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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	2011 Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 39-0806429	
B Check if applicable	C Name of organization LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN		E Telephone number (715) 623-2331
☐ Address change	Doing Business As LANGLADE HOSPITAL		G Gross receipts \$ 81,204,789
☐ Name change			
☐ Initial return	Number and street (or P O box if mail is not delivered to street address) 112 E FIFTH AVE	Room/suite	
☐ Terminated	City or town, state or country, and ZIP + 4 ANTIGO, WI 54409		
☐ Amended return			
☐ Application pending			
F Name and address of principal officer PAT TINCHER 112 E FIFTH AVE ANTIGO, WI 54409		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶ 0928	
J Website: ▶ WWW.LANGLADEHOSPITAL.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1933	M State of legal domicile WI

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE COMMUNITY BENEFIT CONTRIBUTION OF LANGLADE HOSPITAL INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW HISTORYTHE HOSPITAL WAS OPENED ON MARCH 21, 1933 AND WAS DEDICATED AS A MEMORIAL TO THE SERVICEMEN FROM LANGLADE COUNTY WHO SACRIFICED THEIR LIVES DURING WORLD WAR I IT IS OWNED AND OPERATED BY THE RELIGIOUS HOSPITALLERS OF ST JOSEPH THE RELIGIOUS HOSPITALLERS OF ST JOSEPH ARE A RELIGIOUS ORDER OF CATHOLIC SISTERS WHOSE ROOTS AS A RELIGIOUS CONGREGATION GO BACK TO THE 17TH CENTURY FRANCE IN 1659, THEIR FOUNDER, JEROME LEROYER, A LAYMAN AND FATHER OF FIVE CHILDREN, CAME TO MONTREAL, CANADA AND ESTABLISHED THE CONGREGATION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH 		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	596
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	448,254
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-228,042
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	183,790	750,788
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,597,866	75,516,469
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,265,437	509,738
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,272	6,165
		70,184,365	76,783,160
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,726,499	38,356,668
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,877,198	29,157,693
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,603,697	67,514,361
	19 Revenue less expenses Subtract line 18 from line 12	4,580,668	9,268,799
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	71,670,421	95,522,195
	21 Total liabilities (Part X, line 26)	10,553,313	19,679,637
	22 Net assets or fund balances Subtract line 21 from line 20	61,117,108	75,842,558

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

Sign Here	***** Signature of officer			2013-03-06 Date
	PAT TINCHER CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date 2013-03-06	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00096513
	Firm's name (or yours if self-employed), address, and ZIP + 4	WIPFLI LLP 469 SECURITY BLVD GREEN BAY, WI 54313		EIN 39-0758449
				Phone no (920) 662-0016

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

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

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 35,939,162 including grants of \$) (Revenue \$ 59,664,449)

ACUTE GENERAL CARE HOSPITAL WITH BOTH INPATIENT AND OUTPATIENT RELATED SERVICES, AND SUPPORTIVE HOMECARE SERVICES FOR ELDERLY CLIENTS - INPATIENTS - 897 ADMISSIONS WITH 3,680 PATIENT DAYS AND 201 BIRTHS - OUTPATIENTS - 58,665 OUTPATIENT VISITS, INCLUDING 11,504 EMERGENCY VISITS, 25,754 IMAGING PROCEDURES - SURGICAL SERVICES - 1,401 TOTAL PATIENTS TREATED

4b

(Code) (Expenses \$ 13,969,769 including grants of \$) (Revenue \$ 13,517,919)

PHYSICIAN CLINIC SERVICES - URGENT CARE, PRIMARY CARE, AND VARIOUS SPECIALTIES - CLINIC VISITS - 68,553

4c

(Code) (Expenses \$ 1,193,672 including grants of \$) (Revenue \$ 1,023,286)

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

(Code) (Expenses \$ 892,952 including grants of \$) (Revenue \$ 255,801)

PROVIDING DAYCARE, PATHOLOGY SERVICES AND MEALS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 892,952 including grants of \$) (Revenue \$ 255,801)

4e

Total program service expenses \$ 51,995,555

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 instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part 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	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. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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. .		
	1a724		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes	
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. .		
	2a596		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes	
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate 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	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
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	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ☒ PAT TINCHER 112 EAST FIFTH AVENUE ANTIGO, WI 54409 (715) 623-2331

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE JOPEK BOARD MEMBER	1 00	X						0	0	0
(2) MIKE TURNEY CHAIRMAN	1 00	X						0	0	0
(3) SISTER DOLORES DEMULLING SECRETARY/TREASURER	1 00	X						50,565	0	0
(4) NOEL DEEP MD BOARD MEMBER	1 00	X						401,589	0	35,919
(5) MIKE WINTER BOARD MEMBER	1 00	X						0	0	0
(6) LYNNE HENRICKS BOARD MEMBER	1 00	X						0	0	0
(7) SISTER JEAN BRICCO BOARD MEMBER	1 00	X						79,269	0	0
(8) JOE SVEDA BOARD MEMBER	1 00	X						0	0	0
(9) CHARLES HEUSS MD BOARD MEMBER	1 00	X						0	0	0
(10) DAWN OFSTHUN BOARD MEMBER	1 00	X						0	0	0
(11) RICHARD HIGLEY BOARD MEMBER	1 00	X						0	0	0
(12) TOM BRADLEY BOARD MEMBER	1 00	X						0	0	0
(13) JAMES MOERMOND MD BOARD MEMBER	1 00	X						219,324	0	33,891
(14) KRISTINE FLOWERS MD BOARD MEMBER	1 00	X						220,735	0	33,652
(15) SID SCZYGELSKI BOARD MEMBER	1 00	X						377,724	0	30,704
(16) DEAN DANNER BOARD MEMBER	1 00	X						289,118	0	24,645
(17) SCOTT GARAVET BOARD MEMBER	1 00	X						139,528	0	30,353

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) SISTER ROSE-MARIE DUFAULT BOARD MEMBER	1 00	X						79,269	0	0
(19) DAVID SCHNEIDER CEO	40 00			X				358,282	0	39,426
(20) PATRICK TINCHER CFO	40 00			X				185,498	0	40,301
(21) STACY BROWNELL PHARMACY MANAGER	40 00					X		131,216	0	17,296
(22) JAMES LEEK MD PHYSICIAN	40 00					X		383,702	0	18,844
(23) MARK SZMANDA MD PHYSICIAN	40 00					X		257,580	0	29,168
(24) JANELLE A MARKGRAF HR DIRECTOR	40 00					X		128,985	0	15,816
(25) RUTH RISLEY-GRAY DIRECTOR - PATIENT SERVICE	40 00					X		147,067	0	36,660
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,449,451	0	386,675

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶13

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MIRON CONSTRUCTION INC 1471 MCMAHON RD NEENAH, WI 54956	CONSTRUCTION	13,722,603
ASPIRUS CLINICS INC 3000 WESTHILL DR WAUSAU, WI 54401	CLINICAL	10,242,802
ADVANTAGE PURCHASING LLC 1471 MCMAHON RD NEENAH, WI 54956	CONSTRUCTION MANAGEMENT	6,542,859
GE HEALTHCARE 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188	MEDICAL EQUIPMENT	3,376,239
MCKESSON DRUG CO 1 POST STREET SAN FRANCISCO, CA 94104	PHARMACEUTICAL	2,659,526

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶46

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	200,000				
	e	Government grants (contributions)	1e	512,219				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	38,569				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		750,788				
Program Service Revenue			Business Code					
	2a	ACUTE HOSPITAL SERVICE	621990	59,664,449	59,664,449			
	b	PHYSICIAN CLINICS	621110	13,517,919	13,517,919			
	c	MISCELLANEOUS	621990	606,760		606,760		
	d	ROSALIA GARDENS	623990	514,213	514,213			
	e	CONGREGATE HOUSING	623990	509,073	509,073			
	f	All other program service revenue		704,055	255,801	448,254		
	g	Total. Add lines 2a-2f		75,516,469				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		282,569			282,569	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			97,885					
			91,720					
			6,165					
	d	Net rental income or (loss)		6,165			6,165	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			4,557,078					
			4,328,786	1,123				
			228,292	-1,123				
	d	Net gain or (loss)		227,169			227,169	
	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		76,783,160	74,461,455	448,254	1,122,663		

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)

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,451,808	24,597,195	4,854,613	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,263,785	1,055,472	208,313	
9	Other employee benefits	5,724,255	4,780,712	943,543	
10	Payroll taxes	1,916,820	1,600,866	315,954	
11	Fees for services (non-employees)				
a	Management				
b	Legal	105,291	500	104,791	
c	Accounting	54,328		54,328	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	17,281	13,495	3,786	
g	Other	10,583,252	8,277,335	2,305,917	
12	Advertising and promotion	182,321	1,224	181,097	
13	Office expenses				
14	Information technology	655,106	98,916	556,190	
15	Royalties				
16	Occupancy	1,062,099	757,529	304,570	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,712	163,040	97,672	
20	Interest	50,199		50,199	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,158,395	2,047,362	3,111,033	
23	Insurance	407,114	135,891	271,223	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL/PROFESSIONAL	6,584,353	6,491,877	92,476	
b	BAD DEBT EXPENSE	1,641,044	96,992	1,544,052	
c	MAINTENANCE AND REPAIR	1,512,852	1,419,094	93,758	
d	MINOR EQUIPMENT	589,960	354,941	235,019	
e					
f	All other expenses	293,386	103,114	190,272	
25	Total functional expenses. Add lines 1 through 24f	67,514,361	51,995,555	15,518,806	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			8,295,097	1	15,073,076
	2	Savings and temporary cash investments			11,199,962	2	2,418,791
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,958,694	4	10,070,033
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,071,840	8	1,193,211
	9	Prepaid expenses and deferred charges			670,415	9	125,383
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	75,733,088	31,888,102	10c	55,268,952
	b	Less accumulated depreciation	10b	20,464,136			
	11	Investments—publicly traded securities			6,840,013	11	6,994,635
	12	Investments—other securities. See Part IV, line 11			2,296,742	12	843,572
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,449,556	15	3,534,542
	16	Total assets. Add lines 1 through 15 (must equal line 34)			71,670,421	16	95,522,195
Liabilities	17	Accounts payable and accrued expenses			9,065,228	17	10,013,301
	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				23	9,666,336
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,488,085	25	0
	26	Total liabilities. Add lines 17 through 25			10,553,313	26	19,679,637
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			60,169,756	27	75,102,913
	28	Temporarily restricted net assets			947,352	28	739,645
	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			61,117,108	33	75,842,558
	34	Total liabilities and net assets/fund balances			71,670,421	34	95,522,195

Part XI Reconciliation 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	76,783,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,514,361
3	Revenue less expenses Subtract line 2 from line 1	3	9,268,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,117,108
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,456,651
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	75,842,558

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?		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		

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

2011

Open to Public
Inspection

Name of the organization LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	Employer identification number 39-0806429
--	--

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **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 Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	Employer identification number 39-0806429
--	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? YesNo	
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 YesNo	

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

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)?

YesNo

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		852,646		852,646
b Buildings		48,050,522	4,630,045	43,420,477
c Leasehold improvements		1,788,660	949,797	838,863
d Equipment		24,371,094	14,884,294	9,486,800
e Other		670,166		670,166
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				55,268,952

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	176,783,160
2	Total expenses (Form 990, Part IX, column (A), line 25)	267,514,361
3	Excess or (deficit) for the year Subtract line 2 from line 1	39,268,799
4	Net unrealized gains (losses) on investments	4-320,270
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	85,776,921
9	Total adjustments (net) Add lines 4 - 8	95,456,651
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1014,725,450

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	176,354,610
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-320,270	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d91,720	
e	Add lines 2a through 2d	2e-228,550
3	Subtract line 2e from line 1	376,583,160
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 7b4a	
b	Other (Describe in Part XIV)4b200,000	
c	Add lines 4a and 4b	4c200,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	576,783,160

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	167,606,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d91,720	
e	Add lines 2a through 2d	2e91,720
3	Subtract line 2e from line 1	367,514,361
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	567,514,361

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, THE ORGANIZATION DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND ANY PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE WHEN INCURRED. AS OF AND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THERE WAS NO INCOME TAX EXPENSE, TAX PENALTIES, OR INTEREST RELATED TO TAX PENALTIES RECORDED BY THE ORGANIZATION IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS IN 2012 OR 2011. FEDERAL RETURNS FOR THE SIX-MONTH PERIOD ENDED JUNE, 2009, AND THE YEARS ENDED JUNE 30, 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN FOUNDATION -207,707. MEMBER CONTRIBUTION 4,539,628. TRANSFER FROM AFFILIATED ORGANIZATION 1,000,000. FORGIVENESS OF NOTE BY AFFILIATED ORGANIZATION 445,000. TOTAL TO SCHEDULE D, PART XI, LINE 8 5,776,921.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 91,720.
PART XII, LINE 4B - OTHER ADJUSTMENTS		FOUNDATION CONTRIBUTION 200,000.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 91,720.

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

2011

Open to Public Inspection

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

Employer identification number

39-0806429

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100%☒ 150%☐ 200%☐ Other _____% b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☒ 300%☐ 350%☐ 400%☐ Other _____% c If the organization did 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 policy provide free or discounted care to the "medically indigent"?	3a	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 charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did 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 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			912,807		912,807	1 390 %
b Medicaid (from Worksheet 3, column a)			9,985,132	8,236,998	1,748,134	2 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			10,897,939	8,236,998	2,660,941	4 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,606,858	1,126,542	480,316	0 730 %
f Health professions education (from Worksheet 5)			28,858		28,858	0 040 %
g Subsidized health services (from Worksheet 6)			9,013,911	0	9,013,911	13 680 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			76,093		76,093	0 120 %
j Total Other Benefits			10,725,720	1,126,542	9,599,178	14 570 %
k Total. Add lines 7d and 7j			21,623,659	9,363,540	12,260,119	18 610 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense	2	813,909	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	406,955	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	18,209,387	
6Enter Medicare allowable costs of care relating to payments on line 5	6	18,802,714	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-593,327	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?	9a		No
bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b		

Part IVManagement Companies and Joint Ventures (see instructions)

(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				

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

LANGLADE HOSPITAL

Name of Hospital Facility:_____

Line Number of Hospital Facility (from Schedule H, Part V, Section A):_____1_____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet those needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a ☐ Hospital facility's website b ☐ Available upon request from the hospital facility c ☐ Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community b ☐ Execution of the implementation strategy c ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in community-wide community benefit plan e ☐ Inclusion of a community benefit section in operational plans f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA g ☐ Prioritization of health needs in the community h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community i ☐ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☐ Income level b ☐ Asset level c ☐ Medical indigency d ☐ Insurance status e ☐ Uninsured discount f ☐ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)	11	No
12	Explained the method for applying for financial assistance?	12	No
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☐ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☐ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☐ The policy was available upon request g ☐ Other (describe in Part VI)	13	No

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16	No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☐ Notified patients of the financial assistance policy upon admission b ☐ Notified patients of the financial assistance policy prior to discharge c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)		

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

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 from largest to smallest)

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

Name and address		Type of Facility (Describe)
1	ASPIRUS GENERAL CLINIC 110 E 5TH AVE ANTIGO, WI 54409	CLINIC PROVING A WIDE RANGE OF OUTPATIENT SERVICES
2	ASPIRUS GENERAL CLINIC 400 RAILROAD BIRNAMWOOD, WI 54414	CLINIC PROVING A WIDE RANGE OF OUTPATIENT SERVICES
3	ASPIRUS GENERAL CLINIC W10618 CLINIC ST ELCHO, WI 54428	CLINIC PROVING A WIDE RANGE OF OUTPATIENT SERVICES
4	PINE MEADOWS RETIREMENT COMMUNITY 525 FLIGHT RD ANTIGO, WI 54409	SENIOR HOUSING
5	ROSALIA GARDENS ASSITED LIVING 525 FLIGHT RD ANTIGO, WI 54409	ASSISTED LIVING
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COST-TO-CHARGE RATIO FROM THE MEDICARE COST REPORT IS USED PURSUANT TO IRS WORKSHEET 2

Identifier	ReturnReference	Explanation
		PART I, LINE 7G PHYSICIAN CLINICS ARE INCLUDED IN THE AMOUNT OF SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 1641043

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

Identifier	ReturnReference	Explanation
		PART III, LINE 4 COST IS CALCULATED USING THE COST TO CHARGE RATIO METHODOLOGY

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

Identifier	ReturnReference	Explanation
LANGLADE HOSPITAL		PART V, SECTION B, LINE 19D USUAL CHARGES ARE BILLED LESS A PRE-ESTABLISHED DISCOUNT PERCENTAGE

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

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

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

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE BOARD OF DIRECTORS IS COMPRISED OF 18 INDIVIDUALS FROM THE SURROUNDING AREA OF THESE 18 BOARD MEMBERS, 12 ARE INDEPENDENT THE HOSPITAL DOES EXTEND PRIVILEGES TO ALL QUALIFIED LOCAL PHYSICIANS THE HOSPITAL PARTICIPATES IN LOCAL HEALTH FAIRS AND PROVIDES FREE SCREENINGS THROUGH THESE HEALTH FAIRS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6. EACH ORGANIZATION DETERMINES THE NEEDS OF THEIR RESPECTIVE COMMUNITIES. WHERE APPROPRIATE, ORGANIZATIONS SHARE RESOURCES SUCH AS PHYSICIANS FOR PRESENTATIONS, ETC.

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN	Employer identification number 39-0806429
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NOEL DEEP MD	(i) (ii)	352,635 0	48,954 0	0 0	7,666 0	28,253 0	437,508 0	0 0
(2) JAMES MOERMOND MD	(i) (ii)	205,777 0	2,487 0	11,060 0	6,857 0	27,034 0	253,215 0	0 0
(3) KRISTINE FLOWERS MD	(i) (ii)	200,634 0	20,101 0	0 0	6,893 0	26,759 0	254,387 0	0 0
(4) SID SCZYGELSKI	(i) (ii)	293,117 0	79,742 0	4,865 0	8,528 0	22,176 0	408,428 0	0 0
(5) DEAN DANNER	(i) (ii)	227,939 0	57,789 0	3,390 0	0 0	24,645 0	313,763 0	0 0
(6) SCOTT GARAVET	(i) (ii)	127,694 0	11,834 0	0 0	5,307 0	25,046 0	169,881 0	0 0
(7) DAVID SCHNEIDER	(i) (ii)	287,228 0	67,095 0	3,959 0	12,438 0	26,988 0	397,708 0	0 0
(8) PATRICK TINCHER	(i) (ii)	184,803 0	99 0	596 0	9,667 0	30,634 0	225,799 0	0 0
(9) JAMES LEEK MD	(i) (ii)	380,975 0	101 0	2,626 0	12,250 0	6,594 0	402,546 0	0 0
(10) MARK SZMANDA MD	(i) (ii)	256,166 0	103 0	1,311 0	12,250 0	16,918 0	286,748 0	0 0
(11) RUTH RISLEY-GRAY	(i) (ii)	145,655 0	104 0	1,308 0	7,683 0	28,977 0	183,727 0	0 0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number

39-0806429

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE HOSPITAL IS A NONSTOCK NONPROFIT CORPORATION THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH AND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	REVIEWED BY THE BOARD CHAIR AND VICE-CHAIR AND MADE AVAILABLE TO ALL BOD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL COMPLETION OF CONFLICT OF INTEREST STATEMENTS AND BOARD MEMBERS ABSTAINING ON VOTES THAT PRESENT A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT HUMAN RESOURCES/COMPENSATION CONSULTING FIRM IS UTILIZED TO CONDUCT A BENEFIT AND COMPENSATION ANALYSIS THE BOARD OF TRUSTEE'S EXECUTIVE PERFORMANCE AND COMPENSATION COMMITTEE MEMBERS RELY UPON THIS INDEPENDENT COMPARABILITY DATA TO SUPPORT ANY WAGE ADJUSTMENTS AWARDED SENIOR LEADERSHIP THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF HOSPITAL MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH LANGLADE HOSPITAL EXECUTIVE PERFORMANCE & COMPENSATION COMMITTEE MANDATE 1 DETERMINE THE COMPENSATION LEVEL FOR ALL EXECUTIVES AND OTHER DISQUALIFIED PERSONS BASED ON THESE REVIEWS A REVIEW AND APPROVE EXECUTIVE COMPENSATION CHANGES AND TRANSACTIONS IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS B REVIEW AND APPROVE COMPENSATION CHANGES (INCENTIVE COMPENSATION PLANS, EXECUTIVE BASE SALARIES AND RANGES, EXECUTIVE WELFARE AND RETIREMENT BENEFIT PLANS), AND OTHER EXECUTIVE FRINGE BENEFITS 2 ENGAGE INDEPENDENT, OUTSIDE ADVISORS (E.G , ATTORNEYS, COMPENSATION CONSULTANTS, ETC) TO PROVIDE OBJECTIVE AND IMPARTIAL COMPENSATION DATA AND EXPRESS AN OPINION ON THE REASONABLENESS OF TOTAL COMPENSATION A REVIEW PERIODICALLY THE COMPONENTS OF THE EXECUTIVES' TOTAL COMPENSATION PROGRAM TO DETERMINE WHETHER THEY ARE PROPERLY COORDINATED 3 DISCLOSURE AND REPORTING A REPORT REGULARLY TO THE FULL BOARD ON EXECUTIVE COMPENSATION B VERIFY THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION BELIEVES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A PART OF THE ORGANIZATION AND ARE NOT AVAILABLE TO THE PUBLIC
COMPENSATION AND VOW OF POVERTY	FORM 990, PART VI, LINE 1B	BOTH SISTER DOLORES DEMULLING AND SISTER JEAN BRICCO HAVE A VOW OF POVERTY ALL OF THE COMPENSATION PAID TO THEM GOES DIRECTLY TO THEIR ORDER, THE RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -320,270 CHANGE IN INTEREST IN FOUNDATION -207,707 MEMBER CONTRIBUTION 4,539,628 TRANSFER FROM AFFILIATED ORGANIZATION 1,000,000 FORGIVENESS OF NOTE BY AFFILIATED ORGANIZATION 445,000 TOTAL TO FORM 990, PART XI, LINE 5 5,456,651
AUDIT PROCESS	FORM 990, PART XII, LINE 2C	THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

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

2011

Open to Public Inspection

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

Employer identification number

39-0806429

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH CORP C/O VAN BRIESEN ROPER 411 E WIS AVE MILWAUKEE, WI 53202 27-1341591	HEALTH CARE	WI	501(C)(3)	1	N/A		No
(2) COMMUNITY AND HEALTH FOUNDATION INC 112 E 5TH AVENUE ANTIGO, WI 54409 39-1304761	HEALTH CARE	WI	501(C)(3)	7	LANGLADE HOSPITAL	Yes	
(3) ASPIRUS GENERAL CLINIC 110 E 5TH AVENUE ANTIGO, WI 54409 38-3741338	HEALTH CARE	WI	501(C)(3)	7	LANGLADE HOSPITAL	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

Yes

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY HEALTH FOUNDATION	B	500,000	FAIR MARKET VALUE
(2) ASPIRUS CLINICS INC	C	2,457,020	FAIR MARKET VALUE
(3) COMMUNITY HEALTH FOUNDATION	C	200,000	FAIR MARKET VALUE
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Langlade Hospital - Hotel Dieu of St. Joseph
of Antigo, Wisconsin and Subsidiary
Antigo, Wisconsin

Consolidated Financial Statements
Years Ended June 30, 2012 and 2011

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

Consolidated Financial Statements

Years Ended June 30, 2012 and 2011

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Notes to Consolidated Financial Statements	8



Independent Auditor's Report

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

We have audited the accompanying consolidated balance sheets of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Langlade Hospital - Hotel Dieu of St Joseph of Antigo, Wisconsin and Subsidiary at June 30, 2012 and 2011, and the results of their operations, changes in their net assets, and their cash flows for the years ended June 30, 2012 and 2011, in conformity with accounting principles generally accepted in the United States.

A handwritten signature in cursive script that reads "Wipfli LLP".

Wipfli LLP

September 11, 2012
Wausau, Wisconsin

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

Consolidated Balance Sheets

June 30, 2012 and 2011

<i>Assets</i>	2012	2011
Current assets		
Cash and cash equivalents	\$ 15,073,076	\$ 18,921,442
Short-term investments	-	573,617
Patient accounts receivable - Net	10,070,033	7,958,694
Other receivables	691,939	422,810
Inventory	1,193,211	1,071,840
Prepaid expenses and other	125,383	670,415
Estimated third-party payor settlements	1,930,865	-
Total current assets	29,084,507	29,618,818
Investments	1,758,773	1,716,056
Assets limited as to use	8,154,653	7,102,390
Property and equipment - Net	55,268,952	31,888,102
Other assets		
Interest in net assets of Community Foundation	739,645	947,352
Investments in unconsolidated affiliates	343,572	318,309
Other	172,093	79,394
Total other assets	1,255,310	1,345,055
TOTAL ASSETS	\$ 95,522,195	\$ 71,670,421

<i>Liabilities and Net Assets</i>	2012	2011
Current liabilities		
Current maturities of notes payable	\$ 300,000	\$ -
Accounts payable		
Trade	3,788,731	2,928,590
Construction	2,007,956	2,500,646
Accrued and other liabilities	4,216,614	3,635,992
Estimated third-party payor settlements	-	290,269
Total current liabilities	10,313,301	9,355,497
Long-term liabilities		
Notes payable	9,200,000	-
Other	166,336	-
Total long-term liabilities	9,366,336	-
Total liabilities	19,679,637	9,355,497
Net assets		
The Organization's net assets		
Unrestricted	75,102,913	60,169,756
Temporarily restricted	739,645	947,352
Total net assets of the Organization	75,842,558	61,117,108
Noncontrolling interest	-	1,197,816
Total net assets	75,842,558	62,314,924
TOTAL LIABILITIES AND NET ASSETS	\$ 95,522,195	\$ 71,670,421

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

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2012 and 2011

	2012	2011
Revenue		
Patient service revenue - Net of contractual adjustments and discounts	\$ 73,131,668	\$ 65,836,630
Provision for bad debts	(1,641,043)	(516,188)
Net patient service revenue	71,490,625	65,320,442
Other revenue	2,995,276	2,303,936
Total revenue	74,485,901	67,624,378
Expenses		
Salaries and wages	24,289,337	23,068,865
Employee benefits	8,848,025	8,643,866
Medical fees	8,835,521	8,808,085
Supplies	6,499,626	7,091,609
Purchased services and other	10,958,947	10,354,312
Insurance and utilities	1,301,059	1,278,852
Depreciation	5,182,322	5,046,500
Interest	50,199	196,842
Total expenses	65,965,036	64,488,931
Income from operations	8,520,865	3,135,447
Other income (loss)		
Investment income	190,593	1,628,487
Gain (loss) on sale of equipment	(1,123)	2,196
Contributions and other	38,198	69,784
Total other income - Net	227,668	1,700,467
Revenue in excess of expenses	8,748,533	4,835,914
Expenses in excess of revenue attributable to the noncontrolling interest	-	976,614
Revenue in excess of expenses attributable to the Organization	8,748,533	5,812,528

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

Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted net assets		
Revenue in excess of expenses attributable to the		
Organization (brought forward)	\$ 8,748,533	\$ 5,812,528
Transfer from affiliated organization	1,000,000	-
Member contributions	4,539,624	3,672,623
Forgiveness of note by affiliated organization	445,000	-
Net assets released from restrictions	200,000	110,000
Increase in unrestricted net assets	14,933,157	9,595,151
Temporarily restricted net assets		
Net change in interest in net assets of Community Foundation	(7,707)	-
Net assets released from restrictions	(200,000)	(110,000)
Decrease in temporarily restricted net assets	(207,707)	(110,000)
Increase in net assets	14,725,450	9,485,151
Net assets of the Organization at beginning	61,117,108	51,631,957
Net assets of the Organization at end	\$ 75,842,558	\$ 61,117,108

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

Consolidated Statements of Cash Flows

Years Ended June 30, 2012 and 2011

	2012	2011
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Increase in net assets	\$ 14,725,450	\$ 9,485,151
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net change in interest in net assets of Community Foundation	7,707	-
Depreciation	5,182,322	5,046,500
Member contributions	(4,539,624)	(3,672,623)
Transfer from affiliated organization	(1,000,000)	-
Noncontrolling interest	-	(976,614)
(Gain) loss on sale of equipment	1,123	(2,196)
Provision for bad debts	1,641,043	516,188
Change in net unrealized (gain) loss on trading securities	320,268	(365,246)
Increase in equity in investments in unconsolidated affiliates	(25,263)	(3,173)
Forgiveness of principal on note payable from affiliated organization	(400,000)	-
Changes in operating assets and liabilities		
Patient accounts receivable	(3,752,382)	(1,882,564)
Other receivables	(269,129)	(143,458)
Inventory	(121,371)	105,417
Prepaid expenses and other	593,104	(165,917)
Other assets	12,394	(60,585)
Investments and assets limited as to use, including realized gain	(341,631)	42,354
Accounts payable	3,007,529	1,992,783
Accrued and other liabilities	(1,553,595)	(1,820,825)
Estimated third-party payor settlements	(2,221,134)	3,647,508
Total adjustments	(3,458,639)	2,257,549
Net cash provided by operating activities	11,266,811	11,742,700

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

Consolidated Statements of Cash Flows (Continued)

Years Ended June 30, 2012 and 2011

	2012	2011
Cash flows from investing activities		
Capital expenditures	\$ (29,069,951)	\$ (7,397,755)
Proceeds from sale of property and equipment	19,150	400
Cash paid for remaining minority interest in subsidiary	(304,000)	-
Distributions from Community Foundation	200,000	110,000
Net cash used in investing activities	(29,154,801)	(7,287,355)
Cash flows from financing activities		
Proceeds from issuance of note payable	9,000,000	-
Principal payments on long-term debt	-	(5,528,771)
Noncontrolling interest contribution	-	563,500
Transfer from affiliated organization	500,000	-
Member contributions	4,539,624	3,672,623
Net cash provided by (used in) financing activities	14,039,624	(1,292,648)
Net increase (decrease) in cash and cash equivalents	(3,848,366)	3,162,697
Cash and cash equivalents at beginning	18,921,442	15,758,745
Cash and cash equivalents at end	\$ 15,073,076	\$ 18,921,442

Supplemental cash flow information

Cash paid for interest	\$ 5,199	\$ 226,459
Property and equipment included in accounts payable	2,007,956	2,500,646

During 2012, the minority interest in the subsidiary was purchased through a cash payment of \$304,000 and issuance of a note payable for \$900,000. \$400,000 of the note and \$45,000 of interest expense was forgiven as of June 30, 2012.

As of June 30, 2012, the Organization recorded a gross up of insurance receivables and liabilities of \$153,165 related to the adoption of ASU 2010-24 as discussed on pages 21 and 42.

During 2012, a member pledged to transfer \$1,000,000 to the Organization of which \$500,000 is a note receivable as of June 30, 2012.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies

Principal Business Activity

Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin ("Langlade Hospital") is a nonstock, nonprofit corporation that is licensed to operate a 25-bed acute care facility. Langlade Hospital provides comprehensive medical, surgical, emergency, and outpatient services to residents of Langlade County and the surrounding area. Langlade Hospital also operates Pine Meadows, a 40-unit independent living apartment complex, and Rosalia Gardens, an 18-unit certified community-based residential facility as departments of Langlade Hospital. Pine Meadows and Rosalia Gardens are both located in Antigo, Wisconsin. Langlade Hospital moved into its new hospital building in May 2012.

Through June 30, 2011, Langlade Hospital owned 51% of Aspirus General Clinic, LLC (the "Clinic"), with Aspirus Clinics, Inc., a subsidiary of Aspirus, Inc. ("Aspirus"), owning the remaining 49%. On July 1, 2012, Langlade Hospital acquired the remaining 49% of the Clinic. The Clinic includes physician medical practices located in Antigo, Elcho, and Birnamwood, Wisconsin.

The corporate members of Langlade Hospital are the Religious Hospitaliers of St. Joseph Health Corporation (RHSJ) and Aspirus, a nonprofit health care system in Wausau, Wisconsin. RHSJ and Aspirus select all members of Langlade Hospital, who in turn appoint Langlade Hospital's Board of Trustees and delegate operational responsibility to Langlade Hospital's Board of Trustees. RHSJ entered into an agreement dated June 26, 2008, with Aspirus under which Aspirus acquired a 45% interest in Langlade Hospital. As part of this acquisition, in 2009, Aspirus acquired a 30% minority membership interest in Langlade Hospital for approximately \$11,161,000, which was based upon Langlade Hospital's net book value as of June 30, 2008. A second payment in the amount of \$3,004,873 for an additional 5% interest was made on July 1, 2009. A third payment of \$3,672,623 for an additional 5% interest was made on July 1, 2010. Aspirus' final payment of \$4,537,662 was made on July 1, 2011 for an additional 5% interest. As of June 30, 2012, Aspirus has a 45% interest in Langlade Hospital.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Principles of Consolidation

The accompanying consolidated financial statements include the assets, liabilities, net assets, and operating activities of Langlade Hospital and the Clinic, which is controlled by Langlade Hospital (collectively the "Organization"). Effective July 1, 2011, the activity of the Clinic was transferred to Langlade Hospital and the Clinic is no longer operational. All significant intercompany accounts and transactions have been eliminated in preparing the accompanying consolidated financial statements.

Financial Statement Presentation

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

Use of Estimates in Preparation of Consolidated Financial Statements

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

Cash Equivalents

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

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

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

Assets Limited as to Use

Assets limited as to use represents investments designated by the Board of Trustees and the sponsoring organization, RHSJ, for future capital improvements. The funds designated by the Board of Trustees and RHSJ remain under the control of the Board and RHSJ and may at their discretion be subsequently used for other purposes.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Patient Accounts Receivable and Credit Policy

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

Patient accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and allowances for doubtful accounts which reflect management's best estimate of the amounts that won't be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable. In addition, management provides for probable uncollectible amounts, primarily from uninsured patients and amounts patients are personally responsible for, through a reduction of gross revenue and a credit to a valuation allowance.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Patient Accounts Receivable and Credit Policy (Continued)

In evaluating the collectability of patient accounts receivable, the Organization analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors and patients who are known to be having financial difficulties that make the realization of amounts due unlikely. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Patient accounts receivable are recorded in the accompanying balance sheets net of contractual adjustments and allowances for doubtful accounts.

Inventory

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Property, Equipment, and Depreciation

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

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

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Impairment

The Organization reviews its property and equipment periodically to determine potential impairment by comparing the carrying value of the property and equipment with the estimated future net discounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future net cash flows be less than the carrying value, the Organization would recognize an impairment loss at that time. No impairment loss was recognized in 2012 or 2011.

Interest in Net Assets of Community Foundation

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

Investments in Unconsolidated Affiliates

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Net Assets

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

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

Revenue in Excess of Expenses

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

Net Patient Service Revenue

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Patient Service Revenue – Net of Contractual Adjustments and Discounts

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Certain third-party payor reimbursement agreements are subject to audit and retrospective adjustments. 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.

For uninsured patients that do not qualify for community care, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a significant provision for bad debts related to uninsured patients in the period the services are provided. This provision is offset by recoveries that are received on prior year bad debts from patient payments as well as amounts returned from the collection agency that would qualify as community care.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Electronic Health Record Incentive Funding

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified electronic health record (EHR) technology. These provisions of ARRA, collectively referred to as the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") are intended to promote the adoption and meaningful use of health information technology and qualified EHR technology.

The Organization recognizes revenue for EHR incentive payments when there is reasonable assurance that the Organization will meet the conditions of the program, primarily demonstrating meaningful use of certified EHR technology for the applicable period. The demonstration of meaningful use is based on meeting a series of objectives. Meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare and Medicaid Services (CMS).

Amounts recognized under the Medicare and Medicaid EHR incentive programs are based on management's best estimates which are based in part on cost report data that is subject to audit by fiscal intermediaries; accordingly, amounts recognized are subject to change. In addition, the Organization's attestation of its compliance with the meaningful use criteria is subject to audit by the federal government or its designee.

Community Care

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

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Donor Restricted Contributions

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

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

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

Advertising Costs

Advertising costs are expensed as incurred.

Unemployment Compensation

The Organization has elected reimbursement financing under provisions of the Wisconsin unemployment compensation laws. The Organization has obtained a letter of credit of \$216,284, which expires December 31, 2014, to meet state funding requirements as of June 30, 2012 and 2011.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Income Taxes

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

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

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

The Organization's policy is to recognize interest and any penalties related to income tax matters in income tax expense when incurred. As of and for the years ended June 30, 2012 and 2011, there was no income tax expense, tax penalties, or interest related to tax penalties recorded by the Organization in the consolidated financial statements.

The Organization recorded no assets or liabilities for uncertain tax positions or unrecognized tax benefits in 2012 or 2011. Federal returns for the six-month period ended June 30, 2009, and the years ended June 30, 2010 and beyond remain subject to examination by the Internal Revenue Service.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncements

In August 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-23, *Measuring Charity Care for Disclosure*. This ASU amends ASC Topic 954 and requires entities to use cost as the measurement basis for charity care disclosures, including both direct and indirect costs. Entities are also required to disclose the method used to determine these costs, such as directly from a costing system or through an estimation process. The guidance in this ASU was adopted by the Organization for the year ended June 30, 2012. The amount of charity care for the year ended June 30, 2011, reflected in Note 5, has been restated to reflect estimated cost.

In August 2010, ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, was issued. ASU 2010-24 is effective for the Organization for the year ending June 30, 2012. ASU 2010-24 addresses the diversity in the accounting for medical malpractice and similar liabilities and their related anticipated insurance recoveries by health care entities that mostly have netted insurance recoveries against the accrued liability, although some have presented the anticipated insurance recovery and the liability on a gross basis. The ASU clarifies that a health care entity should not net insurance recoveries against a related claim liability; the amount of the claim liability should be determined without consideration of insurance recoveries. The adoption of this new guidance resulted in the recording of receivables and payables as discussed on page 42.

In July 2011, the FASB issued ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities*. This ASU amends ASC Topic 954 and requires health care entities to change the presentation of their statements of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue. Entities are also required to enhance disclosures about their policies for recognizing revenue and assessing bad debts. In addition, this guidance requires disclosure of qualitative and quantitative information about changes in the allowance for doubtful accounts. The guidance in this ASU was adopted by the Organization for the year ended June 30, 2012. The presentation of the provision for bad debts for the year ended June 30, 2011, has been reclassified on the accompanying consolidated financial statements in order to conform to the classifications in 2012.

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

Notes to Consolidated Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Subsequent Events

Subsequent events have been evaluated through September 11, 2012, which is the date the consolidated financial statements were available to be issued

Note 2 Reimbursement Arrangements With Third-Party Payors

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

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

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

Notes to Consolidated Financial Statements

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

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

Through June 30, 2010, the Organization was reimbursed for cost-based services at tentative rates received during the year. The final settlement of reimbursable amounts was retrospectively determined by the State, using cost reports that are filed annually and subsequently audited by the Medicare program (in conjunction with its audits of both Medicare and Medicaid reimbursable amounts).

Since the inception of the Medicare and Medicaid CAH programs, the State had previously completed relatively few hospital Medicaid settlements with CAHs. During 2012, the State completed settlements for the years 2006 to 2008. This resulted in the Organization being entitled to receive additional settlements of \$855,865, which increased net patient service revenue in 2012.

Differences between the Organization's estimates and subsequent final settlements by the State will be included in future statements of operations and changes in net assets and disclosed, if material, in those future years in which the final settlements occur.

- *Others* - The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Organization under these agreements includes negotiated rates which are most commonly discounts from established charges.

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

Notes to Consolidated Financial Statements

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

Accounting for Medicare and Medicaid Contractual Arrangements

The Organization is paid for cost-reimbursable items at an interim rate with final settlements determined by the respective Medicare and Medicaid fiscal intermediaries after their review of the Organization's related annual cost reports and the application of cost limits prescribed by the respective programs. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying consolidated financial statements. The Organization's cost reports have been audited by the Medicare and Medicaid intermediaries through June 30, 2009 and December 31, 2008, respectively.

Change in Estimate of Amounts Payable to Third-Party Reimbursement Programs

Medicare and Medicaid reimbursement is determined based on annual cost reports filed with the fiscal intermediary. Reimbursement guidelines for preparing annual cost reports can be complex and are subject to interpretation by the Organization and fiscal intermediaries. During 2012, the Organization recorded additional receivables of approximately \$2,174,000 related to Medicare and Medicaid cost report settlements and filings for the years ended December 2006, 2007, and 2008 and June 30, 2011. The \$2,174,000 was reflected as a reduction to contractual adjustments in 2012 in accordance with the Organization's policy.

Medicare and Medicaid Electronic Health Record Incentive Funding

During 2012, the Organization applied for and received funding from the Wisconsin Department of Health Services under the EHR Incentive Program. The funding period for the Medicaid EHR Incentive Program is based on eligible hospitals submitting applications to the Medicaid program prior to each federal fiscal year ending on September 30. It was determined by the Wisconsin Department of Health Services that the Organization was entitled to \$387,071 in funding and the Organization has recognized this amount in other revenue in the accompanying consolidated financial statements. The Organization anticipates that additional funding will be available from the Medicaid EHR incentive program in subsequent years and will record amounts when future applications are filed and funding can reasonably be determined.

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

Notes to Consolidated Financial Statements

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

Compliance

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

CMS uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. As of June 30, 2012, the Organization has not been notified by the RAC of any potential significant reimbursement adjustments.

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

Notes to Consolidated Financial Statements

Note 3 Patient Accounts Receivable

Patient accounts receivable consisted of the following at June 30

	2012	2011
Patient accounts receivable	\$ 20,080,519	\$ 15,712,372
Less		
Contractual adjustments	8,012,360	5,453,678
Allowance for doubtful accounts	1,998,126	2,300,000
Patient accounts receivable - Net	\$ 10,070,033	\$ 7,958,694

The Organization's allowance for doubtful accounts decreased from 64.7% of self-pay accounts receivable at June 30, 2011 to 50.2% of self-pay accounts receivable at June 30, 2012. The Organization's write-offs of patient accounts receivable net of recoveries increased from \$2,624,925 in 2011 to \$2,948,973 in 2012, as many older accounts were written off in 2012. In addition, during 2012 and 2011, management determined the risk associated with bad debts had decreased. The result of the decline in this risk decreased the allowance for doubtful accounts by approximately \$302,000 and \$1,200,000 for the years ended June 30, 2012 and 2011, respectively.

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

Notes to Consolidated Financial Statements

Note 4 Patient Service Revenue - Net of Contractual Adjustments and Discounts

The following table sets forth the detail of patient service revenue - net of contractual adjustments and discounts prior to the provision for bad debts for the years ended June 30

	2012	2011
Gross patient service revenue		
Inpatient services	\$ 14,218,917	\$ 14,165,786
Outpatient services	112,602,300	103,911,097
Totals	126,821,217	118,076,883
Deductions - Primarily contractual adjustments under third-party reimbursement agreements	53,689,549	52,240,253
Patient service revenue - Net of contractual adjustments and discounts	\$ 73,131,668	\$ 65,836,630

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

	2012	2011
Medicare	50%	50%
Medicaid	16%	16%
Other third-party payors	31%	30%
Patients	3%	4%
Totals	100%	100%

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

Notes to Consolidated Financial Statements

Note 4 Patient Service Revenue - Net of Contractual Adjustments and Discounts (Continued)

Patient service revenue - net of contractual adjustments and discounts (but before the provision for bad debts) recognized in the years ended June 30 from these major payor sources, is as follows

	2012	2011
Medicare, Medicaid, Medicaid Health Maintenance Organization (HMO) Plans, and other third-party payors	\$ 71,067,490	\$ 63,940,178
Uninsured patients	2,064,178	1,896,452
Patient service revenue - Net of contractual adjustments and discounts	\$ 73,131,668	\$ 65,836,630

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

Notes to Consolidated Financial Statements

Note 5 Community Care

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

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

The estimated cost of providing care to patients under the Organization's community care policy aggregated approximately \$935,000 and \$960,000 in 2012 and 2011, respectively. The cost was calculated by multiplying the ratio of cost to gross charges for the Organization times the gross uncompensated charges associated with providing community care.

Other benefits for the community also include unpaid costs of treating the elderly, health screenings, community education through seminars and classes, and other health-related services.

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

Notes to Consolidated Financial Statements

Note 6 Investments and Assets Limited as to Use

Short-Term Investments

Short-term investments consisted of the following at June 30

	2012	2011
Certificates of deposit	\$ -	\$ 573,617

Long-Term Investments

Long-term investments consisted of the following at June 30

	2012	2011
Certificates of deposit	\$ 1,758,773	\$ 1,716,056

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

Notes to Consolidated Financial Statements

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

Assets Limited as to Use

Assets limited as to use consisted of the following at June 30

	2012	2011
By Board for future capital improvements		
Cash and cash equivalents	\$ 160,018	\$ 262,377
Fixed income securities and mutual funds		
invested in fixed income securities	3,586,913	3,446,370
Marketable equity securities	3,407,722	3,393,643
Total by Board for future capital improvements	7,154,653	7,102,390
By member organization for future capital improvements		
Cash and cash equivalents	500,000	-
Receivable from member organization	500,000	-
Total by member organization for future capital improvements	1,000,000	-
Total assets limited as to use	\$ 8,154,653	\$ 7,102,390

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

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

Notes to Consolidated Financial Statements

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

Assets Limited as to Use (Continued)

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

	2012	2011
Investment income (loss)		
Interest and dividend income	\$ 282,569	\$ 378,629
Net realized gain on sale of investments	228,292	884,612
Change in net unrealized gain (loss) on trading securities	(320,268)	365,246
Total investment income	\$ 190,593	\$ 1,628,487

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

Notes to Consolidated Financial Statements

Note 7 Fair Value Measurements

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

Quoted market prices are used to determine the fair value in marketable equity securities which consist of publicly traded common stock. Fixed income securities are valued using quotes from pricing vendors based on recent trading activity and other observable market share. Mutual funds invested in fixed income securities are valued at quoted market prices which represent the net asset value of shares held by the Organization at year-end.

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

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

Notes to Consolidated Financial Statements

Note 7 Fair Value Measurements (Continued)

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

	2012				Total Assets at Fair Value	
	Fair Value Measurements Using					
	Level 1	Level 2	Level 3			
Assets						
Marketable equity securities	\$	3,407,722	\$	-	\$	3,407,722
Fixed income securities - Corporate bond issues		-	2,570,371		-	2,570,371
Mutual funds - Fixed income securities						
Short-term bond funds		400,906		-		400,906
Intermediate-term bond funds		615,636		-		615,636
Total mutual funds - Fixed income securities		1,016,542		-		1,016,542
Total assets	\$	4,424,264	\$	2,570,371	\$	6,994,635

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

Notes to Consolidated Financial Statements

Note 7 Fair Value Measurements (Continued)

	2011				
	Fair Value Measurements Using			Total Assets at	
	Level 1	Level 2	Level 3	Fair Value	
Assets					
Marketable equity securities	\$ 3,393,643	\$ -	\$ -	\$ 3,393,643	
Fixed income securities - Corporate bond issues	-	439,333	-	439,333	
Mutual funds - Fixed income securities					
Short-term bond funds	1,305,684	-	-	1,305,684	
Intermediate-term bond funds	1,701,353	-	-	1,701,353	
Total mutual funds - Fixed income securities	3,007,037	-	-	3,007,037	
Total assets	\$ 6,400,680	\$ 439,333	\$ -	\$ 6,840,013	

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

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

Notes to Consolidated Financial Statements

Note 8 Property and Equipment

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

	2012	2011
Land	\$ 852,646	\$ 852,646
Land improvements	1,075,440	1,552,881
Buildings, leasehold improvements, and fixed equipment	48,763,742	36,280,272
Movable equipment	24,155,142	18,460,535
Vehicles	215,952	196,113
Total property and equipment	75,062,922	57,342,447
Less - Accumulated depreciation	20,464,136	34,747,661
Net depreciated value	54,598,786	22,594,786
Construction in progress	670,166	9,293,316
Property and equipment - Net	\$ 55,268,952	\$ 31,888,102

Construction in progress at June 30, 2011 primarily related to construction of a replacement hospital. The replacement hospital was completed in May 2012 and was transferred to depreciable property at that time. The construction was financed through the issuance of a note with a financial institution (see Note 11) and available funds. Construction in progress at June 30, 2012 primarily relates to final equipment installations in the replacement hospital, which are estimated to be placed into service in 2013, as well as preliminary clinic renovations and wellness center construction costs. It is anticipated that these new projects will be completed over a two-year period of time beginning in 2013.

Additional depreciation expense of approximately \$1,880,000 and \$1,900,000 was recorded in 2012 and 2011, respectively, related to the shortening of asset lives associated with the previous hospital facility.

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

Notes to Consolidated Financial Statements

Note 9 Interest in Net Assets of Community Foundation

The Community Foundation was created to facilitate contributions, investments, and distribution of funds to be used toward the improvement of the health care facility and services provided by the Organization. Distributions of \$200,000 and \$110,000 were made by the Community Foundation to the Organization for the years ended June 30, 2012 and 2011, respectively.

The Organization's interest in net assets of the Community Foundation of \$739,645 and \$947,352 as of June 30, 2012 and 2011, respectively, are reported in the accompanying consolidated financial statements.

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

	2012	2011
Assets	\$ 2,552,489	\$ 2,792,236
Net assets	\$ 2,552,489	\$ 2,792,236
Change in net assets before contributions to the Hospital	\$ (39,747)	\$ 251,388
Less - Contributions to the Hospital	200,000	110,000
Increase (decrease) in net assets	(239,747)	141,388
Net assets at beginning	2,792,236	2,650,848
Net assets at end	\$ 2,552,489	\$ 2,792,236

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

Notes to Consolidated Financial Statements

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

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

Note 10 Investments in Unconsolidated Affiliates

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

The Organization also has an 11.1% interest in a not-for-profit home health agency. This investment is accounted for under the cost method.

The operating results of these investments are included in the accompanying consolidated statements of operations and changes in net assets under the classification purchased services and other.

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

	2012		2011	
	Investments	Change	Investments	Change
VWHN	\$ 202,330	\$ 25,263	\$ 177,067	\$ 3,173
Home health agency	141,242	-	141,242	-
Totals	\$ 343,572	\$ 25,263	\$ 318,309	\$ 3,173

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

Notes to Consolidated Financial Statements

Note 10 Investments in Unconsolidated Affiliates (Continued)

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

	Unaudited	
	2012	2011
<u>Assets</u>	<u>\$ 979,764</u>	<u>\$ 827,036</u>
<u>Liabilities</u>	<u>\$ 113,465</u>	<u>\$ 161,002</u>
<u>Equity</u>	<u>\$ 866,299</u>	<u>\$ 666,034</u>

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

	2012	2011
<u>Sales of technical staff and supplies</u>	<u>\$ 48,992</u>	<u>\$ 58,258</u>
<u>Purchases of diagnostic services</u>	<u>\$ 11,193</u>	<u>\$ 36,080</u>
<u>Annual participation fees</u>	<u>70,978</u>	<u>87,963</u>
<u>Totals</u>	<u>\$ 82,171</u>	<u>\$ 124,043</u>

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

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

Notes to Consolidated Financial Statements

Note 11 Notes Payable

Notes payable consisted of the following at June 30, 2012

Bank note payable, with the entire principal due September 1, 2013, and interest due monthly	\$ 9,000,000
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Note payable to affiliate due in annual installments of principal and interest, with final payment due on June 30, 2014	500,000
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Total	9,500,000
Less - Current maturities	300,000

Long-term portion	\$ 9,200,000
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Required payments of principal and other debt, including current maturities, are as follows

2012	\$ 300,000
2013	9,200,000

Total	\$ 9,500,000
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On March 22, 2012, the Organization entered into a \$15,000,000 loan agreement with BMO Harris Bank, N A , a national bank association. The loan is drawable on demand by the Organization and \$9,000,000 has been drawn as of June 30, 2012. The loan has an interest rate of 80 basis points above the 30-day LIBOR rate, adjusted on a monthly basis. The interest rate as of June 30, 2012 was 1.0398%. The termination date of the loan is September 1, 2013. The bank loan agreement provides for various restrictive covenants. Management believes the Organization was in compliance with the covenants included in the loan agreement as of June 30, 2012. The loan is secured by Langlade Hospital's assets and guaranteed by Aspirus.

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

Notes to Consolidated Financial Statements

Note 11 Notes Payable (Continued)

As part of the acquisition of the Clinic, Langlade Hospital paid cash of approximately \$304,000 and entered into a \$900,000 loan agreement on July 1, 2011 with Aspirus Clinics, Inc., payable over a three-year period, with a 5% interest rate. This note and the interest associated with it can be forgiven on an annual basis, based on the Organization meeting certain criteria related to the operation of the Clinic and the continued development of the medical practice. The loan and interest payment of \$400,000 and \$45,000, respectively, due on June 30, 2012, were forgiven by Aspirus Clinics, Inc. based on these criteria being met. This forgiveness is reflected in other changes in unrestricted net assets in the accompanying consolidated statements of operations and changes in net assets.

Note 12 Leases

The Organization has entered into various operating lease agreements. Rental expense for all operating leases was \$407,567 and \$385,416 in 2012 and 2011, respectively.

Note 13 Retirement Plan

The Organization maintains a contributory defined contribution retirement plan for substantially all of its employees. The Organization matches each participant's contribution up to a maximum of 5% of covered earnings. In 2011, the Clinic, through Aspirus Clinics, Inc., also had a defined contribution plan. The Clinic contributes 8% of covered earnings. The Organization's total retirement expense under these plans totaled approximately \$1,264,000 and \$1,364,000 in 2012 and 2011, respectively.

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

Notes to Consolidated Financial Statements

Note 14 Malpractice Insurance

The Organization's professional liability insurance for claim losses of less than \$1,000,000 per claim and \$3,000,000 per year covers professional liability claims reported during a policy year ("claims made" coverage). The Organization is covered against losses in excess of these amounts through its mandatory participation in the Patients' Compensation Fund of the State of Wisconsin. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to February 1, 2013.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Organization. There exists the possibility of claims arising from services provided to patients through June 30, 2012, which have not yet been asserted. The Organization's actuary has estimated this liability to be \$69,595, as well as estimated insurance receivables and liabilities of \$153,165 related to the adoption of ASU-2010-24 as discussed on page 21 at June 30, 2012.

The estimated malpractice insurance receivables and liabilities are reflected on the consolidated balance sheets as follows as of June 30, 2012:

Receivables	
Prepaid expenses and other	\$ 48,072
Other assets	105,093
Total receivables	\$ 153,165
Liabilities	
Accrued and other liabilities	\$ 56,424
Other long-term liabilities	166,336
Total liabilities	\$ 222,760

The Organization also maintains umbrella coverage for claims in excess of the professional liability limits to a maximum of \$10,000,000 per occurrence and \$10,000,000 per year.

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

Notes to Consolidated Financial Statements

Note 15 Temporarily Restricted Net Assets

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

	2012	2011
Interest in net assets of Community Foundation	\$ 739,645	\$ 947,352

Note 16 Functional Expenses

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

	2012	2011
Health care and related services	\$ 59,326,107	\$ 57,998,562
General and administrative	6,638,929	6,490,369
Total expenses	\$ 65,965,036	\$ 64,488,931

Note 17 Related Parties

The Organization had the following related-party transactions for the years ended June 30, 2012 and 2011

RHSJ

The Organization pays membership dues to RHSJ and contracts with RHSJ for various management, clinical, and pastoral care services. Amounts paid to RHSJ aggregated \$208,694 and \$205,687 for the years ended June 30, 2012 and 2011, respectively.

During 2012, RHSJ provided funding to the Organization to assist with construction projects, planning, and ongoing operating support. Total support provided in 2012 was \$1,000,000.

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

Notes to Consolidated Financial Statements

Note 17 Related Parties (Continued)

Aspirus, Inc

The Organization purchased information technology services and other contracted services from Aspirus totaling \$822,536 and \$1,093,722 for the years ended June 30, 2012 and 2011, respectively. As of June 30, 2012 and 2011, \$896,336 and \$124,042, respectively, was due to Aspirus.

Aspirus Wausau Hospital, Inc

The Organization purchased insurance, supplies, reference lab, information technology services, and other services from Aspirus Wausau Hospital, Inc (AWH) totaling \$2,054,019 and \$2,537,006 for the years ended June 30, 2012 and 2011, respectively. As of June 30, 2012 and 2011, \$43,231 and \$101,581, respectively, was due to AWH. Aspirus is the sole corporate member of AWH.

Aspirus Clinics, Inc

The Organization purchased insurance, recruitment, physician, lab, and Employee Assistance Program services from Aspirus Clinics, Inc. Aspirus is the sole corporate member of Aspirus Clinics, Inc. The services with Aspirus Clinics, Inc. totaled \$10,243,277 and \$8,263,601 for the years ended June 30, 2012 and 2011, respectively. As of June 30, 2012 and 2011, \$686,511 and \$528,152, respectively, was due to Aspirus Clinics, Inc.

The amounts due to related parties are recorded in accrued and other liabilities on the accompanying consolidated balance sheets.

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

Notes to Consolidated Financial Statements

Note 18 Concentration of Credit Risk

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

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

	2012	2011
Medicare	42%	38%
Medicaid	12%	13%
Other third-party payors	26%	25%
Patients	20%	24%
Totals	100%	100%

The Organization maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation (FDIC) insured institutions. On November 9, 2010, the FDIC issued a final rule implementing Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act that provides for unlimited insurance coverage of non-interest-bearing transaction accounts through December 31, 2012. In addition, the Organization maintains cash in interest-bearing accounts at these institutions which are insured by the FDIC up to \$250,000. At June 30, 2012, approximately \$9,443,000 of the Organization's deposits with financial institutions exceeded FDIC limits.

In addition, management has entered into one irrevocable standby letter of credit for \$2,000,000 expiring April 4, 2013 and another for \$7,000,000 expiring July 5, 2013, related to its short- and long-term investments. At June 30, 2012, the amount of the Organization's cash and cash equivalents and investments that are uninsured totaled approximately \$443,000 after considering the letters of credit. Also, all of the Organization's assets limited as to use are uninsured.

Note 19 Reclassifications

Certain reclassifications have been made to the 2011 consolidated financial statements to conform with the 2012 classifications.

Additional Data

Software ID:
Software Version:
EIN: 39-0806429
Name: LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

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

4d. Other program services					
(Code	) (Expenses \$	892,952	including grants of \$	) (Revenue \$	255,801)
PROVIDING DAYCARE, PATHOLOGY SERVICES AND MEALS					