Equivalent Outpatient Admissions[3]	42,324
Average Daily Census	398
Average Length of Stay (days)	4.5
Occupancy (%)[4]	51%
Staffed Beds	789
ST. JOSEPH'S HOSPITAL	
Admissions	17,817
Inpatient Days	90,576
Equivalent Outpatient Admissions	5,127
Average Daily Census	248
Average Length of Stay (days)	5.1
Occupancy (%)	53%
Staffed Beds	470
MERCY MEDICAL CENTER	
Admissions	5,859
Inpatient Days	25,208
Equivalent Outpatient Admissions	7,394
Average Daily Census	69
Average Length of Stay (days)	4.3
Occupancy (%)	40%
Staffed Beds	172

[3] Outpatient Revenue/(Inpatient Revenue/Inpatient Admissions)
[4] Based on staffed beds

MINISTRY HEALTH CARE, INC.

SUMMARY OF OPERATING STATISTICS:

	FY Ended Sept. 30, 2011
SACRED HEART-ST. MARY'S HOSPITALS	
Admissions	3,582
Inpatient Days	12,618
Equivalent Outpatient Admissions	10,933
Average Daily Census	35
Average Length of Stay (days)	3.5
Occupancy (%)	48%
Staffed Beds	72
ST. MICHAEL'S HOSPITAL	
Admissions	4,539
Inpatient Days	14,977
Equivalent Outpatient Admissions	17,712
Average Daily Census	41
Average Length of Stay (days)	3.3
Occupancy (%)	82%
Staffed Beds	50
ST. ELIZABETH'S HOSPITAL	
Admissions	507
Inpatient Days	1,952
Equivalent Outpatient Admissions	1,158
Average Daily Census	5
Average Length of Stay (days)	3.9
Occupancy (%)	21%
Staffed Beds	25

Schedule 3
(cont'd)

MINISTRY HEALTH CARE, INC.

CONSOLIDATED STATEMENT OF OPERATIONS:
(000's)

	Year Ended Sept. 30, 2011
NET PATIENT SERVICE REVENUES	$1,114,102
OTHER OPERATING REVENUES	51,107
TOTAL REVENUES	1,165,209
EXPENSES:	
Salaries and Wages	454,514
Employee Benefits	125,637
Medical and Surgical Supplies	94,377
Drugs	42,222
Depreciation and Amortization	60,290
Interest	15,575
Bad Debts	36,225
Other Expenses	244,393
TOTAL EXPENSES	1,073,233
INCOME FROM OPERATIONS	91,976
NONOPERATING GAINS, NET	7,694
EXCESS OF REVENUE OVER EXPENSES	$99,670

Note: Source of above financial information is the audited Consolidated Financial Statements of Ministry Health Care, Inc.

Schedule 4

MINISTRY HEALTH CARE, INC.
PATIENT SERVICE REVENUES
Fiscal Year Ended September 30, 2011

ST. JOSEPH'S HOSPITAL	
Medicare	51%
Medicaid	15
Commercial and Private Pay	17
HMO/PPO	12
Other	5
Total	100%
MERCY MEDICAL CENTER	
Medicare	49%
Medicaid	11
Commercial and Private Pay	4
HMO/PPO	31
Other	5
Total	100%
SACRED HEART-ST. MARY'S HOSPITALS	
Medicare	47%
Medicaid	16
Commercial and Private Pay	32
HMO/PPO	3
Other	2
Total	100%
ST. MICHAEL'S HOSPITAL	
Medicare	39%
Medicaid	14
Commercial and Private Pay	31
HMO/PPO	14
Other	2
Total	100%
ST. ELIZABETH'S HOSPITAL	
Medicare	42%
Medicaid	19
Commercial and Private Pay	30
HMO/PPO	8
Other	1
Total	100%

MINISTRY HEALTH CARE, INC.
PATIENT SERVICE REVENUES:

TOTAL RESTRICTED GROUP	
Medicare	48%
Medicaid	14
Commercial and Private Pay	21
HMO/PPO	13
Other	4
Total	100%

Schedule 5

MINISTRY HEALTH CARE, INC.
LIST OF OBLIGATED PERSONS
Fiscal Year Ended September 30, 2011

Obligated Persons	**Provider Facilities**	**Location**
Ministry Health Care, Inc.	Corporate Office	Milwaukee, Wisconsin
St. Joseph's Hospital of Marshfield, Inc.	St Joseph's Hospital	Marshfield, Wisconsin
Mercy Medical Center of Oshkosh, Inc.	Mercy Medical Center	Oshkosh, Wisconsin
Sacred Heart-St. Mary's Hospitals, Inc.	St. Mary's Hospital Sacred Heart Hospital Ministry Medical Group – Northern Region	Tomahawk, Rhinelander, Wisconsin and smaller surrounding communities
St. Michael's Hospital of Stevens Point, Inc.	St. Michael's Hospital Ministry Medical Group – Central Region	Stevens Point, Wisconsin and smaller surrounding communities
St. Elizabeth's Hospital of Wabasha, Inc.	St. Elizabeth's Hospital	Wabasha, Minnesota

Schedule 6

MINISTRY HEALTH CARE, INC.
AUDITED FINANCIAL STATEMENTS
Fiscal Year Ended September 30, 2011

A. See attached audited financial statements.

Schedule 7

MINISTRY HEALTH CARE, INC.

LISTING OF RELATED BOND TRUSTEE, RELATED ISSUER AND PROVIDERS OF CREDIT ENHANCEMENT

Related Bond Trustee:

Bank of New York Trust Company, N.A.
(formerly J.P Morgan Trust Company, N.A. formerly Bank One Wisconsin Trust Company, National Association)
330 East Kilbourn Avenue
Suite 809
Milwaukee, WI 53202

Related Issuer:

Wisconsin Health and Educational Facilities Authority
18000 W. Sarah Lane
Suite 300
Brookfield, Wisconsin 53045-5841

Providers of Credit Enhancement:

Bond Insurer for the Series 2004 Bonds

Financial Security Assurance
31 West 52nd Street
New York, New York 10019

Bond Insurer for the Series 1997 and 2002 Bonds

MBIA Insurance Corporation
113 King Street
Armonk, NY 10504

Letter of Credit Bank for the Series 2009A Bonds

U.S. Bank National Association
777 East Wisconsin Avenue
Milwaukee, WI 53202

Schedule 8

MINISTRY HEALTH CARE, INC.

DISCLOSURE INSERT FOR FISCAL 2011 ANNUAL REPORT OF MINISTRY HEALTH CARE, INC.

Restricted Group Members:

As of and for the Fiscal years ended September 30, 2011 and 2010, the Restricted Group represented approximately 98.5% and 98.6% respectively, of Net Assets and 93.4% ($93,082 of net income for the Restricted Group compared to $99,670 of consolidated net income) and 107.8% ($60,408 of net income for the Restricted Group compared to $56,055 of consolidated net income) respectively, of Excess of Revenues Over Expenses of Ministry Health Care, Inc. Restricted Group Excess of Revenues Over Expenses percentages above 100% result from Excess of Expenses Over Revenues from entities outside of the Restricted Group.