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Check if Schedule O contains a response or note to any line in this Part III ☐

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 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 \$	134,436,310	including grants of \$	50,859	) (Revenue \$	177,782,784
250-BED ACUTE CARE HOSPITAL, LEVEL II TRAUMA CENTER, NEUROLOGY, AND OUTPATIENT SURGERY CENTER WITH CORPORATE PARENT THEDACARE, INC , WE OFFER PUBLIC AWARENESS CAMPAIGNS, CHARITY CARE, SUPPORT GROUPS, AND EDUCATION PROGRAMS TARGETED TO LOCAL COMMUNITY NEEDS							

[illegible][illegible]

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

4e	Total program service expenses	134,436,310
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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 for escrow or custodial account liability, 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, line 10? 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 Yes	
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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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 this 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▶
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 ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶KRISTEN COGSWELL 122 EAST COLLEGE AVENUE APPLETON,WI 54911 (920) 738-6471

Part VII

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ANDERLA DAVID MD BOARD MEMBER	1 00 41 00	X						0	317,508	28,818
(2) ATTASSI OMAR MD BOARD MEMBER	1 00 3 00	X						0	0	0
(3) DALEY-ULLEM BETH BOARD MEMBER	1 00 2 00	X						0	0	0
(4) DAVIS JOHN BOARD MEMBER	1 00 2 00	X						0	0	0
(5) EDELMAN GARY MD BOARD MEMBER	1 00 42 00	X						0	432,258	31,028
(6) JONES GINGER BOARD MEMBER	1 00 2 00	X						0	0	0
(7) LARSON JIM BOARD MEMBER	1 00 3 00	X						0	0	0
(8) MOARD DOUGLAS MD BOARD MEMBER	1 00 42 00	X						0	289,271	27,239
(9) TIMBERLAKE KAREN BOARD MEMBER	1 00 2 00	X						0	0	0
(10) WALSH CYRIL P BOARD MEMBER	1 00 2 00	X						0	0	0
(11) STELLMACHER JON BOARD CHAIRMAN	1 00 2 00	X		X				0	0	0
(12) MALANOWSKI JOHN BOARD VICE-CHAIRMAN	1 00 2 00	X		X				0	0	0
(13) WELLER MIKE BOARD TREASURER	1 00 2 00	X		X				0	0	0
(14) WHITESIDE JEFFREY MD BOARD SECRETARY	1 00 2 00	X		X				0	0	0
(15) GRUNER DEAN BOARD MEMBER/CEO-SYSTEM	7 00 36 00	X		X				155,912	883,497	175,678
(16) OLSON TIM VP, CFO-SYSTEM	6 00 35 00			X				72,973	413,510	104,930
(17) BURMEISTER BRIAN VP SR, PHYSICIAN & RURAL SERVICES	4 00 38 00				X			36,249	326,240	80,071

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	747,781	5,120,320	1,042,961

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 35

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
SURGICAL ASSOCIATES NEENAH SC 100 THEDA CLARK MED PLAZA STE 400 NEENAH WI 54956	MEDICAL SERVICES	598,267
NEUROSCIENCE GROUP OF NE WI 1305 W AMERICAN DRIVE NEENAH WI 54956	MEDICAL SERVICES	556,653
AYLWARD PHYSICIANS LLC 130 SECOND STREET NEENAH WI 54956	MANAGEMENT SERVICES	300,800
ORTHOPEDIC SPECIALISTS SC 1516 S COMMERCIAL STREET NEENAH WI 54956	MEDICAL SERVICES	247,246
FOX VALLEY PATHOLOGISTS SC 325 N COMMERCIAL STREET NEENAH WI 54956	MEDICAL SERVICES	157,463
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 9		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a		301,929		
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	300,062			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,867			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	INPATIENT REVENUE NET	621990	87,611,519	87,611,519		
	b	OUTPATIENT REVENUE NET	621400	86,801,980	86,801,980		
	c	AFFILIATE RENTAL REVENUE	900099	1,920,346	1,920,346		
	d	OTHER REVENUE	621990	1,444,549	1,444,549		
	e	LAB REFERRAL REVENUE	621500	661,249		661,249	
	f	All other program service revenue		602,281			602,281
	g	Total. Add lines 2a-2f		179,041,924			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		26,963			26,963
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real		67,917			
		(ii) Personal					
		67,917					
	b	Less rental expenses		0			
	c	Rental income or (loss)		67,917			
	d	Net rental income or (loss)		67,917			67,917
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses		37,232			
	c	Gain or (loss)		-37,232			
	d	Net gain or (loss)		-37,232			-37,232
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances					
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue			Business Code				
11a	EQUITY GAIN IN AFFILIATE		900099	4,390	4,390		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			4,390			
12	Total revenue. See Instructions			179,405,891	177,782,784	661,249	659,929

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).

Check if Schedule O contains a response or note to any line 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.	50,859	50,859		
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.	771,469		771,469	
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.	62,811,021	45,627,402	17,183,619	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,756,085	2,756,085		
9	Other employee benefits.	13,067,587	10,255,310	2,812,277	
10	Payroll taxes.	4,197,491	4,197,491		
11	Fees for services (non-employees):				
a	Management.	330,800		330,800	
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,649,138	9,034,575	10,614,563	
12	Advertising and promotion.	12,419	12,419		
13	Office expenses.	35,993,824	33,743,445	2,250,379	
14	Information technology.				
15	Royalties.				
16	Occupancy.	1,394,258	1,390,887	3,371	
17	Travel.	35,880	35,880		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	115,372	115,372		
20	Interest.	3,107,283	3,107,283		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	13,699,883	13,699,883		
23	Insurance.	444,655	444,655		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBT EXPENSE	7,443,160	7,443,160		
b	EQUIPMENT MAINTENANCE	2,491,355	2,491,355		
c	MEANINGFUL USE OVERPAYM	30,249	30,249		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	168,402,788	134,436,310	33,966,478	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		3,410	1	3,410	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		22,621,141	4	23,544,195	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		876,338	8	1,290,255	
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	213,813,453			
	b	Less accumulated depreciation	10b	120,755,696	93,401,331	10c	93,057,757
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		144,836,577	15	155,908,414	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		261,738,797	16	273,804,031	
Liabilities	17	Accounts payable and accrued expenses		113,517	17	379,671	
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		113,517	26	379,671	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		260,866,771	27	272,665,851	
	28	Temporarily restricted net assets		758,509	28	758,509	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), 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		261,625,280	33	273,424,360	
	34	Total liabilities and net assets/fund balances		261,738,797	34	273,804,031	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,405,891
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,402,788
3	Revenue less expenses Subtract line 2 from line 1	3	11,003,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	261,625,280
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	795,977
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	273,424,360

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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
3b	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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization THEDA CLARK MEDICAL CENTER INC	Employer identification number 39-0830664
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a 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—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization THEDA CLARK MEDICAL CENTER INC	Employer identification number 39-0830664
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		13,153
j	Total. Add lines 1c through 1i.			13,153
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	WHA DUES OF \$13,153

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THEDA CLARK MEDICAL CENTER INC	Employer identification number 39-0830664
--	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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)

b

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

3b

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		5,537,505		5,537,505
b Buildings		145,563,825	70,985,979	74,577,846
c Leasehold improvements		1,982,268	1,369,773	612,495
d Equipment		60,729,855	48,399,944	12,329,911
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				93,057,757

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, THEDACARE 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 THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THEDACARE RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS IN 2013 AND 2012. TAX RETURNS FOR THE YEARS ENDED 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THEDA CLARK MEDICAL CENTER INC

Employer identification number
39-0830664

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
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?	5a	No
6a	Did the organization prepare a community benefit report during the tax year?	5b	
b	If "Yes," did the organization make it available to the public?	5c	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,064,748		3,064,748	1 900 %
b Medicaid (from Worksheet 3, column a)			20,016,553	17,313,934	2,702,619	1 680 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Financial Assistance and Means-Tested Government Programs .			23,081,301	17,313,934	5,767,367	3 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	1,030,658	1,695,797		1,695,797	1 050 %
f Health professions education (from Worksheet 5)	4	2,676	544,977	126,350	418,627	0 260 %
g Subsidized health services (from Worksheet 6)	4		6,826,121		6,826,121	4 240 %
h Research (from Worksheet 7)	2	2,778	230,552		230,552	0 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	1,064,092	610,831		610,831	0 380 %
j Total Other Benefits	39	2,100,204	9,908,278	126,350	9,781,928	6 070 %
k Total . Add lines 7d and 7j .	39	2,100,204	32,989,579	17,440,284	15,549,295	9 650 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing	1	4	2,065		2,065	0 %
2Economic development	1	266,271	2,345		2,345	0 %
3Community support	1	320	7,791		7,791	0 %
4Environmental improvements	1	16	55		55	0 %
5Leadership development and training for community members	1	10	724		724	0 %
6Coalition building	1	80,746	1,460		1,460	0 %
7Community health improvement advocacy						
8Workforce development						
9Other	1	250	18,295	3,226	15,069	0 010 %
10Total	7	347,617	32,735	3,226	29,509	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

3,762,935

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

3,056,019

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

22,783,073

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

26,995,676

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-4,212,603

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

If "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

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

THEDA CLARK MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
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 the community health 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>WWW.THEDACARE.ORG/HOSPITALS-AND-CLINICS/T</u>		
b ☐ Other website (list url) _____		
c ☒ Available upon request from the hospital facility		
d ☒ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☒ Participation in the development of a community-wide plan		
d ☒ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Financial Assistance Policy

Billing and Collections

5 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?	15	Yes	
6 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Section C)			
7 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 individual's eligibility under the facility's FAP?	17		No
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 Section C)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☐

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	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?	Yes	
	If "No," indicate why		
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)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	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 its 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)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual 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?		No
	If "Yes," explain in Part VI		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		No
	If "Yes," explain in Part VI		

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Schedule H (Form 990) 2013

Part V

Facility Information (continued)

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1AYLWARD SURGERY CENTER 120 SECOND STREET NEENAH, WI 54956	OUTPATIENT SURGERY CENTER
2RENAISSANCE SURGERY CENTER 2400 WITZEL AVENUE OSHKOSH, WI 54904	OUTPATIENT SURGERY CENTER
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	IT IS THE ORGANIZATION'S POLICY THAT NO PATIENT SHOULD BE DENIED APPROPRIATE AND NECESSARY CARE ON THE BASIS OF INCOME IN RESPONSE TO THIS POLICY, THE CARING HEARTS FINANCIAL ASSISTANCE PROGRAM WAS SET UP TO PROVIDE SHELTER TO THOSE PATIENTS WHO ARE UNABLE TO PAY FOR THEIR MEDICAL SERVICES MEDICAL SERVICE FEES ARE WRITTEN OFF UNDER THE FINANCIAL ASSISTANCE PROGRAM THAT WOULD OTHERWISE HAVE BEEN SENT TO A COLLECTION AGENCY
PART I, LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS IN THE TABLE IS A COMBINATION OF AVERAGE COSTS AND ACTUAL COSTS PERTAINING TO SUPPLIES, WAGES, AND BENEFITS FOR SUPPLIES, THE ACTUAL COST OF ITEMS USED FOR EACH EVENT IS APPLIED IF NO ACTUAL COST IS AVAILABLE, WE THEN USE AN ESTIMATE WAGES ARE CALCULATED BY MULTIPLYING THE AVERAGE WAGE RATE TIMES ACTUAL HOURS WORKED THE BENEFIT RATE USED INCLUDES A FRINGE RATIO OF ALL BENEFITS RELATED TO THE ABOVE WAGE CALCULATION THE COST ACCOUNTING SYSTEM DOES NOT DIFFERENTIATE BETWEEN DIFFERENT PAYER TYPES AND NO COST-TO-CHARGE RATIO IS USED

Form and Line Reference	Explanation
PART I, LINE 7G	NO PHYSICIAN CLINICS ARE INCLUDED IN SUBSIDIZED HEALTH SERVICES
PART I, LN 7 COL(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 \$7,443,160

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE HEALTH OF THE COMMUNITY THEDA CLARK MEDICAL CENTER IS PROMOTED THROUGH SEVERAL COMMUNITY BUILDING ACTIVITIES AS DESCRIBED BELOW SELF SUFFICIENCY PROJECT COALITION TO END POVERTY IN THE OSHKOSH AREA POVERTY IS DIRECTLY RELATED TO HEALTH POVERTY SIMULATION ACTIVITY TO HELP COMMUNITY LEADERS UNDERSTAND WHAT IT'S LIKE TO LIVE IN POVERTY AND ULTIMATELY ENCOURAGE POLICY AND PROGRAMS TO HELP LIFT PEOPLE OUT OF POVERTY BACKYARD BUDDIES PROVIDES MENTORS TO HELP YOUTH FROM LOW-INCOME FAMILIES TO BE SUCCESSFUL ACADEMICALLY AND SOCIALLY EDUCATION HAS DIRECT IMPACT ON HEALTH WELL CITY INITIATIVE PROMOTES DEVELOPMENT OF A HEALTHY WORKPLACE THROUGHOUT THE FOX CITIES NEW MENTAL HEALTH CONNECTION COALITION OF MENTAL HEALTH PROVIDERS MEETING TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES THROUGHOUT THE FOX CITIES CHAMBER OF COMMERCE SUPPORT ENCOURAGES ECONOMIC DEVELOPMENT WHICH IN TURN PROVIDES JOBS AND INCOME, BOTH CONTRIBUTORS TO HEALTH VOICES OF MEN WORKS TO ADDRESS THE ROOT CAUSE OF VIOLENCE AGAINST WOMEN AND GIRLS WHICH INCLUDES DEVALUING AND OBJECTIFYING WOMEN AND TREATING WOMEN AS PROPERTY NO WRONG DOOR EFFORT TO DEVELOP COMMUNITY WIDE MENTAL HEALTH SAFETY NET DISASTER READINESS HELPS ENSURE THE ENTIRE COMMUNITY IS READY FOR POTENTIAL EMERGENCIES PSYCHIATRIST RECRUITMENT IMPROVES MENTAL HEALTH OF COMMUNITY COMMUNITY ACTION FOR HEALTHY LIVING COALITION THAT ADVOCATES FOR HEALTHY LIFESTYLE CHANGE THEDACARE NEIGHBORHOOD GARDEN/FARMER'S MARKETS PROVIDES FRESH PRODUCE TO AREA FOOD PANTRIES AND THE COMMUNITY FOX VALLEY END OF LIFE COALITION - A GRASSROOTS CONSORTIUM WITH A MISSION TO IMPROVE END-OF-LIFE CARE AND CHOICES FOR ALL PEOPLE, THEIR FAMILIES, AND THEIR PHYSICIANS IN THE FOX CITIES EMERGING LEADERS - MAKING AN IMPACT IN OUR COMMUNITY THROUGH DEDICATION TO SERVICE AND PHILANTHROPY SUMMIT FOR HOPE - AIMS TO RAISE AWARENESS ABOUT SUBSTANCE ABUSE AND THE GROWING HEROIN ISSUE PARTY AT THE PAC - PUTTING TEEN SAFETY IN FOCUS ELECTRONIC RECYCLING EVENT WORKING TO TREAT THE EARTH WITH THE RESPECT THAT IT DESERVES COMMUNITY SHARPS COLLECTION REDUCING THE RISKS OF INFECTIOUS WASTE WISCONSIN SUSTAINABLE BUSINESS COUNCIL - TAKING AN ACTIVE POSITION ON THE ROLE OF CLIMATE CHANGE AND BUILDING HEALTHY COMMUNITIES BY REDUCING OR ELIMINATING OUR ENERGY WASTE AND WATER FOOTPRINT ORGAN AND TISSUE ORGANIZATION ADVANCING ORGAN DONATION EDUCATION RURAL HEALTH INITIATIVE - ADDRESSING GROWING CONCERNS REGARDING THE HEALTH AND SAFETY ISSUES FACING TODAY'S FARM FAMILIES YMCA STRONG KIDS PROVIDING KIDS THE OPPORTUNITIES THEY NEED TO REACH THEIR FULL POTENTIAL, LIVE HEALTHIER, HAPPIER LIVES TODAY, AND GROW INTO PRODUCTIVE ADULTS IN THE FUTURE FOX VALLEY FAMILY MEDICINE RESIDENCY PROGRAM TEACHING THE ART AND HEART OF CARE BUILDING FOR KIDS BUILDING KIDS IMAGINATION, CREATIVITY AND CONFIDENCE CHAT - COMMUNITY LEADERS WORKING TOGETHER TO EXPLORE LOCAL AND REGIONAL HEALTH ISSUES THEDACARE CENTER FOR HEALTHCARE VALUE - OFFERS LEARNING EXPERIENCES THAT DEVELOP HEALTHCARE LEADERS WHO ARE CAPABLE OF CONFIDENTLY DRIVING THE LEAN TRANSFORMATION OF THEIR ORGANIZATIONS TO DELIVER MEASURABLY BETTER VALUE TO THE PATIENTS, FAMILIES AND COMMUNITIES THEY SERVE TRAUMA SYMPOSIUM FOCUSING ON EMERGENCY PREPAREDNESS SEXUAL ASSAULT NURSE EXAMINER WORKING TO END SEXUAL AND DOMESTIC VIOLENCE UNITED WAY WORKING EVERY DAY TO IMPROVE THE COMMUNITY
PART III, LINE 2	IT IS THE ORGANIZATION'S POLICY THAT NO PATIENT SHOULD BE DENIED APPROPRIATE AND NECESSARY CARE ON THE BASIS OF INCOME IN RESPONSE TO THIS POLICY, THE CARING HEARTS FINANCIAL ASSISTANCE PROGRAM WAS SET UP TO PROVIDE SHELTER TO THOSE PATIENTS WHO ARE UNABLE TO PAY FOR THEIR MEDICAL SERVICES MEDICAL SERVICE FEES ARE WRITTEN OFF UNDER THE FINANCIAL ASSISTANCE PROGRAM THAT WOULD OTHERWISE HAVE BEEN SENT TO A COLLECTION AGENCY

Form and Line Reference	Explanation
PART III, LINE 3	OVERDUE PATIENT ACCOUNTS ARE SENT THREE STATEMENTS BEGINNING THE MONTH AFTER THE ACCOUNT BECOMES OVERDUE IF NO PAYMENT IS MADE DURING THIS PERIOD A FINAL LETTER IS SENT GIVING NOTICE OF THE OVERDUE ACCOUNT AND NOTIFYING THE INDIVIDUAL THAT THE AMOUNT WILL GO INTO COLLECTIONS AT THIS POINT, THE AMOUNT IS MARKED AS BAD DEBT
PART III, LINE 4	A COST-TO-CHARGE RATIO WAS USED TO DETERMINE THE AMOUNTS REPORTED IN PART III LINES 2 AND 3 PATIENT PAYMENTS OR DISCOUNTS ARE APPLIED PRIOR TO DETERMINING BAD DEBT EXPENSE AND ARE NOT INCLUDED IN THE BAD DEBT WRITE-OFF REPORTED ON THE AUDITED FINANCIAL STATEMENTS DEDUCTIBLES AND COINSURANCE AMOUNTS THAT ARE DEEMED UNCOLLECTIBLE ARE WRITTEN OFF EITHER TO BAD DEBT EXPENSE OR, IF APPLICABLE, TO CHARITY CARE IF THE PATIENT SO QUALIFIES FOR FINANCIAL ASSISTANCE THE FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE BUT THEY ACCOUNT FOR BAD DEBTS BASED ON GROSS CHARGES TO PATIENTS AFTER REFLECTING ANY PAYMENTS OR DISCOUNTS, OR AMOUNTS DETERMINED TO BE ELIGIBLE FOR CHARITY CARE/FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART III, LINE 8	HOSPITALS MUST ACCEPT MEDICARE PATIENTS REGARDLESS OF WHETHER THEY MAKE A SURPLUS OR DEFICIT FROM PROVIDING SERVICES TO THOSE PATIENTS WE DID NOT REPORT ANY SHORTFALL AS A COMMUNITY BENEFIT THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATIONS MEDICARE COST REPORT IS STEP DOWN
PART III, LINE 9B	OUR POLICY IS NOT TO PURSUE PATIENT ACCOUNTS TO THE EXTENT ANY CHARGES ARE ELIGIBLE AND WRITTEN OFF THROUGH OUR CHARITY CARE/FINANCIAL ASSISTANCE PROGRAM IF ONLY A PORTION OF THE CHARGES ARE ELIGIBLE AND WRITTEN OFF THROUGH OUR CHARITY CARE/FINANCIAL ASSISTANCE PROGRAM, THE REMAINING BALANCE WILL BE BILLED TO THE PATIENT AND COLLECTED IN ACCORDANCE WITH OUR NORMAL COLLECTION POLICY

Form and Line Reference	Explanation
PART VI, LINE 2	THEDACARE SERVES AN 8-COUNTY PRIMARY SERVICE AREA. FIVE THEDACARE HOSPITALS PROVIDE SERVICE IN THIS AREA. THEDACARE CONDUCTS A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS FOR THE ENTIRE SYSTEM, GATHERING DATA PERTINENT TO EACH COMMUNITY. INFORMATION COLLECTED INCLUDES DATA FROM THE WISCONSIN COUNTY HEALTH RANKINGS, FOX CITIES LIFE STUDY (LOCAL INDICATORS FOR EXCELLENCE), THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, INSIGHTS FROM INTERVIEWS OF PUBLIC HEALTH OFFICIALS, INSIGHTS FROM INTERVIEWS WITH REPRESENTATIVES OF VULNERABLE POPULATIONS, EMERGENCY DEPARTMENT PATIENT DATA AND INSIGHTS GATHERED FROM MONTHLY MEETINGS OF THE THEDACARE-LED CHAT TEAM (COMMUNITY HEALTH ACTION TEAM) COMPRISED OF 25 COMMUNITY LEADERS IN BUSINESS, NON-PROFIT, CLERGY, HEALTHCARE, UNITED WAY, PUBLIC HEALTH AND THE LOCAL COMMUNITY FOUNDATION.
PART VI, LINE 3	PATIENT EDUCATION BEGINS WHEN A PATIENT IS ADMITTED TO A THEDACARE HOSPITAL. ADMISSION SPECIALISTS MEET WITH EACH PERSON INDIVIDUALLY TO ASSESS INSURANCE STATUS AND FINANCIAL NEED. IF NECESSARY, SPECIALISTS REFER PATIENTS TO CARE MANAGEMENT SPECIALISTS WHO ASSIST WITH THE ENROLLMENT OF PATIENTS IN AN APPLICABLE PROGRAM. THE HOSPITAL PATIENT HANDBOOK IS PROVIDED TO ALL IN-PATIENTS. INTERNAL POLICIES SUCH AS DISCOUNTED SERVICES POLICY, CARING HEARTS POLICY AND PAYMENT FOR SERVICE POLICY FOR SELF-PAY BALANCES PROVIDE GUIDANCE. THE THEDACARE WEBSITE, WWW.THEDACARE.ORG, PROVIDES EDUCATION REGARDING THE AFFORDABLE CARE ACT IN EASY TO UNDERSTAND LANGUAGE. IT DISCUSSES OPTIONS AND WHERE TO GO FOR ASSISTANCE.

Form and Line Reference	Explanation
PART VI, LINE 4	THEDA CLARK'S SERVICE AREA CONSISTS OF WINNEBAGO, WAUSHARA, AND GREEN LAKE COUNTIES LOCATED IN EAST-CENTRAL WISCONSIN THE THREE COUNTY AREA HOSTS A COMBINED POPULATION OF 209,736 WINNEBAGO COUNTY - SINCE 2000, WINNEBAGO COUNTY HAS EXPERIENCED A 6 1% POPULATION GROWTH, OR A TOTAL OF 9,500 RESIDENTS - WINNEBAGO COUNTY HIGH SCHOOL GRADUATION RATE IS 90%,- HAS HAD A LOWER UNEMPLOYMENT RATE THAN THE STATE OR NATION PRIMARILY DUE TO A STRONG MANUFACTURING BASE TRADE/TRANSPORTATION/UTILITIES, EDUCATION/HEALTH AND MANUFACTURING EMPLOY THE MOST PEOPLE IN THE COUNTY - THE MEDIAN AGE OF WINNEBAGO COUNTY RESIDENTS IS 37 YEARS - ELEVEN PERCENT OF WINNEBAGO COUNTY LIVE BELOW 100% OF THE FEDERAL POVERTY LEVEL - THE LARGEST MINORITY POPULATIONS ARE LATINO AND ASIAN NATIVE AMERICANS ACCOUNT FOR APPROXIMATELY 1% OF THE POPULATION AND AFRICAN-AMERICANS REPRESENTS LESS THAN 1% THE LATINO POPULATION HAS A SIGNIFICANT AND GROWING PRESENCE AT 4 6% WAUSHARA COUNTY - OVER THE COURSE OF THE PAST DECADE, WAUSHARA COUNTY HAS EXPERIENCED A POPULATION GROWTH OF 10 7% - WAUSHARA COUNTY HIGH SCHOOL GRADUATION RATE IS 85%- HAS A MORE SEASONAL EMPLOYMENT BASE THAN THE STATE OR NATION EDUCATION, HEALTH, TRADE, TRANSPORTATION AND UTILITIES AND PUBLIC ADMINISTRATION ARE THE LARGEST EMPLOYMENT SECTORS WAUSHARA COUNTY'S AVERAGE ANNUAL WAGE ACROSS ALL INDUSTRY SECTORS IS BELOW THE STATE AVERAGE - THE MEDIAN AGE OF WAUSHARA COUNTY'S POPULATION IS 46 2 YEARS - THIRTEEN PERCENT OF WAUSHARA COUNTY LIVES BELOW 100% OF THE FEDERAL POVERTY LEVEL - THE LARGEST MINORITY POPULATIONS ARE LATINO AND ASIAN NATIVE AMERICANS ACCOUNT FOR APPROXIMATELY 1% OF THE POPULATION AND AFRICAN-AMERICANS REPRESENTS LESS THAN 1% THE LATINO POPULATION HAS A SIGNIFICANT AND GROWING PRESENCE AT 4 6% GREEN LAKE COUNTY - HAS BEEN AMONG WISCONSIN'S SLOWER GROWING COUNTIES - GREEN LAKE COUNTY GRADUATION RATE IS 90% - GREEN LAKE'S UNEMPLOYMENT RATE IS SIGNIFICANTLY HIGHER THAN THE STATE THE TOP EMPLOYERS IN GREEN LAKE COUNTY ARE IN HEALTH, EDUCATION AND MANUFACTURING - THE MEDIAN AGE OF GREEN LAKE COUNTY RESIDENTS IS 41 YEARS - ELEVEN PERCENT OF GREEN LAKE COUNTY LIVES BELOW 100% OF THE FEDERAL POVERTY LEVEL - THE LARGEST MINORITY POPULATIONS ARE LATINO AND ASIAN NATIVE AMERICANS ACCOUNT FOR APPROXIMATELY 1% OF THE POPULATION AND AFRICAN-AMERICANS REPRESENTS LESS THAN 1% THE LATINO POPULATION HAS A SIGNIFICANT AND GROWING PRESENCE AT 4 6%
PART VI, LINE 5	EACH YEAR, THEDA CLARK MEDICAL CENTER'S PARENT ORGANIZATION THEDACARE SETS ASIDE A PERCENTAGE OF EXCESS BUDGETED MARGIN TO FUND AN EFFORT CALLED CHAT (COMMUNITY HEALTH ACTION TEAM) CHAT IS A GROUP OF 25 COMMUNITY LEADERS WHO STUDY SYSTEMIC HEALTH ISSUES OUTSIDE THE WALLS OF OUR HOSPITALS AND CLINICS AND WORK TO IDENTIFY INNOVATIVE, COLLABORATIVE SOLUTIONS THAT DRAW UPON THE WIDE ARRAY OF RESOURCES AND STRENGTHS OF OUR COMMUNITY THROUGH CHAT, SUCH EFFORTS AS THE SHAWANO COUNTY RURAL HEALTH INITIATIVE HAVE BEEN DEVELOPED THIS INITIATIVE TAKES BASIC HEALTH CARE AND SCREENING SERVICES TO THE FARM EACH YEAR HUNDREDS OF FARM FAMILIES LIVING WITHOUT INSURANCE OR ONLY CATASTROPHIC COVERAGE RECEIVE CRITICAL ASSISTANCE THIS INITIATIVE HAS NOW SPREAD TO OUTAGAMIE, WINNEBAGO AND WAUPACA COUNTIES ANOTHER INITIATIVE IS THE NEW MENTAL HEALTH CONNECTION WHICH IS WORKING TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES IN THE AREA HIGH LATINO TEEN PREGNANCY RATES INSPIRED CHAT TO LAUNCH CUIDATE!, A CULTURALLY BASED TEEN PREGNANCY PREVENTION PROGRAM IN PARTNERSHIP WITH THE PARTNERSHIP COMMUNITY HEALTH CENTER MAKING THE RIDE HAPPEN IS ANOTHER CHAT EFFORT THAT PROVIDES TRANSPORTATION TO OLDER ADULTS WHO OTHERWISE WOULD STAY COOPED UP IN APARTMENTS AND FIGHT DEPRESSION AND ISOLATION PROJECT PROMISE IS A POVERTY INITIATIVE DEVELOPED THROUGH CHAT THAT BROUGHT TOGETHER MANY LOCAL AGENCIES AND BUSINESSES TO WORK TO ADDRESS POVERTY IN A COLLABORATIVE FASHION VOICES OF MEN WAS LAUNCHED WITH SUPPORT FROM CHAT TO RAISE AWARENESS OF EVERYDAY BEHAVIORS OF MEN THAT CAN LEAD TO AN ACCEPTANCE OF VIOLENCE TOWARD WOMEN ANOTHER RECENT INITIATIVE IS INCLUDE WHICH FOCUSES ON BUILDING INCLUSIVENESS AND TOLERANCE TO PREVENT SUICIDE AMONG THE GAY, LESBIAN, BISEXUAL, TRANSGENDER POPULATION THEDACARE PROVIDES FUNDING AND STAFF SUPPORT TO MAKE CHAT COMMUNITY HEALTH EFFORTS POSSIBLE - IN 2013, THEDACARE SHARED ITS CUTTING EDGE APPLICATION OF LEAN PRODUCTION IMPROVEMENTS WITH HUNDREDS OF HEALTHCARE AND NON-HEALTHCARE VISITORS FROM AROUND THE WORLD MOST WERE VISITORS WERE FROM HOSPITALS AND HEALTH SYSTEMS IN THE UNITED STATES LOOKING TO IMPROVE QUALITY AND REDUCE COSTS - THEDACARE HOSPITALS PROVIDED SUPPORT TO THE THEDACARE CENTER FOR HEALTHCARE VALUE WHICH IS COORDINATING EFFORTS ACROSS THE COUNTRY TO SHARE QUALITY IMPROVEMENT AND COST REDUCTION LEARNINGS - THEDACARE PARTNERS WITH THE FOX CITIES/UW RESIDENCY CENTER TO PROVIDE HANDS ON EXPERIENCE FOR MEDICAL STUDENTS - THEDACARE ALSO PARTNERS WITH AREA NURSING SCHOOLS SUCH AS UW OSHKOSH AND FOX VALLEY TECHNICAL COLLEGE TO PROVIDE PROFESSIONAL MENTORS FOR THEIR NURSING PROGRAMS AND VENUES FOR NURSING STUDENTS TO PRACTICE THEIR SKILLS - THEDACARE HOSPITALS PROVIDED FINANCIAL AS WELL AS DIAGNOSTIC AND LAB SUPPORT TO TWO AREA CLINICS PROVIDING MEDICAL AND DENTAL CARE TO THE UNDERSERVED IN OUR SERVICE AREA - THEDACARE HOSPITAL EMPLOYEES TAKE PART IN HELPING HEARTS, AN EMPLOYEE VOLUNTEERISM PROGRAM ENCOURAGING STAFF TO GIVE OF THEIR TIME IN THE COMMUNITY THEDACARE PROVIDES PAID STAFF TO COORDINATE THE PROGRAM AND IDENTIFY AND PROMOTE VOLUNTEERISM OPPORTUNITIES THEDACARE EMPLOYEES DONATED MORE THAN \$1,434,000 IN UNPAID VOLUNTEER HOURS TO LOCAL NON-PROFITS IN 2013 - THEDACARE SPONSORS PARTY AT THE PAC FOR THOUSANDS OF AREA YOUTH TO EDUCATE YOUTH ON THE PERILS OF RISKY BEHAVIOR AND DRIVING HOSTED AT OUR PERFORMING ARTS CENTER, LIVE DRAMATIZATIONS ALONG WITH STORIES OF YOUTH DISABLED DUE TO DRIVING AND RISKY BEHAVIOR ENCOURAGE TEENS TO THINK TWICE BEFORE DRINKING OR TEXTING AND DRIVING - THEDA CLARK MEDICAL CENTER PROVIDES HELPFUL COMMUNITY EDUCATION PROGRAMMING ON SUCH TOPICS AS ASTHMA, HEART DISEASE, PAIN MANAGEMENT, CPR, STROKE RISK AND DIABETES - THEDA CLARK MEDICAL CENTER HOSTS HEALTH AND SAFETY FAIRS IN THE COMMUNITY - THEDA CLARK MEDICAL CENTER HOSTS SUPPORT GROUPS FOR STOKE VICTIMS, GRIEF, DIABETES, AND INFANT LOSS - THEDA CLARK MEDICAL CENTER WORKS WITH THE AREA CHAMBER OF COMMERCE AND LOCAL HIGH SCHOOLS AND COLLEGES TO INFORM YOUTH ABOUT MEDICAL CAREER OPPORTUNITIES AND TO HELP PREPARE OUR EDUCATIONAL FACILITIES TO MEET THE HEALTHCARE STAFFING NEEDS FOR THE COMMUNITIES WE SERVE - THEDA CLARK MEDICAL CENTER OPERATES A RADIOLOGY SCHOOL TO PREPARE NEW TECHNOLOGISTS FOR CAREERS IN THE FIELD - A PARTNERSHIP AMONG THEDA CLARK MEDICAL CENTER, CHILDREN'S HOSPITAL OF WISCONSIN AND ROOSEVELT ELEMENTARY SCHOOL PROVIDES ONE-ON-ONE MENTORING AND HEALTH EDUCATION TO UNDERSERVED CHILDREN IN THE NEENAH AREA - THEDA CLARK MAKES FINANCIAL AND IN-KIND DONATIONS TO NON-PROFIT ORGANIZATIONS INCLUDING UNITED WAY, YMCA, KIWANIS, 4H, AND GIRL SCOUTS ETC TO SUPPORT COMMUNITY INITIATIVES THAT ADDRESS HEALTH RISK FACTORS SUCH AS POVERTY, EDUCATION, ENVIRONMENT AND MORE - THEDA CLARK STAFF SUPPORT THE THEDACARE NEIGHBORHOOD GARDEN WHICH SUPPLIES PRODUCE TO THE LOCAL EMERGENCY SHELTER - THEDA CLARK MEDICAL CENTER SUPPLIES ATHLETIC TRAINING SERVICES TO AREA HIGH SCHOOLS AT REDUCED COST - THEDA CARE STAFF PARTICIPATES IN LEADERSHIP FOX CITIES TO GROOM MIDDLE MANAGERS IN THE WORKINGS OF THE ENTIRE COMMUNITY, FROM EDUCATION SYSTEMS AND RECYCLING PROGRAMS TO GOVERNMENT AND JUSTICE SYSTEMS - THEDA CLARK MEDICAL CENTER STAFF IS INVOLVED IN STATEWIDE AND REGIONAL DISASTER READINESS PLANNING TO PREPARE OUR COMMUNITY FOR TIMES OF CRISIS - THEDA CARE PRESIDENT AND CEO ARE ENGAGED IN STATEWIDE WISCONSIN COLLABORATIVE FOR HEALTHCARE QUALITY MAKING QUALITY HEALTHCARE DATA TRANSPARENT

Form and Line Reference	Explanation
PART VI, LINE 6	THEDACARE, THE PARENT ORGANIZATION, PROVIDES DIRECTION RELATED TO COMMUNITY NEEDS ASSESSMENT FOR ALL HOSPITALS AND MARKETS WITHIN ITS SERVICE AREA EACH THEDACARE HOSPITAL, ALONG WITH COMMUNITY HEALTH IMPROVEMENT (CHI) STAFF AND COMMUNITY MEMBERS DETERMINE HOW BEST TO MEET LOCAL NEEDS IMPLEMENTATION OF COMMUNITY PROGRAMMING OCCURS AT THE LOCAL LEVEL
PART VI, LINE 7, REPORTS FILED WITH STATES	WI

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number
39-0830664

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

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

[illegible]**Schedule I (Form 990) 2013**

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	IN ORDER FOR GRANT REQUESTS TO BE CONSIDERED THEY MUST MEET THE FOLLOWING GUIDELINES 1) DIRECTED TOWARD PROJECTS THAT SUPPORT THEDACARE'S MISSION AND VALUES 2) BENEFIT THE COMMUNITES SERVED BY THEDACARE, INC 3) BENEFIT A 501 (C)(3) NOT-FOR-PROFIT ORGANIZATION CONVERSELY, REQUESTS MUST NOT BE FOR 1) THE SOLE BENEFIT OF AN INDIVIDUAL 2) POLITICAL ORGANIZATIONS OR CAMPAIGN COMMITTEES 3) RELIGIOUS ORGANIZATIONS (FOR STRICTLY RELIGIOUS PURPOSES) 4) ORGANIZATIONS IN CONFLICT WITH THEDACARE'S MISSION AND VALUES 5) STATE OR NATIONAL CAMPAIGNS ALL ORGANIZATIONS REQUESTING GRANT FUNDS MUST APPLY THROUGH THE THEDACARE WEBSITE REQUESTS ARE SCREENED, REVIEWED, AND APPROVED BY COMMITTEE SIX TIMES THROUGHOUT THE FISCAL YEAR A LETTER OF RESTRICTION IS ISSUED BY THEDACARE IN CONJUNCTION WITH ALL GRANT CHECKS THIS LETTER OF RESTRICTION STATES THAT ALL GRANT FUNDS RECEIVED FROM THEDACARE MUST BE USED STRICTLY FOR THE PURPOSES FOR WHICH THEY WERE APPLIED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THEDA CLARK MEDICAL CENTER INC

Employer identification number
39-0830664

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 of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
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		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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		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	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	EXECUTIVES RECEIVE REIMBURSEMENT FOR PERSONAL MEDICAL EXPENSES AT AN AMOUNT GROSSED-UP FOR TAXES ALL EXECUTIVES IN THE SENIOR MANAGEMENT BENEFIT CATEGORY ARE ELIGIBLE TO HAVE HEALTH OR FITNESS CLUB FEES PAID DIRECTLY TO THE CLUB, OR REIMBURSED TO THEM ON EVIDENCE OF PAYMENT SENIOR EXECUTIVES WHOSE DUTIES INCLUDE MEETING WITH PEOPLE OUTSIDE THE COMPANY FOR PURPOSES OF DEVELOPING BUSINESS RELATIONSHIPS HAVE COMPANY PAID MEMBERSHIPS AT A LOCAL COUNTRY CLUB 3 EMPLOYEES RECEIVED TAXABLE MEDICAL EXPENSE REIMBURSEMENTS AND 1 EMPLOYEE RECEIVED CLUB DUES REIMBURSEMENTS
PART I, LINE 4B	SENIOR LEVEL EXECUTIVES OF THE COMPANY ARE ENTITLED TO AN ANNUAL FLEXIBLE BENEFIT EQUAL TO 20% OF THE MIDPOINT OF THEIR SALARY RANGE THIS 457(F) SUPPLEMENTAL BENEFIT PLAN COMPLIES WITH THE FINAL REGULATIONS UNDER SECTION 409A AND 457(F) OF THE INTERNAL REVENUE CODE PARTICIPANTS MAY ELECT THE BENEFIT TO BE USED TO PURCHASE PARTICULAR INSURANCE BENEFITS, INVEST IN A CAPITAL ACCUMULATION ACCOUNT, OR A COMBINATION OF THE TWO BENEFITS ARE ACCRUED ON A MONTHLY BASIS AND ARE SUBJECT TO THE SUBSTANTIAL RISK OF FORFEITURE AGREEMENT SIGNED BY THE PARTICIPANTS PLAN CONTRIBUTIONS ARE MADE ON A QUARTERLY BASIS
PART I, LINE 7	EXECUTIVE AT RISK COMPENSATION PLAN THE PLAN OBJECTIVES ARE TO ENHANCE THEDACARE INC'S ABILITY TO ACHIEVE ITS GOALS BY PROVIDING A TOOL FOR STIMULATING AND REWARDING SUPERIOR LEVELS OF PERFORMANCE AMONG KEY EXECUTIVES, IMPROVE THEDACARE INC'S ABILITY TO COMPETE WITH OTHER EMPLOYERS FOR HIGH TALENT EXECUTIVES AND TO ENCOURAGE TOP-LEVEL EXECUTIVES TO WORK TOGETHER AS A COHESIVE GROUP TOWARD COMMON GOALS THE PRESIDENT OF THEDACARE INC DEVELOPS A LIST OF SENIOR LEVEL EXECUTIVES WHO ARE ELIGIBLE TO PARTICIPATE IN THIS PLAN, AS WELL AS THE PERFORMANCE LEVELS THE SENIOR EXECUTIVES MUST ACHIEVE AND THE BONUS AMOUNTS THAT THE EXECUTIVES WILL RECEIVE THE PRESIDENT THEN SUBMITS THIS LIST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL APPROVAL THESE EXECUTIVES MUST BE IN ACTIVE REGULAR SERVICE OF THEDACARE INC FOR THE ENTIRE PLAN YEAR (JANUARY 1, 2012 TO DECEMBER 31, 2012) TO RECEIVE THEIR 2013 BONUSES IF THE EMPLOYEE RETIRES, BECOMES DISABLED, MOVES TO A POSITION THAT IS ELIGIBLE UNDER THE BONUS PLAN OR MOVES TO A POSITION THAT IS NO LONGER ELIGIBLE FOR THE BONUS PLAN OR DIES, THE PLAN WILL BE PRORATED FOR THE AMOUNT OF TIME THEY SERVED THE COMPANY IF AN ELIGIBLE EMPLOYEE IS FIRED OR LEAVES THE COMPANY FOR ANY OTHER REASON THE PLAN BONUS EARNED WILL BE FORFEITED CARING FOR SUCCESS THE PLAN OBJECTIVES ARE TO PROVIDE INCENTIVE TO FOCUS THE ORGANIZATION'S RESOURCES, ENERGY AND ATTENTION ON THE FULFILLMENT OF THEDACARE'S MISSION EMPLOYEE ELIGIBILITY IS BASED ON THE NUMBER OF HOURS WORKED, AND ALL ELIGIBLE EMPLOYEES SHARE IN THE PAYOUT THE PAYOUT AMOUNT IS DETERMINED BASED ON BOTH FINANCIAL AND EMPLOYEE HEALTH AND SAFETY THRESHOLDS THE AMOUNT PER EMPLOYEE IS DETERMINED BY DIVIDING THE TOTAL GAIN REALIZED (THE EMPLOYEE SHARE) BY HOURS PAID TO ALL ELIGIBLE EMPLOYEES THE RESULTING DOLLAR UNIT PAYOUT IS MULTIPLIED BY AN INDIVIDUAL EMPLOYEE'S NUMBER OF HOURS PAID THIS PLAN IS OVERSEEN BY AN ADMINISTRATIVE COMMITTEE THE THEDACARE BOARD OF TRUSTEES MUST APPROVE THE PLAN

Additional Data

Software ID:
Software Version:
EIN: 39-0830664
Name: THEDA CLARK MEDICAL CENTER INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANDERLA DAVID MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	273,016	43,387	1,105	9,064	19,754	346,326	0
EDELMAN GARY MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	55,507	60,349	316,402	12,000	19,028	463,286	0
MOARD DOUGLAS MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	272,885	15,907	479	9,350	17,889	316,510	0
GRUNER DEAN BOARD MEMBER/CEO - SYSTEM	(i)	112,054	42,854	1,004	23,426	2,926	182,264	0
	(ii)	634,967	242,840	5,690	132,745	16,581	1,032,823	0
OLSON TIM VP, CFO - SYSTEM	(i)	58,093	11,277	3,603	13,133	2,607	88,713	0
	(ii)	329,193	63,901	20,416	74,418	14,772	502,700	0
BURMEISTER BRIAN VP SR, PHYSICIAN & RURAL SERVICES	(i)	28,956	5,776	1,517	6,244	1,763	44,256	0
	(ii)	260,598	51,985	13,657	56,197	15,867	398,304	0
BARNAS KIM VP SR AMC & THEDA CLARK HOSPITAL	(i)	82,382	16,525	4,953	19,738	5,082	128,680	0
	(ii)	247,148	49,575	14,859	59,213	15,247	386,042	0
LIVINGSTON KEITH VP SR CIO	(i)	48,787	9,487	3,288	10,257	2,659	74,478	0
	(ii)	276,459	53,757	18,630	58,122	15,068	422,036	0
PISTONE MAUREEN VP SR TALENT MANAGEMENT	(i)	41,635	7,972	3,052	9,508	2,641	64,808	0
	(ii)	235,936	45,174	17,293	53,881	14,968	367,252	0
DEVINE GREGORY VP SR PROVIDER STRATEGIES AND SYSTEM	(i)	58,156	13,581	1,329	9,051	2,780	84,897	0
	(ii)	329,552	76,957	7,530	51,288	15,756	481,083	0
HUNTER WILLIAM VP SR PLANNING & MARKETING	(i)	49,629	11,593	1,730	8,762	2,671	74,385	0
	(ii)	281,223	65,695	9,804	49,653	15,136	421,511	0
LONG GREGORY MD CHIEF MEDICAL OFFICER	(i)	57,496	11,574	1,182	10,417	3,046	83,715	0
	(ii)	325,811	65,588	6,697	59,030	17,260	474,386	0
POOLE JOHN VP SR THEDACARE IMPROVEMENT SYSTEM	(i)	47,514	9,565	1,217	9,833	2,762	70,891	0
	(ii)	269,250	54,203	6,895	55,718	15,650	401,716	0

2013

**Open to Public
Inspection**

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

Name of the organization
THEDA CLARK MEDICAL CENTER INC

Employer identification number

39-0830664

Return Reference	Explanation
FORM 990, PART 1, LINE 5	NUMBER OF EMPLOYEES THEDACARE INC CENTRALIZES PAYROLL AND TAX WITHHOLDING FUNCTIONS FOR A NUMBER OF AFFILIATED ENTITIES, WHILE ALL FILING UNDER THEDACARE'S FEDERAL IDENTIFICATION NUMBER THEDA CLARK MEDICAL CENTER (TC) REPORTS "0" EMPLOYEES BECAUSE EMPLOYEES ARE PAID BY THEDACARE, INC , THEREFORE, TC DOES NOT FILE ANY W-2 FORMS THEDACARE INC IS REIMBURSED BY TC FOR SALARY EXPENSES FOR THE EMPLOYEES WHO ARE PERMANENTLY ASSIGNED TO TC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THEDA CLARK MEDICAL CENTER, INC 'S SOLE MEMBER OF THE SINGLE CLASS OF VOTING MEMBERS IS THEDACARE, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THEDACARE, INC HAS SOLE AUTHORITY IN THE CORPORATION TO VOTE AND TAKE ANY ACTION WITH RESPECT TO THE ELECTION OF DIRECTORS AND OFFICERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THEDACARE, INC HAS THE SOLE AUTHORITY WITH RESPECT TO THE FOLLOWING MATTERS 1 AMENDMENT OF THE ARTICLES OF INCORPORATION 2 ADOPTION AND A MENDMENT OF BYLAWS OF THE CORPORATION 3 CONSOLIDATION, MERGER AND DISSOLUTION OF THE CORPORATION 4 MONITORING COMPLIANCE WITH LAWS AND REGULATIONS 5 SELECTION, APPOINTMENT, AND REMOVAL OF A CHIEF OPERATING OFFICER 6 PROVISION FOR LONG-RANGE FINANCIAL STABILITY OF THE HOSPITAL AND PROVISION FOR THE CONTROL AND USE OF THE PHYSICAL AND FINANCIAL RESOURCES OF THE HOSPITAL 7 ESTABLISHMENT OF A LONG-RANGE PLANNING MECHANISM 8 APPROVAL OF A HOSPITAL ORGANIZATION AND MAJOR AUTHORITY DELEGATION PATTERNS 9 APPROVAL OF FINANCIAL, CAPITAL, AND OTHER ITEMS 10 APPROVAL OF DEBT OR LEASES 11 CONSIDERATION AND ACTION UPON POLICIES CONCERNING RELATIONS WITH EXTERNAL GROUPS AND ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S DESIGNATED COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION AT A BOARD MEETING THE FINAL VERSION OF THE FORM 990 IS EMAILED TO THE ENTIRE BOARD BEFORE THE RETURN IS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	QUESTIONNAIRES ARE SENT TO ALL MANAGERS, TRUSTEES, AND OFFICERS ANNUALLY. COMPLETED FORMS ARE RETURNED TO THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER REVIEWS THE QUESTIONNAIRES AND FOLLOWS UP WITH ANY QUESTIONS ABOUT THE MANAGERS' ANSWERS ON THE CONFLICT OF INTEREST FORMS. ALL EMPLOYEES AND BOARD MEMBERS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. THE CORPORATE COMPLIANCE COMMITTEE REVIEWS THE POTENTIAL CONFLICT AND THE CFO/BOARD OF TRUSTEES REVIEW ALL CONFLICTS. AFTER DISCLOSURE OF THE CONFLICT, THE EMPLOYEE SHALL NOT PARTICIPATE IN THE DECISION WHETHER TO ENGAGE IN THE TRANSACTION IN WHICH THE EMPLOYEE HAS AN INTEREST.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THEDACARE HIRES AN OUTSIDE CONSULTING FIRM TO CONDUCT A THOROUGH MARKET REVIEW OF EXECUTIVE COMPENSATION EVERY OTHER YEAR. INTERNALLY, A COMPENSATION COMMITTEE REAFFIRMS THE COMPENSATION POLICY, REVIEWS DATA FROM CONSULTANTS, AND WITH INPUT FROM THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES, ADVISES, VALIDATES, AND APPROVES A RANGE FOR CEO COMPENSATION. THE COMMITTEE ALSO RATIFIES THE AT-RISK COMPENSATION PLAN.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THEDA CLARK MEDICAL CENTER INC DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND INTERNAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 1,070,490 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,070,490 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 4,238,422 MANAGEMENT AND GENERAL EXPENSES 9,481,127 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 13,719,549 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 1,103,864 MANAGEMENT AND GENERAL EXPENSES 317,547 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,421,411 TRAUMA CALL PAY PROGRAM SERVICE EXPENSES 1,558,455 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,558,455 LAUNDRY PROGRAM SERVICE EXPENSES 636,714 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 636,714 FACILITIES MANGEMENT SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 614,817 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 614,817 NEUROSCIENCE GROUP FEES PROGRAM SERVICE EXPENSES 283,203 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 283,203 DINING SERVICES PROGRAM SERVICE EXPENSES 143,427 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 143,427 DOCUMENT STORAGE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 103,322 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 103,322 DOCUMENT SHREDDING PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 97,750 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 97,750

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSETS RELEASED TO OR FROM RESTRICTION 795,977

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	OVERSIGHT OF THE AUDIT THE PROCESS HAS NOT CHANGED 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THEDA CLARK MEDICAL CENTER INC

Employer identification number
39-0830664

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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 entity?	
						Yes	No
See Additional Data Table							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2013

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	
(1) NORTH APPLETON AMBULATORY CARE CENTER BUILDING COMPANY LLC 122 E COLLEGE AVENUE APPLETON, WI 54911 26-2497187	RENTAL	WI	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THEDA CLARK MEDICAL CENTER FOUNDATION	B	50,859	ACTUAL
(2) THEDA CLARK MEDICAL CENTER FOUNDATION	C	300,063	ACTUAL

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 39-0830664

Name: THEDA CLARK MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) THEDACARE INC 122 EAST COLLEGE AVENUE APPLETON, WI 54911 39-1509362	HEALTHCARE	WI	501(C)(3)	LINE 11C, III-FI	N/A		No
(1) THEDACARE MEDICAL CENTER - NEW LONDON WI 1405 MILL STREET NEW LONDON, WI 54961 39-0869788	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC		No
(2) RIVERSIDE MEDICAL CENTER INC 800 RIVERSIDE DRIVE WAUPACA, WI 54981 39-0871113	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC		No
(3) APPLETON MEDICAL CENTER INC PO BOX 8025 APPLETON, WI 54912 39-0824015	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC		No
(4) SHAWANO MEDICAL CENTER INC 309 N BARTLETTE STREET SHAWANO, WI 54166 39-0807068	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC		No
(5) THEDA CLARK MEDICAL CENTER FOUNDATION INC 1818 NORTH MEADE STREET APPLETON, WI 54911 31-1550056	FOUNDATION	WI	501(C)(3)	LINE 11A, I	THEDACARE INC		No
(6) APPLETON MEDICAL CENTER FOUNDATION INC 1818 NORTH MEADE STREET APPLETON, WI 54911 39-1459276	FOUNDATION	WI	501(C)(3)	LINE 7	THEDACARE INC		No
(7) WOLF RIVER AREA HEALTHCARE FOUNDATION INC 1405 MILL STREET NEW LONDON, WI 54961 20-0049796	FOUNDATION	WI	501(C)(3)	LINE 11A, I	NEW LONDON FAMILY MEDICAL CENTER INC		No
(8) GEORGE F PEABODY FOUNDATION INC 2600 S HERITAGE WOODS DRIVE APPLETON, WI 54915 39-1702534	FOUNDATION	WI	501(C)(3)	LINE 11A, I	APPLETON MEDICAL CENTER INC		No
(9) COMMUNITY HOSPICE FOUNDATION INC 1818 NORTH MEADE STREET APPLETON, WI 54911 39-1511977	FOUNDATION	WI	501(C)(3)	LINE 7	THEDACARE INC		No
(10) SHAWANO MEDICAL CENTER FOUNDATION INC 309 N BARTLETTE STREET SHAWANO, WI 54166 39-1539117	FOUNDATION	WI	501(C)(3)	LINE 11A, I	SHAWANO MEDICAL CENTER INC		No
(11) THEDACARE FAMILY OF FOUNDATIONS INC 1818 NORTH MEADE STREET APPLETON, WI 54911 46-4112255	FOUNDATION	WI	501(C)(3)	LINE 7	THEDACARE INC		No

ThedaCare, Inc. and Affiliates

Appleton, Wisconsin

Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2013 and 2012

ThedaCare, Inc. and Affiliates

Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2013 and 2012

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Independent Auditor's Report

Board of Directors
ThedaCare, Inc
Appleton, Wisconsin

We have audited the accompanying consolidated financial statements of ThedaCare, Inc. and Affiliates, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of ThedaCare, Inc and Affiliates as of December 31, 2013 and 2012, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States

Wipfli LLP

Wipfli LLP

April 24, 2014

Milwaukee, Wisconsin

ThedaCare, Inc. and Affiliates

Consolidated Balance Sheets

December 31, 2013 and 2012

<i>Assets</i>	(In Thousands)	
	2013	2012
Current assets		
Cash and cash equivalents	\$ 42,034	\$ 65,047
Short-term investments	368,501	299,604
Patient accounts receivable - Net	78,424	76,232
Other accounts receivable	15,661	14,235
Inventory	4,176	3,599
Prepaid expenses and other assets	4,197	3,197
Total current assets	512,993	461,914
Investments	119,124	80,856
Assets limited as to use		
Investments held by bond trustee	14,084	14,228
Board-designated investments	3,437	3,437
Donor-designated investments	7,686	7,251
Total assets limited as to use	25,207	24,916
Land, buildings, and equipment - Net	352,663	360,445
Other assets		
Bond issuance costs - Net	3,378	3,731
Investments in unconsolidated affiliates and other	10,132	11,217
Total other assets	13,510	14,948
TOTAL ASSETS	\$ 1,023,497	\$ 943,079

<i>Liabilities and Net Assets</i>	(In Thousands)	
	2013	2012
Current liabilities.		
Current portion of long-term debt	\$ 10,210	\$ 10,802
Accounts payable	15,558	13,575
Accrued and other liabilities	71,478	66,985
Estimated third-party payor settlements	1,849	2,550
Current portion of deferred employee benefit obligations	21,795	24,141
Residency fee deposits	28	42
Total current liabilities	120,918	118,095
Noncurrent liabilities		
Long-term debt - Net of current portion	228,748	239,035
Long-term deferred employee benefit obligations - Net of current portion	11,830	53,333
Other noncurrent liabilities	3,010	3,445
Total noncurrent liabilities	243,588	295,813
Total liabilities	364,506	413,908
Net assets		
Unrestricted	642,188	515,025
Temporarily restricted	10,635	8,074
Permanently restricted	6,168	6,072
Total net assets	658,991	529,171
TOTAL LIABILITIES AND NET ASSETS	\$ 1,023,497	\$ 943,079

ThedaCare, Inc. and Affiliates

Consolidated Statements of Operations

Years Ended December 31, 2013 and 2012

	(In Thousands)	
	2013	2012
Revenue		
Patient service revenue (net of contractual allowances and discounts)	\$ 701,728	\$ 686,693
Provision for bad debts	(24,411)	(18,778)
Net patient service revenue, less provision for bad debts	677,317	667,915
Other operating revenue	26,812	25,700
Medicaid assessment program revenue	16,358	15,626
Total revenue	720,487	709,241
Operating expenses		
Compensation and benefits	406,671	386,090
Supplies and services	228,442	225,940
Depreciation and amortization	46,108	45,981
Interest expense	10,816	12,605
Medicaid assessment program expense	9,883	10,167
Total expenses	701,920	680,783
Operating income	18,567	28,458
Nonoperating income (expense)		
Investment income	59,727	35,638
Contributions - Net of related expenses and other of \$1,367 and \$1,170 in 2013 and 2012, respectively	(1,025)	(954)
Loss on early retirement of debt	-	(2,290)
Other	327	1,133
Total nonoperating income	59,029	33,527
Excess of revenue over expenses	77,596	61,985
Other changes in unrestricted net assets		
Pension-related changes other than net periodic pension cost	48,664	(29,521)
Net assets released from restrictions	903	2,834
Change in unrestricted net assets	\$ 127,163	\$ 35,298

See accompanying notes to consolidated financial statements.

ThedaCare, Inc. and Affiliates

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2013 and 2012

	(In Thousands)	
	2013	2012
Unrestricted net assets		
Excess of revenue over expenses	\$ 77,596	\$ 61,985
Pension-related changes other than net periodic pension cost	48,664	(29,521)
Net assets released from restrictions	903	2,834
Increase in unrestricted net assets	127,163	35,298
Temporarily restricted net assets		
Contributions	2,928	1,100
Investment income	194	81
Net change in unrealized gains on investments	342	215
Net assets released from restrictions	(903)	(2,834)
Increase (decrease) in temporarily restricted net assets	2,561	(1,438)
Increase in permanently restricted net assets - Contributions	96	44
Change in net assets	129,820	33,904
Net assets at beginning	529,171	495,267
Net assets at end	\$ 658,991	\$ 529,171

ThedaCare, Inc. and Affiliates

Consolidated Statements of Cash Flows

Years Ended December 31, 2013 and 2012

	(In Thousands)	
	2013	2012
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Change in net assets	\$ 129,820	\$ 33,904
Adjustments to reconcile change in net assets to net cash provided by operating activities.		
Depreciation and amortization	46,108	45,981
(Gain) loss on disposal of equipment	696	(309)
Undistributed equity in net gains of unconsolidated affiliates	(363)	(1,115)
Provision for bad debts	24,411	18,778
Net realized gains on investments and assets limited as to use	(8,807)	(4,575)
Net change in unrealized gains on investments and assets limited as to use	(43,800)	(23,611)
Pension-related changes other than net periodic pension cost	(48,664)	29,521
Loss on early retirement of debt	-	2,290
Changes in operating assets and liabilities		
Accounts receivable	(28,029)	(16,729)
Inventory	(577)	(194)
Prepaid expenses and other	(1,000)	(598)
Other assets	1,205	(1,289)
Investments and assets limited as to use held as trading securities	(30,966)	(30,388)
Accounts payable	1,983	(52)
Accrued and other liabilities	4,493	303
Estimated third-party payor settlements	(701)	(32)
Residency fee deposits	(14)	(51)
Deferred employee benefit obligations and other noncurrent liabilities	4,379	(7,183)
Total adjustments	(79,646)	10,747
Net cash provided by operating activities	50,174	44,651

ThedaCare, Inc. and Affiliates

Consolidated Statements of Cash Flows (Continued)

Years Ended December 31, 2013 and 2012

	(In Thousands)	
	2013	2012
Cash flows from investing activities		
Purchases of land, buildings, and equipment	\$ (38,423)	\$ (19,404)
Purchases of investments	(27,883)	(24,638)
Sales of investments	4,000	-
Net cash used in investing activities	(62,306)	(44,042)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	-	49,745
Principal payments on long-term debt	(10,879)	(59,335)
Payments for bond issuance costs	(2)	(281)
Net cash used in financing activities	(10,881)	(9,871)
Net decrease in cash and cash equivalents	(23,013)	(9,262)
Cash and cash equivalents at beginning	65,047	74,309
Cash and cash equivalents at end	\$ 42,034	\$ 65,047

Supplemental cash flow information:

Cash paid for interest	\$ 10,796	\$ 12,605
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ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies

The Entity and Principles of Consolidation

The consolidated financial statements of ThedaCare, Inc. and Affiliates (“ThedaCare”) include the accounts and operations of Theda Clark Medical Center, Inc. (TCMC), Appleton Medical Center, Inc. (AMC), New London Family Medical Center, Inc. (NLFMC), Riverside Medical Center, Inc. (RMC), and Shawano Medical Center, Inc. (SMC) (collectively the “Hospitals”) and various physician clinics (the “Clinics”). In addition to the Hospitals and the Clinics, the consolidated financial statements also include the following

The Heritage, a division of ThedaCare, operates a 136-unit retirement center and an 18-unit assisted living center.

Peabody Manor, a division of ThedaCare, operates a 58-bed skilled nursing facility.

ThedaCare Behavioral Health Services, a division of ThedaCare, operates various clinics that provide outpatient substance abuse and mental health services.

ThedaCare at Home, a division of ThedaCare, provides home health and hospice services, durable medical equipment, nursing and related home health services, including infusion therapy and respiratory care services.

ThedaCare at Work, a division of ThedaCare, provides comprehensive occupational medical, counseling, and training services.

ThedaCare Family of Foundations, Inc. is a nonstock, not-for-profit corporation formed in 2013 and organized and operated exclusively for charitable, scientific, and educational purposes. Its primary function is to raise support for ThedaCare’s affiliates and to consolidate the activities and administration of ThedaCare’s multiple foundations. Accordingly, the ThedaCare foundations listed below were dissolved on December 31, 2013, and their net assets, fund-raising activities, and operations were transferred to ThedaCare Family of Foundations, Inc. as of December 31, 2013.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

The Entity and Principles of Consolidation (Continued)

Theda Clark Medical Center Foundation, Inc. and Appleton Medical Center Foundation, Inc. were not-for-profit foundations organized and operated exclusively for charitable, scientific, and educational purposes and whose primary function was to raise support for TCMC and AMC, respectively.

Wolf River Area Healthcare Foundation, Inc. was a not-for-profit foundation organized and operated exclusively for charitable, scientific, and educational purposes and whose primary function was to raise support for NLFMC.

Shawano Medical Center Foundation, Inc. was a not-for-profit foundation organized and operated exclusively for charitable, scientific, and educational purposes and whose primary function was to raise support for SMC.

George F. Peabody Foundation, Inc. was a nonstock, not-for-profit corporation that received gifts and bequests, administered and invested funds, and disbursed payments for the encouragement of effective elderly health care.

Community Hospice Foundation, Inc. was a nonstock, not-for-profit corporation that received gifts and bequests, administered and invested funds, and disbursed payments for the support, use, maintenance, and operation of ThedaCare at Home hospice services.

All intercompany balances and transactions have been eliminated in consolidation.

Financial Statement Presentation

ThedaCare follows accounting standards set by 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 nongovernment entities.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 **Summary of Significant Accounting Policies** (Continued)

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. The use of estimates and assumptions in the preparation of the accompanying consolidated financial statements is primarily related to the valuation of the net patient accounts receivable and settlements with third-party payors, as well as the valuation of fair value of ThedaCare's alternative investments, the projected benefit obligation relating to ThedaCare's defined benefit pension plan, and the accrual for self-funded health benefits to employees.

Cash Equivalents

ThedaCare considers all highly liquid short-term investments with a maturity of three months or less when acquired to be cash equivalents, with the exception of cash equivalents held as short-term investments in the investment portfolio.

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. ThedaCare 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 accounts receivable are applied to the specific claim identified on the remittance advice or statements. ThedaCare does not have a policy to charge interest on past due accounts.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 **Summary of Significant Accounting Policies** (Continued)

Patient Accounts Receivable and Credit Policy (Continued)

Patient accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and an allowance for doubtful accounts, which reflects management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable. In evaluating the collectibility of patient accounts receivable, ThedaCare analyzes historical loss experience on revenue from all payors. Using the loss experience rate, ThedaCare estimates the appropriate allowance for doubtful accounts and provision for bad debts. 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 against the allowance for doubtful accounts.

Inventory

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

Assets Limited as to Use

Assets limited as to use include assets the Board of Directors have designated for replacement and expansion of facilities, over which the Board retains control and may at its discretion subsequently use for other purposes, assets set aside to fund donor designations, and assets held by a trustee under revenue bond indenture agreements.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Investments

Investments are designated as trading securities. All investments, with the exception of investments in unconsolidated affiliates, are measured at fair value in the accompanying consolidated balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in nonoperating income unless the income or loss is restricted by donor or law. Realized gains and losses are determined by specific identification.

Land, Buildings, and Equipment

Land, buildings, and equipment are stated at historical cost. Items of an ordinary maintenance or repair nature are charged directly to expense as incurred, and major renewals or improvements that extend the useful life of the buildings or equipment are capitalized. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets, net of any earnings on these funds. Cost and related accumulated depreciation for property sold or otherwise retired are removed from the accounts, and gains or losses on disposition are included in operations. Assets under capital leases are amortized over the shorter of the lease period or the life of the asset.

Depreciation is computed using the straight-line method. The estimated useful lives used for depreciation purposes are

Land improvements	5 to 25 years
Buildings and improvements	10 to 40 years
Equipment	3 to 15 years
Computer hardware and software	3 to 5 years

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Bond Issuance Costs

ThedaCare amortizes bond issuance costs over the terms of the bonds. The amortization is calculated using the effective interest method. At December 31, 2013 and 2012, accumulated amortization of bond issuance costs was \$5,401 and \$5,046, respectively.

Goodwill

Goodwill is the excess of the total cost of the acquisition over the fair value of the net assets acquired. Goodwill is recorded at cost and is included in other assets in the accompanying consolidated balance sheets.

Goodwill is not amortized, but it is subject to annual tests for impairment. For purposes of assessing the impairment of goodwill, ThedaCare evaluates goodwill at each reporting unit level. In 2011, ThedaCare adopted the provisions of Accounting Standards Update (ASU) 2011-08, *Intangibles - Goodwill and Other (Topic 350) Testing Goodwill Impairment*, which allows ThedaCare to assess the totality of qualitative factors (such as relevant events and circumstances) to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount, including goodwill. If ThedaCare determines it is more likely than not that the fair value of a reporting unit is less than its carrying amount, ThedaCare estimates the fair value of the reporting unit, and the fair value is then compared with the carrying value of the applicable reporting unit. If the carrying amount of the reporting unit exceeds its calculated fair value, a second step of the goodwill impairment would be performed to measure the amount of impairment loss, if any.

Based on impairment analyses, ThedaCare recorded impairment charges of \$243 and \$1,113 in 2013 and 2012, respectively, which are recorded within depreciation and amortization expenses in the accompanying consolidated statements of operations. Goodwill, which is included in investments in unconsolidated affiliates and other in the accompanying consolidated balance sheets, was \$1,305 and \$997 as of December 31, 2013 and 2012, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Long-Lived Assets

ThedaCare periodically evaluates the carrying value of land, buildings and equipment, and other long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. In 2013, additional accelerated depreciation of \$4,121 was recorded related to the Shawano hospital facility, which will be replaced by a new facility in 2015 (see Note 6). No impairment losses on long-lived assets were recognized in 2012.

Residency Fee Deposits

Residency fee deposits associated with The Heritage are no longer collected. The remaining deposits held are being refunded by reducing the tenants' monthly rents. When a tenant leaves, The Heritage immediately refunds the total amount due.

Fair Value of Measurements

ThedaCare measures fair value of its financial instruments, including assets within the defined benefit noncontributory retirement plan, using a three-tier hierarchy that 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 ThedaCare has the ability to access.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Fair Value of Measurements (Continued)

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.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 **Summary of Significant Accounting Policies** (Continued)

Patient Service Revenue

ThedaCare recognizes patient service revenue associated with services provided to patients who have third-party payor coverage primarily on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, ThedaCare recognizes revenue on the basis of discounted rates established under ThedaCare's uninsured patient policy. The provision for contractual adjustments (that is the difference between established rates and expected third-party payor payments) and the discounts (that is the difference between established rates and the amount billable) are recognized on the accrual basis. These amounts are deducted from gross patient service revenue to determine patient service revenue (net of contractual allowances and discounts). Based on ThedaCare's historical experience, a significant portion of uninsured patients will be unwilling or unable to pay for services provided. Thus ThedaCare records a provision for bad debts related to uninsured patients in the period the services are provided. The provision for bad debts is based on historical loss experience and is deducted from patient service revenue (net of contractual allowances and discounts) to determine net patient service revenue. ThedaCare also accrues retroactive adjustments under reimbursement agreements with third-party payors on an estimated basis in the period the related services are provided. Estimates are adjusted in future periods as final settlements are determined.

Charity Care

ThedaCare provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because collection is not pursued on amounts determined to qualify as charity care, these amounts are not included in patient service revenue (net of contractual allowances and discounts).

The estimated cost of providing care to patients under ThedaCare's charity care policy is calculated by multiplying the ratio of cost-to-gross charges by the gross uncompensated charity care charges. The costs to provide care to patients under ThedaCare's charity care policy was \$8,401 and \$7,876 for the years ended December 31, 2013 and 2012, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Other Operating Revenue

Other operating revenue consists of rental income, equity in unconsolidated affiliates' earnings, cafeteria and vending proceeds, medical records, Medicare and Medicaid electronic health record (EHR) incentive payments, and various other programs. Included in rental income are amounts from residential units, an assisted living center, and various other entities occupying hospital and clinic space.

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

ThedaCare recognizes revenue for EHR incentive payments when there is reasonable assurance that the conditions of the program will be met, 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 & Medicaid Services (CMS). Amounts recognized under the Medicare and Medicaid EHR incentive programs are based on management's best estimates that 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, ThedaCare's compliance with the meaningful use criteria is subject to audit by the federal government or its designee.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 **Summary of Significant Accounting Policies** (Continued)

Medicaid Assessment Program

Wisconsin state regulations require eligible hospitals to pay the state an annual assessment. The assessment period is the state's fiscal year, which runs from July 1 through June 30. The assessment is based on each hospital's gross revenue, as defined. The revenue generated from the assessment is to be used, in part, to increase overall reimbursement under the Wisconsin Medicaid program.

Operating Income

The accompanying consolidated statements of operations include the intermediate subtotal operating income. Nonoperating income (expense) includes investment income (loss), contributions net of related expenses, and nonrecurring gains and losses, which management views as outside of normal operating activities.

Excess of Revenue Over Expenses

The accompanying consolidated statements of operations and changes in net assets include excess of revenue over expenses, which is considered the operating indicator. Changes in unrestricted net assets, which are excluded from the operating indicator, include changes in pension obligation other than pension expense, permanent transfer of assets to and from affiliates for other than goods and services, and contributions of long-lived assets.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 **Summary of Significant Accounting Policies** (Continued)

Unconditional Promises to Give and Contributions

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. Contributions are considered available for unrestricted uses unless specifically restricted by the donor. The gifts are reported as either temporarily restricted 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 accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions.

Advertising Costs

Advertising costs are expensed as incurred.

Income Taxes

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

In order to account for any uncertain tax positions, ThedaCare 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 that position is not recognized in the consolidated financial statements.

ThedaCare recorded no assets or liabilities related to uncertain tax positions in 2013 and 2012. Tax returns for the years ended 2010 and beyond remain subject to examination by applicable taxing authorities.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Subsequent Events

ThedaCare has evaluated subsequent events for potential recognition and/or disclosure through April 24, 2014, the date the consolidated financial statements were issued.

Note 2 Unconsolidated Affiliates

ThedaCare accounts for its investments in the following unconsolidated affiliates under the equity method of accounting

Gold Cross Ambulance Service, Inc. - ThedaCare owns 50% of Gold Cross Ambulance Service, Inc., a not-for-profit corporation formed by area hospitals to provide ambulance services to the community.

Premium Healthcare, Inc. - ThedaCare owns 50% of Premium Healthcare, Inc., a corporation formed to assist in the administration of contracts on behalf of health care providers and to develop and implement systems of utilization management and quality control for services of health care providers.

Groth Clinical Services, LLC - ThedaCare owned 50% of Groth Clinical Services LLC, a corporation formed to manage the supplies and productivity of the outpatient surgery area at AMC. This joint venture was liquidated in 2013.

Aylward Clinical Services, LLC - ThedaCare owned 50% of Aylward Clinical Services, LLC, a corporation formed to manage the supplies and productivity of the outpatient surgery area at TCMC. This joint venture was liquidated in 2013.

The total investment related to these affiliates in the accompanying consolidated balance sheets was \$2,716 and \$5,138 as of December 31, 2013 and 2012, respectively. Included in other operating revenue is equity in net income of these affiliates of \$363 and \$1,115 for 2013 and 2012, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 2 Unconsolidated Affiliates (Continued)

A summary of certain estimated financial data for ThedaCare's unconsolidated affiliates as of and for the years ended December 31 is as follows

	2013	2012
Total assets	\$ 6,190	\$ 11,192
Net assets	\$ 5,432	\$ 10,276
Operating and total revenue	\$ 14,976	\$ 28,454
Excess (deficiency) of revenue over expenses	\$ (245)	\$ 2,230

ThedaCare also has investments in unconsolidated affiliates accounted for under the cost method. The carrying value of these affiliates was \$1,853 and \$1,840 at December 31, 2013 and 2012, respectively.

Note 3 Reimbursement Arrangements With Third-Party Payors

Agreements are maintained with third-party payors that provide for reimbursement at amounts that vary from ThedaCare's established rates. A summary of the basis of reimbursement with major third-party payors follows.

Government Payors

TCMC and AMC

Medicare - Inpatient hospital acute care services are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are reimbursed primarily on a prospective payment methodology based on a patient classification system.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 3 Reimbursement Arrangements With Third-Party Payors (Continued)

Medicaid- Inpatient and outpatient services are reimbursed primarily based on prospectively determined rates.

NLFMC, RMC, and SMC

These hospitals operate as critical access hospitals (CAHs). Under the CAH designation, inpatient and outpatient hospital services rendered to Medicare and Medicaid beneficiaries are paid based on a cost-reimbursement methodology.

Physician Clinics

Clinics are reimbursed by Medicare based on federally established fixed fee schedules. Medicaid reimbursement is based on the lower of each clinic's cost charges or a specified rate per visit.

Other Providers

Nursing home, behavioral health, and home health and hospice services are reimbursed by Medicare and Medicaid based on fee schedules or prospectively determined rates per day or episode of care.

Other Payors

ThedaCare has entered into payment agreements with commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined daily rates.

Accounting for Contractual Arrangements

Certain Medicare and Medicaid services are reimbursed at tentative rates, with final settlements determined after audit of the related annual cost reports. The cost reports have been audited by Medicare and Medicaid fiscal intermediaries through December 31, 2008.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 3 Reimbursement Arrangements With Third-Party Payors (Continued)

Electronic Health Record (EHR) Incentive Revenue

During 2013 and 2012, ThedaCare recognized \$8,774 and \$8,402, respectively, in EHR incentive payments from the Medicare and Medicaid programs. These payments are included in other operating revenue in the accompanying consolidated statements of operations. As of December 31, 2013 and 2012, outstanding receivables from Medicare and Medicaid for EHR incentive payments totaled \$6,923 and \$7,064, respectively, and are included in other receivables in the accompanying consolidated balance sheets.

Accountable Care Organization

In 2012, ThedaCare along with other parties formed an accountable care organization (ACO) to participate in the Medicare Shared Savings Program (MSSP). The original term of the MSSP is three years. The ACO participants coordinate care for assigned Medicare fee-for-service members. Based on terms of the agreement with CMS, the ACO has the potential to receive a portion of the cost savings or pay a portion of the losses for services provided to assigned members. For the years ended December 31, 2013 and 2012, ThedaCare has recorded revenue of \$1,710 and \$1,000, respectively, related to this agreement, which is included in other operating revenue in the accompanying consolidated statements of operations.

As part of the MSSP, CMS required the ACO to obtain a letter of credit for \$5,110. The letter of credit expires on December 31, 2014. No amounts were drawn on the letter of credit as of December 31, 2013. CMS could draw on the letter of credit if the ACO defaulted on their financial obligation under the MSSP agreement. The ACO has no assets or liabilities at December 31, 2013.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 3 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. Violations by health care providers of laws and regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services. Management believes ThedaCare is in substantial compliance with current laws and regulations.

CMS uses recovery audit contractors (RACs) as part of its efforts to ensure accurate payments. RACs search for potentially inaccurate Medicare payments that may have been made to health care providers and not detected through existing CMS program integrity efforts. Once a RAC identifies a claim it believes is inaccurate, CMS makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The provider will then have the opportunity to appeal the adjustment before final settlement of the claim is made. As of December 31, 2013, ThedaCare has received notice from the RAC of certain claims identified by the RAC as inaccurate. Management believes any reimbursement adjustments related to these claims will not be significant.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 4 Patient Accounts Receivable and Allowance for Doubtful Accounts

Patient accounts receivable consisted of the following at December 31.

	2013	2012
Patient accounts receivable	\$ 155,114	\$ 139,500
Less		
Contractual adjustments	60,657	50,076
Allowance for doubtful accounts	16,033	13,192
Patient accounts receivable - Net	\$ 78,424	\$ 76,232

Write-offs as a percentage of gross revenue balance (loss experience) increased 25% in 2013 compared to 2012. In addition, ThedaCare's patient accounts receivable balance increased \$15,614 in 2013 compared to 2012. These factors caused the allowance for doubtful accounts to increase to 10.3% of patient accounts receivable at December 31, 2013, from 9.5% of patient accounts receivable at December 31, 2012. The discount from the standard rate given to uninsured patients increased to 33% in 2013 from 26% in 2012. ThedaCare did not change its charity care policy during 2013 or 2012.

Note 5 Investments and Fair Value Measurements

Following is a description of the valuation methodologies used for assets measured at fair value, including assets held in ThedaCare's defined benefit retirement plans (see Note 9). Money market funds are valued using a net asset value (NAV) of \$1. Mutual funds are valued at the daily closing price as reported by the fund. These funds are registered with the Securities and Exchange Commission and are required to publish their daily NAV and to transact at that price. U.S. government and agency obligations and corporate bonds and asset-backed securities are valued using pricing models maximizing the use of observable inputs on similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. Common stocks and preferred stocks are valued using quoted market prices at the closing price reported on the active market on which the individual securities are traded.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 5 Investments and Fair Value Measurements (Continued)

Alternative investments are reported at fair value and represent investments in offshore feeder funds. These funds are made up of several underlying managers, each of whom manage their own portfolio. Fair value is determined based on the fair value of the underlying investments. Alternative investments are considered Level 2 if the investment can trade at NAV and has a redemption notification or lockup period of 90 days or less, otherwise they are considered Level 3. For the years ended December 31, 2013 and 2012, the application of valuation techniques applied to these investments has been consistent.

The tables below present the balances of assets measured at fair value on a recurring basis by level within the hierarchy as of December 31

	2013			
	Fair Value Measurements Using			Total Assets
	Level 1	Level 2	Level 3	at Fair Value
Money market funds	\$ 9,549	\$ -	\$ -	\$ 9,549
U S government and agency obligations	-	43,241	-	43,241
Corporate bonds and asset-backed securities	-	3,240	-	3,240
Common and preferred stocks				
Consumer discretionary	11,502	-	-	11,502
Consumer staples	6,042	-	-	6,042
Energy	3,248	-	-	3,248
Financials	5,708	-	-	5,708
Health care	5,450	-	-	5,450
Industrials	11,511	-	-	11,511
Information technology	9,384	-	-	9,384
Materials	4,520	-	-	4,520
Telecommunication services	952	-	-	952
Utilities	725	-	-	725
Marketable limited partnerships	150	-	-	150
Mutual funds				
Equities	201,409	-	-	201,409
Fixed income	117,783	-	-	117,783
Alternative investments	-	61,921	16,497	78,418
Total	\$ 387,933	\$ 108,402	\$ 16,497	\$ 512,832

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 5 Investments and Fair Value Measurements (Continued)

	2012			Total Assets at Fair Value
	Fair Value Measurements Using			
	Level 1	Level 2	Level 3	
Money market funds	\$ 24,532	\$ -	\$ -	\$ 24,532
U S government and agency obligations	-	39,610	-	39,610
Corporate bonds and asset-backed securities	-	4,197	-	4,197
Common and preferred stocks.				
Consumer discretionary	8,255	-	-	8,255
Consumer staples	4,841	-	-	4,841
Energy	2,894	-	-	2,894
Financials	4,915	-	-	4,915
Health care	4,060	-	-	4,060
Industrials	9,601	-	-	9,601
Information technology	5,525	-	-	5,525
Materials	3,291	-	-	3,291
Telecommunication services	1,042	-	-	1,042
Utilities	680	-	-	680
Marketable limited partnerships	110	-	-	110
Mutual funds				
Equities	135,076	-	-	135,076
Fixed income	104,679	-	-	104,679
Alternative investments	-	41,225	10,843	52,068
Total	\$ 309,501	\$ 85,032	\$ 10,843	\$ 405,376

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 5 Investments and Fair Value Measurements (Continued)

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

	2013	2012
Balance at beginning	\$ 10,843	\$ 25,653
Purchases	9,882	10,638
Total net gains included in excess of revenue over expenses	860	205
Transfers to Level 2	(5,088)	(25,653)
Balance at end	\$ 16,497	\$ 10,843

Net unrealized gains included entirely in excess of revenue over expenses for the year relating to assets held at year-end

\$ 860 \$ 205

During 2013 and 2012, ThedaCare reclassified alternative investments within its portfolio from Level 3 to Level 2 based on ASC Topic 820-10-35-58, *Fair Value Measurements and Disclosures*, which provides guidance that the ability to trade the investment at NAV would allow the investment to be classified as Level 2.

The following table sets forth additional disclosures of ThedaCare's investments whose fair value is estimated at net asset value per share as of December 31, 2013

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period	Lockup Period
Alternative investments (a)	\$78,418	\$12,928	Ranges from quarterly to every two years depending on the terms of the fund	Ranges from 30-day notice to 90-day notice depending on the terms of the fund	Fair value of \$7,059 subject to a two-year lockup, \$1,741 subject to a 13-year lockup, \$7,697 subject to a 10-year lockup

(a) This class invests primarily in offshore partnerships with diverse portfolios including common stocks, preferred stocks, bonds, asset-backs securities, short-sales, real estate and other unique investment vehicles

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 5 Investments and Fair Value Measurements (Continued)

Such amounts were classified in the accompanying consolidated balance sheets as of December 31 as follows

	2013	2012
Short-term investments	\$ 368,501	\$ 299,604
Investments	119,124	80,856
Assets limited as to use		
Investments held by bond trustee	14,084	14,228
Board-designated investments	3,437	3,437
Donor-designated investments	7,686	7,251
Totals	\$ 512,832	\$ 405,376

Investment return is comprised of and classified as follows in the consolidated financial statements

	2013	2012
Interest income and dividends	\$ 7,656	\$ 7,748
Net realized gains on investments and assets limited as to use	8,807	4,575
Net change in unrealized gains on investments and assets limited as to use	43,800	23,611
Total investment return	\$ 60,263	\$ 35,934
Unrestricted - Investment income	\$ 59,727	\$ 35,638
Temporarily restricted		
Investment income	194	81
Net change in unrealized gains on investments	342	215
Total temporarily restricted	536	296
Total investment return	\$ 60,263	\$ 35,934

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 6 Land, Buildings, and Equipment

A summary of land, buildings, and equipment and the related accumulated depreciation and amortization is as follows at December 31

	2013	2012
Land and improvements	\$ 27,185	\$ 26,563
Buildings and improvements	454,331	442,128
Equipment	306,842	295,619
Computer software	6,335	4,818
Construction in progress	9,537	3,383
Buildings and equipment under capital leases	11,749	12,154
Total land, buildings, and equipment	815,979	784,665
Accumulated depreciation and amortization	(463,316)	(424,220)
Land, buildings, and equipment - Net	\$ 352,663	\$ 360,445

Accumulated amortization on buildings and equipment under capital leases at December 31, 2013 and 2012 was \$9,995 and \$8,358, respectively.

Depreciation and amortization expense on land, buildings, and equipment for 2013 and 2012 was \$45,510 and \$44,398, respectively.

At December 31, 2013, ThedaCare had commitments totaling \$6,921 related to general construction projects and major equipment purchases. ThedaCare also had commitments totaling approximately \$50,000 related to constructing and equipping a new hospital in Shawano, Wisconsin. The new facility is expected to be placed in service in 2015.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 7 Long-Term Debt

Long-term debt at December 31 is summarized as follows.

	2013	2012
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2005, interest at 4.50% to 5.00%, due in installments through 2030	\$ 50,665	\$ 52,500
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2009A, interest at 5.00% to 5.50%, due in installments through 2038	85,265	86,915
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2009B, interest at 4.00% to 5.00%, due in installments through 2020	21,685	25,005
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2010, interest at 4.00% to 5.50%, due in installments through 2027	20,720	21,755
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2012, interest at 1.95%, due in installments beginning in 2021 continuing through 2030	49,745	49,745
Note payable City of Shawano, Wisconsin Industrial Development Revenue Bonds, Series 2001, interest at 70% of one-month LIBOR plus 1.30% (1.03% at December 31, 2013), due in installments through 2018	3,768	4,410

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 7 Long-Term Debt (Continued)

	2013	2012
Note payable City of Shawano, Wisconsin Industrial Development Revenue Bonds, Series 2006, interest at 4.93%, due in installments through 2031, the interest rate becomes variable in October 2021	\$ 4,952	\$ 5,122
Capital lease obligations	2,158	4,385
Totals	238,958	249,837
Less - Current portion	10,210	10,802
Long-term debt, net of current portion	\$ 228,748	\$ 239,035

The loans and related agreements with Wisconsin Health and Educational Facilities Authority (WHEFA) and the city of Shawano provide, among other things, that ThedaCare, TCMC, AMC, NLFMC, RMC, and SMC (collectively the "Obligated Group") are jointly and severally obligated for the debt service on all obligations issued thereunder. Under the terms of the agreements various amounts are being held on deposit with a trustee for bond redemption, interest payments, and certain construction expenditures. In addition, the master trust indenture requires the Obligated Group to maintain certain financial ratios and places restrictions on various activities such as the transfer of assets and incurrence of additional indebtedness. Management believes ThedaCare is in compliance with all such covenants.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 7 Long-Term Debt (Continued)

In October 2012, ThedaCare issued its Series 2012 Revenue Bonds with a total principal value of \$49,745. The proceeds of the 2012 Revenue Bonds, along with existing balances in funds held by the trustee, were used to refund the Series 2001 Revenue Bonds. The Series 2012 Revenue Bonds were issued pursuant to a Bond Trust Indenture by and between WHEFA and The Bank of New York Mellon Trust Company, N.A., as bond trustee, with proceeds loaned to ThedaCare pursuant to a Loan Agreement by and between ThedaCare and WHEFA. The Series 2012 Revenue Bonds were also issued pursuant to a Master Trust Indenture between ThedaCare and U.S. Bank N.A. as Master Trustee. The Obligated Group is liable for all obligations under the Loan Agreement. The Series 2012 Revenue Bonds were purchased by a financial institution upon issuance based on a Purchase Agreement and will remain with the financial institution until 2022, at which point the bonds may be reoffered if certain conditions have been satisfied pursuant to the Purchase Agreement.

In conjunction with the refunding of the Series 2001 Revenue Bonds, ThedaCare recorded a loss on early retirement of debt totaling \$2,290 for the year ended December 31, 2012. The loss, which includes the write-off of unamortized deferred financing cost, is included in nonoperating income (expense) in the accompanying consolidated statements of operations.

Scheduled payments on all long-term debt are as follows.

Maturity Date	Bonds and Notes Payable	Capital Leases	Total
2014	\$ 9,041	\$ 1,169	\$ 10,210
2015	9,280	219	9,499
2016	9,175	237	9,412
2017	9,598	256	9,854
2018	9,788	277	10,065
Thereafter	189,918	-	189,918
Total	\$ 236,800	\$ 2,158	\$ 238,958

Total interest cost incurred during 2013 and 2012 was \$10,816 and \$12,605, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 8 Lease Commitments

Lease expense charged to operations for all operating leases was \$18,581 and \$18,252 in 2013 and 2012, respectively. As of December 31, 2013, future minimum lease payments under all operating leases with initial or remaining noncancelable lease terms in excess of one year are as follows.

2014	\$	17,081
2015		16,667
2016		16,267
2017		11,967
2018		12,072
Thereafter		23,533
Total	\$	97,587

Note 9 Deferred Employee Benefit Obligations and Pension Plans

Deferred Contribution Plan

ThedaCare offers a defined contribution 403(b) savings plan in which substantially all employees may participate. For employees age 19 and over, the plan includes a 75% match on the first 4% of eligible wages contributed to the plan by employees, plus an annual employer contribution from 3% to 8% of eligible wages based on years of service to employees who meet a minimum-hours requirement and are employed as of the last day of the plan year (December 31). ThedaCare also contributes a transition contribution equal to 7% of eligible wages to employees age 55 and over who had at least 10 years of services as of January 1, 2010. ThedaCare will make transition contributions through 2016. Total defined contribution expense was \$22,625 and \$21,625 during 2013 and 2012, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 **Deferred Employee Benefit Obligations and Pension Plans** (Continued)

Deferred Compensation

ThedaCare provides certain executive compensation plans that vest over a one- to five-year time period and are paid out once the balances are fully vested. Related liabilities are \$4,583 and \$3,242 at December 31, 2013 and 2012, respectively.

Pension and Other Postretirement Benefits

The ThedaCare Pension Plan, which was frozen in 2009, is a defined benefit pension plan that covers all full and many part-time employees of ThedaCare who have completed one year of service and attained the age of 21. ThedaCare funds contributions to the plan based on actuarial computations using the projected unit credit method. Benefits are based on years of service and the employee's average compensation for the five highest consecutive years of service. ThedaCare contributed \$0 and \$11,400 to the plan during 2013 and 2012, respectively. There is no anticipated contribution for ThedaCare's pension plan for the year ending December 31, 2014.

ThedaCare also provides certain benefits to eligible employees after their retirement date. Such benefits include life insurance and the additional claims cost in excess of standard premiums for medical and dental benefits. ThedaCare funds benefit costs on a pay-as-you-go basis. During 2013 and 2012, ThedaCare made benefit payments totaling approximately \$340 and \$320, respectively. The contribution for ThedaCare's other postretirement benefits for the year ending December 31, 2014, is anticipated to be \$380.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

Information regarding the benefit obligations and assets of the pension and postretirement benefit plans as of and for the years ended December 31 are as follows.

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Actuarial present value of benefit obligations				
Accumulated benefit obligation	\$ 239,456	\$ 295,648	\$ 5,429	\$ 5,689
Change in projected benefit obligation				
Projected benefit obligation at beginning	\$ 295,648	\$ 253,881	\$ 5,689	\$ 4,783
Service cost	-	-	295	254
Interest cost	9,934	10,940	193	208
Actuarial (gains) losses	(41,192)	46,508	(408)	764
Benefits paid	(24,934)	(15,681)	(340)	(320)
Projected benefit obligation at end of measurement period	239,456	295,648	5,429	5,689
Change in plan assets				
Fair value of plan assets at beginning of measurement period	227,105	205,647	-	-
Actual return on plan assets	13,672	25,739	-	-
Employer contributions	-	11,400	340	320
Benefits paid	(24,934)	(15,681)	(340)	(320)
Fair value of plan assets at end of measurement period	215,843	227,105	-	-
Funded status at end of measurement period	\$ (23,613)	\$ (68,543)	\$ (5,429)	\$ (5,689)
Amounts recognized in the consolidated balance sheets consist of the following				
Current portion of deferred employee benefit obligations	\$ (21,415)	\$ (23,801)	\$ (380)	\$ (340)
Long-term deferred employee benefit obligations	(2,198)	(44,742)	(5,049)	(5,349)
Totals	\$ (23,613)	\$ (68,543)	\$ (5,429)	\$ (5,689)
Amounts recognized in unrestricted net assets				
Net actuarial loss	\$ 61,548	\$ 109,762	\$ 680	\$ 1,132
Net prior service credit	-	-	(5)	(7)
Total recognized in unrestricted net assets	\$ 61,548	\$ 109,762	\$ 675	\$ 1,125

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

Components of net periodic benefit cost and other amounts recognized in changes in unrestricted net assets are as follows.

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Net periodic benefit cost				
Service cost	\$ -	\$ -	\$ 295	\$ 254
Interest cost on projected benefit obligation	9,934	10,940	193	208
Expected return on plan assets	(14,215)	(13,112)	-	-
Amortization of				
Net losses	7,566	5,126	45	-
Net prior service cost	-	-	(3)	(3)
Net periodic benefit cost	3,285	2,954	530	459
Other changes in plan assets and benefit obligations recognized in unrestricted net assets				
Net actuarial (gain) loss arising during the period	(40,648)	33,880	(408)	764
Amortization of prior service cost	-	-	3	3
Amortization of net actuarial loss	(7,566)	(5,126)	(45)	-
Total other changes in plan assets and benefit obligations	(48,214)	28,754	(450)	767
Total recognized in net periodic benefit cost and unrestricted net assets	\$ (44,929)	\$ 31,708	\$ 80	\$ 1,226

The estimated net actuarial loss for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost during 2014 is \$3,514. The estimated prior service cost for the other postretirement benefits plan that will be amortized from unrestricted net assets into net periodic benefit cost during 2014 is \$3.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

The following weighted average assumptions were used to estimate the benefit obligation at December 31 and the net periodic benefit cost for the years ended December 31

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Discount rate (benefit obligation)	4.50%	3.50%	4.50%	3.50%
Discount rate (benefit cost)	3.50%	4.50%	3.50%	4.50%
Assumed rate of return on plan assets (benefit obligation)	6.60%	6.60%	N/A	N/A
Assumed rate of return on plan assets (benefit cost)	6.60%	6.60%	N/A	N/A

To develop the expected long-term rate of return on asset assumptions, ThedaCare considered the historical returns and future expectations for returns in each asset class, as well as targeted asset allocation percentages within the pension portfolio. This resulted in the selection of 6.60% for the 2013 and 2012 long-term rate of return on asset assumptions.

For postretirement benefit obligation measurement purposes, an 8.5% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2013. The rate is assumed to decrease by 0.5% per year to 5% in 2021 and remain at that level thereafter.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

The assumed health care cost trend assumption has a significant effect on the amounts reported for the postretirement benefit obligation. A one-percentage-point change in the assumed health care cost trend rate would have the following effects

	One Percentage Point Increase	One Percentage Point Decrease
Effect on service and interest cost components in 2013	\$ 54	\$ (47)
Effect on postretirement benefit obligation as of December 31, 2013	444	(389)

The following estimated future benefit payments, which reflect expected future service, as appropriate, are as follows

	Pension Benefits	Postretirement Benefits
2014	\$ 21,415	\$ 380
2015	20,996	410
2016	20,620	460
2017	20,766	465
2018	20,883	510
Years 2019 through 2023	93,435	2,625

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 9 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Plan Assets

The pension fund is managed in accordance with the documents, policies, applicable laws, and regulations of the pension investment policy. The pension investment policy includes specific guidelines for quality, asset concentration, asset mix, asset allocations, and performance expectations. The pension funds are reviewed for compliance with the pension investment policy by the Finance Committee.

The asset mix for the years ended December 31 was as follows.

	2013	2012
Fixed income securities (includes cash and cash equivalents maintained to meet anticipated plan expenses and distributions)	65%	67%
Equity securities	35%	33%
Totals	100%	100%

The fair values of pension plan assets by asset category at December 31 were as follows

Asset Category	2013			Total
	Level 1	Level 2	Level 3	
Domestic equity mutual funds	\$ 60,849	\$ -	\$ -	\$ 60,849
International mutual funds	13,664	-	-	13,664
Fixed income mutual funds	141,330	-	-	141,330
Total	\$ 215,843	\$ -	\$ -	\$ 215,843

Asset Category	2012			Total
	Level 1	Level 2	Level 3	
Domestic equity mutual funds	\$ 63,224	\$ -	\$ -	\$ 63,224
International mutual funds	11,618	-	-	11,618
Fixed income mutual funds	152,263	-	-	152,263
Total	\$ 227,105	\$ -	\$ -	\$ 227,105

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 Unemployment Compensation

The Hospitals have elected to pay for unemployment compensation benefits on a reimbursement basis and have filed with the Wisconsin Department of Industry, Labor, and Human Relations (the "Department") letters of credit in the aggregate amount of \$6,109 at December 31, 2013 and 2012. The Department notifies ThedaCare on an annual basis of the amount of the letter of credit required to be in compliance.

Note 11 Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets were available for the following purposes at December 31.

	2013	2012
Capital expenditures.		
Theda Clark	\$ 800	\$ -
Campaign Fund	287	287
Programs.		
ThedaCare Community Fund	1,613	1,875
Capital expenditures or programs		
Shawano Medical Center	1,462	-
Peabody Manor	1,255	1,043
Cancer Center	543	517
Aylward Surgery Center	479	424
Appleton Medical Center	369	369
Urology	199	136
Collaborative care	-	298
ThedaStar	184	-
Various	3,180	2,779
Pledges due to time restrictions	264	346
Total temporarily restricted net assets	\$ 10,635	\$ 8,074

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 11 Temporarily and Permanently Restricted Net Assets (Continued)

Permanently restricted net assets consist of various endowment funds, the assets of which are to be held indefinitely. The composition of permanently restricted net assets at December 31 was as follows

	2013	2012
Shattuck Fund	\$ 3,124	\$ 3,124
Strange Endowment	1,000	1,000
Children's Endowment	425	425
Elderly services	299	299
TC Endowment Fund	208	208
Scholarship	176	175
Boldt Family Fund	149	149
Various	787	692
Total permanently restricted net assets	\$ 6,168	\$ 6,072

Note 12 Endowment Funds

The endowment consists of 18 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with the endowment are classified and reported based on the existence or absence of donor-imposed restrictions.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 12 Endowment Funds (Continued)

Interpretation of Relevant Law

The Board of Directors of ThedaCare has interpreted the state of Wisconsin Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, ThedaCare classified as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets.

ThedaCare's endowment net asset composition by type of fund is as follows at December 31

	2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor restricted	\$ -	\$ 1,518	\$ 6,168	\$ 7,686
Board designated	3,437	-	-	3,437
Total funds	\$ 3,437	\$ 1,518	\$ 6,168	\$ 11,123

	2012			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor restricted	\$ (1)	\$ 1,179	\$ 6,072	\$ 7,250
Board designated	3,437	-	-	3,437
Total funds	\$ 3,436	\$ 1,179	\$ 6,072	\$ 10,687

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 12 Endowment Funds (Continued)

The changes in endowment by net asset class for ThedaCare were as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at December 31, 2011	\$ 3,428	\$ 1,008	\$ 6,028	\$ 10,464
Investment return				
Investment income	-	55	-	55
Net realized and unrealized appreciation	8	205	-	213
Total investment return	8	260	-	268
Contributions	-	-	44	44
Appropriation of endowment assets for expenditure	-	(89)	-	(89)
Endowment net assets at December 31, 2012	3,436	1,179	6,072	10,687
Investment return				
Investment income	-	51	-	51
Net realized and unrealized appreciation	1	396	-	397
Total investment return	1	447	-	448
Contributions	-	-	96	96
Appropriation of endowment assets for expenditure	-	(108)	-	(108)
Endowment net assets at December 31, 2013	\$ 3,437	\$ 1,518	\$ 6,168	\$ 11,123

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires ThedaCare to retain as a fund of perpetual duration. Deficiencies of this nature that are reported in unrestricted net assets were \$0 and \$1 as of December 31, 2013 and 2012, respectively. These deficiencies resulted from unfavorable market fluctuations that occurred after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the Board of Directors.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 12 **Endowment Funds** (Continued)

Return Objectives and Risk Parameters

ThedaCare has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for a donor-specified period(s), as well as board-designated funds. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 Index while assuming a moderate level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, ThedaCare relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). ThedaCare targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

ThedaCare has a policy of appropriating for distribution each year 5% of its endowment fund's average fair value over the prior 12 quarters through the calendar year-end preceding the fiscal year in which the distribution is planned. In establishing this policy, ThedaCare considered the long-term expected return on its endowment.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 13 Patient Service Revenue (Net of Contractual Allowances and Discounts)

Patient service revenue (net of contractual allowances and discounts) consisted of the following

	2013	2012
Gross patient service revenue		
Inpatient	\$ 362,564	\$ 354,550
Outpatient	906,457	860,909
Total gross patient service revenue	1,269,021	1,215,459
Deductions - Primarily contractual adjustments and third-party reimbursement agreements	567,293	528,766
Patient service revenue (net of contractual allowances and discounts)	\$ 701,728	\$ 686,693

Medicare and Medicaid revenue as a percent of gross patient service revenue approximated 50.6% and 50.0% in 2013 and 2012, respectively.

Patient service revenue (net of contractual allowances and discounts) recognized from these major payor sources is as follows

	2013	2012
Medicare, Medicaid, health maintenance organization plans, and other third-party payors	\$ 661,479	\$ 647,866
Uninsured patients	40,249	38,827
Patient service revenue (net of contractual allowances and discounts)	\$ 701,728	\$ 686,693

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 14 Malpractice Insurance

ThedaCare has professional liability insurance for claim losses of less than \$1,000 per claim and \$3,000 per year for claims incurred during a policy year regardless of when claims are reported (occurrence coverage). ThedaCare is insured against losses in excess of these amounts through its mandatory participation in the Patients' Compensation Fund of the State of Wisconsin. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending through December 31, 2014.

Note 15 Functional Expenses

ThedaCare provides general health care and other services to residents within its geographic locations including hospital and ambulatory services and retirement center services. For the years ended December 31, expenses related to providing these services were as follows

	2013	2012
Hospital services	\$ 437,788	\$ 432,964
Ambulatory services	149,437	139,826
Retirement center services	43,422	43,597
Medicaid assessment program expense	9,883	10,167
General and administrative	61,390	54,229
Total expenses	\$ 701,920	\$ 680,783

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 16 Concentration of Credit Risk

Cash - ThedaCare maintains its cash in bank deposit accounts, which exceeded the federally insured limits at December 31, 2013. Management regularly monitors ThedaCare's cash balances along with the financial condition of the financial institutions to minimize this potential risk.

Accounts Receivable - ThedaCare grants credit without collateral to its patients, most of whom are local residents of Appleton, Wisconsin, and the surrounding area and insured under third-party payor agreements. At December 31, the mix of gross receivables from patients and third-party payors are approximately as follows

	2013	2012
Commercial programs	43%	41%
Medicare	36%	31%
Self-pay	14%	19%
Medicaid	7%	9%
Totals	100%	100%

Note 17 Reclassifications

Certain reclassifications have been made to the 2012 consolidated financial statements to conform to the 2013 classifications.

Supplementary Information



Independent Auditor's Report on Supplementary Information

Board of Directors
ThedaCare, Inc.
Appleton, Wisconsin

We have audited the consolidated financial statements of ThedaCare, Inc. and Affiliate as of and for the year ended December 31, 2013, and our report thereon dated April 24, 2014, which expressed an unmodified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information appearing on pages 50 through 53 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Wipfli LLP

Wipfli LLP

April 24, 2014
Milwaukee, Wisconsin

ThedaCare, Inc. and Affiliates

Consolidating Balance Sheet

December 31, 2013

(In Thousands)

<i>Assets</i>	<i>ThedaCare, Hospitals and Clinics</i>	<i>ThedaCare Family of Foundations, Inc.</i>	<i>Foundation Group (a)</i>	<i>Shawano Medical Center Foundation, Inc.</i>	<i>Eliminations</i>	<i>Total</i>
Current assets						
Cash and cash equivalents	\$ 39,607	\$ 644	\$ 1,783	\$ -	\$ -	\$ 42,034
Short-term investments	368,501	-	-	-	-	368,501
Patient accounts receivable - Net	78,424	-	-	-	-	78,424
Other accounts receivable	14,551	3,541	-	-	(2,431)	15,661
Inventory	4,176	-	-	-	-	4,176
Prepaid expenses and other assets	4,197	-	-	-	-	4,197
Total current assets	509,456	4,185	1,783	-	(2,431)	512,993
Investments	64,582	53,894	648	-	-	119,124
Assets limited as to use						
Investments held by bond trustee	14,084	-	-	-	-	14,084
Board-designated investments	3,437	-	-	-	-	3,437
Donor-designated investments	7,686	-	-	-	-	7,686
Total assets limited as to use	25,207	-	-	-	-	25,207
Land, buildings, and equipment - Net	352,663	-	-	-	-	352,663
Other assets						
Bond issuance costs - Net	3,378	-	-	-	-	3,378
Investments in unconsolidated affiliates and other	10,132	-	-	-	-	10,132
Interest in net assets of foundations	57,983	-	-	-	(57,983)	-
Total other assets	71,493	-	-	-	(57,983)	13,510
TOTAL ASSETS	\$ 1,023,401	\$ 58,079	\$ 2,431	\$ -	\$ (60,414)	\$ 1,023,497

(a) Includes the accounts of Appleton Medical Center Foundation, Inc., Community Hospice Foundation, Inc., George F. Peabody Foundation, Inc., Theda Clark Medical Center Foundation, Inc., and Wolf River Area Healthcare Foundation, Inc.

ThedaCare, Inc. and Affiliates

Consolidating Balance Sheet (Continued)

December 31, 2013

(In Thousands)

	ThedaCare, Hospitals and Clinics	ThedaCare Family of Foundations, Inc.	Foundation Group (a)	Shawano Medical Center Foundation, Inc.	Eliminations	Total
<i>Liabilities and Net Assets</i>						
Current liabilities						
Current portion of long-term debt	\$ 10,210	\$ -	\$ -	\$ -	\$ -	10,210
Accounts payable	15,462	96	2,431	-	(2,431)	15,558
Accrued and other liabilities	71,478	-	-	-	-	71,478
Estimated third-party payor settlements	1,849	-	-	-	-	1,849
Current portion of deferred employee benefit obligations	21,795	-	-	-	-	21,795
Residency fee deposits	28	-	-	-	-	28
Total current liabilities	120,822	96	2,431	-	(2,431)	120,918
Noncurrent liabilities:						
Long-term debt, net of current portion	228,748	-	-	-	-	228,748
Long-term deferred employee benefit obligations - Net of current portion	11,830	-	-	-	-	11,830
Other noncurrent liabilities	3,010	-	-	-	-	3,010
Total noncurrent liabilities	243,588	-	-	-	-	243,588
Total liabilities	364,410	96	2,431	-	(2,431)	364,506
Net assets.						
Unrestricted	642,188	42,225	-	-	(42,225)	642,188
Temporarily restricted	10,635	9,608	-	-	(9,608)	10,635
Permanently restricted	6,168	6,150	-	-	(6,150)	6,168
Total net assets	658,991	57,983	-	-	(57,983)	658,991
TOTAL LIABILITIES AND NET ASSETS	\$ 1,023,401	\$ 58,079	\$ 2,431	\$ -	\$ (60,414)	\$ 1,023,497

(a) Includes the accounts of Appleton Medical Center Foundation, Inc., Community Hospice Foundation, Inc., George F. Peabody Foundation, Inc., Theda Clark Medical Center Foundation, Inc., and Wolf River Area Healthcare Foundation, Inc.

ThedaCare, Inc. and Affiliates

Consolidating Statement of Operations

Year Ended December 31, 2013

(In Thousands)

	ThedaCare, Hospitals and Clinics	ThedaCare Family of Foundations, Inc	Foundation Group (a)	Shawano Medical Center Foundation, Inc	Eliminations	Total
Revenue						
Patient service revenue (net of contractual allowances and discounts)	\$ 701,728	\$ -	\$ -	\$ -	\$ -	\$ 701,728
Provision for bad debts	(24,411)	-	-	-	-	(24,411)
Net patient service revenue, less provision for bad debts	677,317	-	-	-	-	677,317
Other operating revenue	26,812	-	-	-	-	26,812
Medicaid assessment program revenue	16,358	-	-	-	-	16,358
Total revenue	720,487	-	-	-	-	720,487
Operating expenses						
Compensation and benefits	406,671	-	-	-	-	406,671
Supplies and services	228,442	-	-	-	-	228,442
Depreciation and amortization	46,108	-	-	-	-	46,108
Interest expense	10,816	-	-	-	-	10,816
Medicaid assessment program expense	9,883	-	-	-	-	9,883
Total expenses	701,920	-	-	-	-	701,920
Operating income	18,567	-	-	-	-	18,567
Nonoperating income (expense)						
Investment income	51,767	-	7,535	425	-	59,727
Contributions - net of related expenses and other	1,353	-	(2,366)	(1,2)	-	(1,025)
Other	-	327	-	-	-	327
Total nonoperating income	53,120	327	5,169	413	-	59,029
Excess of revenue over expenses	71,687	327	5,169	413	-	77,596
Other changes in unrestricted net assets						
Pension-related changes other than net periodic pension cost	48,664	-	-	-	-	48,664
Net assets released from restrictions	-	-	902	1	-	903
Transfer to ThedaCare Family of Foundations, Inc	-	41,898	(38,030)	(3,868)	-	-
Change in interest in net assets of foundations	6,812	-	-	-	(6,812)	-
Increase (decrease) in unrestricted net assets	\$ 127,163	\$ 42,225	\$ (31,959)	\$ (3,454)	\$ (6,812)	\$ 127,163

(a) Includes the accounts of Appleton Medical Center Foundation, Inc , Community Hospice Foundation, Inc , George F Peabody Foundation, Inc , Theda Clark Medical Center Foundation, Inc , and Wolf River Area Healthcare Foundation, Inc

ThedaCare, Inc. and Affiliates

Consolidating Statement of Changes in Net Assets

Year Ended December 31, 2013

(In Thousands)

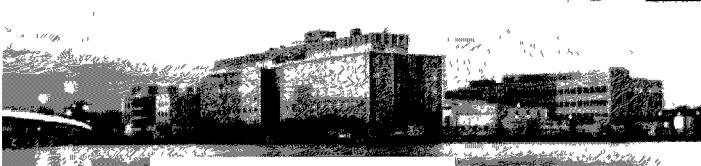
	ThedaCare, Hospitals and Clinics	ThedaCare Family of Foundations, Inc	Foundation Group (a)	Shawano Medical Center Foundation, Inc	Eliminations	Total
Unrestricted net assets						
Excess of revenue over expenses	\$ 71,687	\$ 327	\$ 5,169	\$ 413	\$ -	\$ 77,596
Pension-related changes other than net periodic pension cost	48,664	-	-	-	-	48,664
Net assets released from restrictions	-	-	902	1	-	903
Transfer to ThedaCare Family of Foundations, Inc	-	41,898	(38,030)	(3,868)	-	-
Change in interest in net assets of foundations	6,812	-	-	-	(6,812)	-
Increase (decrease) in unrestricted net assets	127,163	42,225	(31,959)	(3,454)	(6,812)	127,163
Temporarily restricted net assets						
Contributions	760	185	772	1,211	-	2,928
Investment income (loss)	(342)	-	508	28	-	194
Net change in unrealized gains on investments	342	-	-	-	-	342
Net assets released from restrictions	-	-	(902)	(1)	-	(903)
Transfer to ThedaCare Family of Foundations, Inc	-	9,423	(7,961)	(1,462)	-	-
Change in interest in net assets of foundations	1,801	-	-	-	(1,801)	-
Increase (decrease) in temporarily restricted net assets	2,561	9,608	(7,583)	(224)	(1,801)	2,561
Permanently restricted net assets						
Contributions	9	-	87	-	-	96
Transfer to ThedaCare Family of Foundations, Inc	-	6,150	(6,150)	-	-	-
Change in interest in net assets of foundations	87	-	-	-	(87)	-
Increase (decrease) in permanently restricted net assets	96	6,150	(6,063)	-	(87)	96
Change in net assets	129,820	57,983	(45,605)	(3,678)	(8,700)	129,820
Net asset at beginning	529,171	-	45,605	3,678	(49,283)	529,171
Net assets at end	\$ 658,991	\$ 57,983	\$ -	\$ -	\$ (57,983)	\$ 658,991

(a) Includes the accounts of Appleton Medical Center Foundation, Inc , George F. Peabody Foundation, Inc , Theda Clark Medical Center Foundation, Inc , and Wolf River Area Healthcare Foundation, Inc

Community Health

Community Health Services
United HealthCare of Illinois

2013



THE DAVID CLARK
MEDICAL CENTER

Theda Clark Medical Center

Community Health

Commitment

Published Oct. 2013

THEDA  CARE™

Who We Are

ThedaCare™ is a non-profit, community-owned health system serving an eight-county region of northeastern Wisconsin. ThedaCare providers have the privilege of caring for more than 240,000 patients annually representing 10,000 diagnoses through five ThedaCare hospitals and 22 provider clinics.

Our Provider Clinics

Appleton Medical Center	Appleton
New London Family Medical Center	New London
Riverside Medical Center	Waupaca
Shawano Medical Center	Shawano
Theda Clark Medical Center	Neenah

Our Service Area

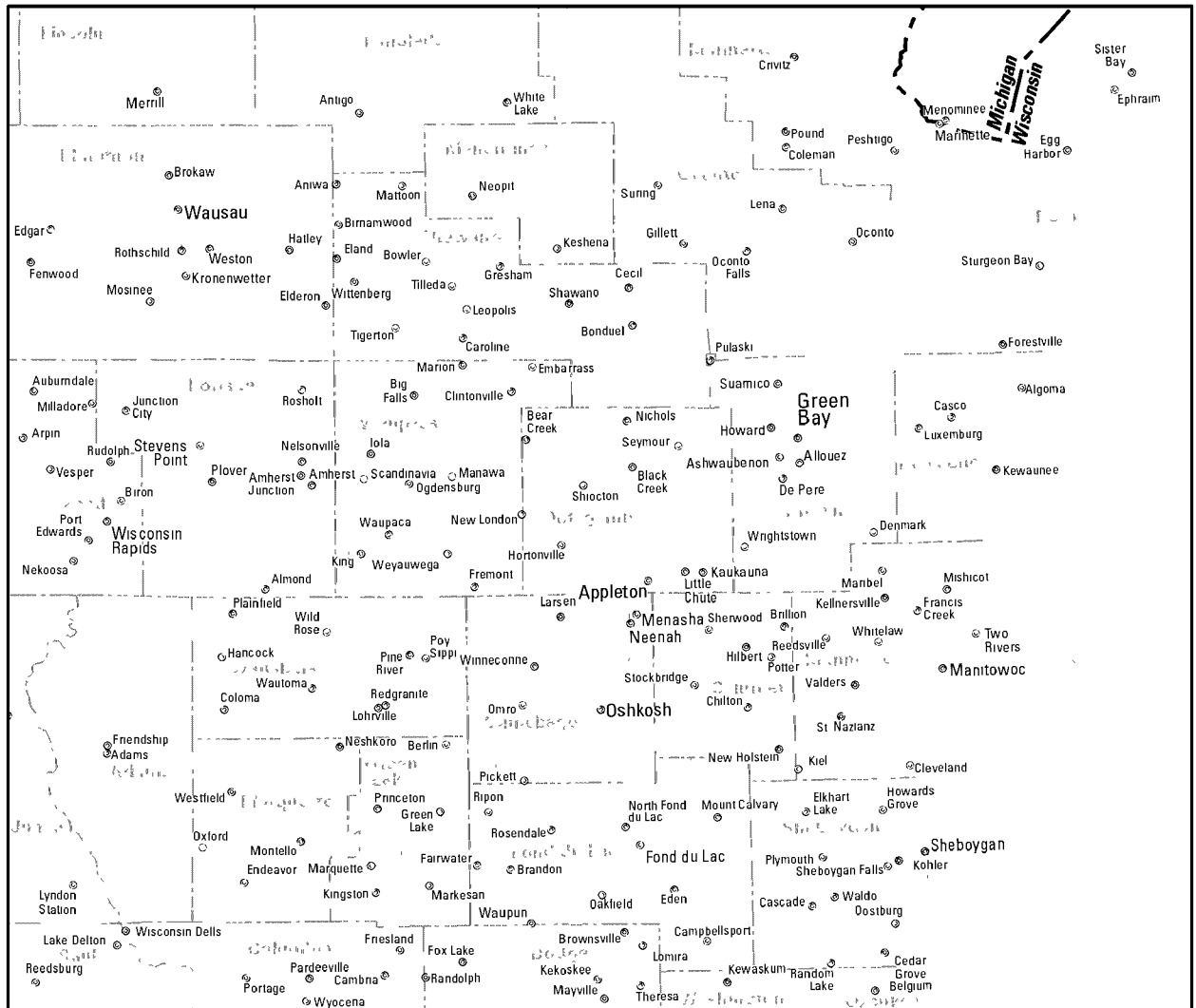
ThedaCare's service area consists of eight northeast Wisconsin counties including Calumet, Green Lake, Menominee, Outagamie, Shawano, Waupaca, Waushara and Winnebago. The primary service area is anchored by what is known as "The Fox Cities," a cluster of seven communities ranging in size from 20,000 to 80,000 residents and situated along the Fox River 25 miles south of Green Bay. These communities include Appleton (the largest with 80,000 residents), the Town of Grand Chute, Neenah, Menasha, Kaukauna, Little Chute, Kimberly and Combined Locks (the smallest with 20,000 residents).

Other major communities served by ThedaCare include Oshkosh (9 miles south of Neenah) and the rural communities of New London (17 miles northwest of Appleton), Shawano (45 miles north of Appleton), and Waupaca (35 miles west of Appleton). There are approximately 537,000 people in our geographical service area. *(See map next page)*



Community Health
Commitment

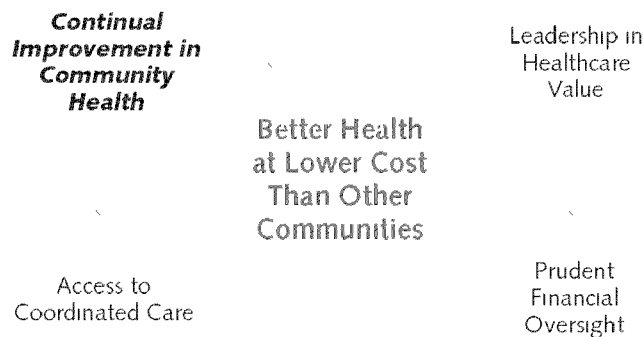
ThedaCare Service Area



Our Owner Expectations

In 2010, the ThedaCare Board of Trustees identified four “*Owner Expectations*” of our healthcare system (See diagram below) ThedaCare defines owners as “*all members of the communities we serve.*”

Continual Improvement in Community Health is one of the four expectations which will lead to better health at lower cost than other communities ThedaCare’s Community Health Needs Assessment and Implementation Strategy is central to fulfilling this owner expectation



Our Mission and Values

ThedaCare’s mission reaches beyond providing excellent healthcare services within our hospitals and clinics ThedaCare is committed to making all the communities we serve healthy places to live, learn, work and play Simply stated, ThedaCare’s mission is “*to improve the health of our communities.*”

A set of core values guide ThedaCare employees as they make decisions every day that impact the care provided to our patients and to our communities

Focus on the customer – their needs are our top priority

Have a thirst for learning – continuously seek out ways to do our work better

Be courageous – challenge each other’s ideas to come up with the best thinking and solutions

Love your work – let your passion show every day

Key Components of Our Commitment

Year after year, community surveys identify ThedaCare as the local healthcare system most recognized for giving back to the community. ThedaCare and each of our five hospitals are committed to improving the health of the communities we serve. We fulfill our community benefit commitment through a variety of efforts including:

- A written **mission statement** that places the community first and **Community Health Needs Assessment and Implementation Strategy** targeting the most critical health needs in our communities

- An **organizational structure** that includes a diverse Community Benefit Advisory Team with representation from the Board of Trustees, front-line primary care and emergency room providers and dedicated Community Health Specialists on staff

- A **sustainable funding structure** to support innovative and collaborative health projects that have measurably improved health and earned national recognition

- Policies and billing practices** that support appropriate financial assistance for those in need

While ThedaCare's community health improvement programs address the needs of the overall population we serve, vulnerable groups such as those with low incomes or those often marginalized by society are a major focus of our efforts.

Organizational Support

ThedaCare is governed by a volunteer **Board of Trustees** comprised of 16 individuals representing broad interests throughout our service area. (See Appendix A)

The ThedaCare Board of Trustees approves the Community Health Implementation Strategy for all five ThedaCare hospitals. In addition, the local Governing Boards of our three rural hospitals – New London Family Medical Center, Riverside Medical Center and Shawano Medical Center – also approve their local plans.

Our Board of Trustees and **System Leadership Team (SLT)** (See Appendix B for list of SLT members) are engaged in a comprehensive strategic planning process every two years reaffirming our mission and vision, establishing strategic priorities and monitoring progress in achieving them. One of the consistent, significant inputs to this process is the Community Health Needs Assessment.

ThedaCare has a **Community Benefit Advisory Team (CBAT)** which provides advice, direction and information to enhance ThedaCare's ability to improve the health of the communities we serve. (See Appendix C for Community Benefit Advisory Team members)

Community Health Improvement Strategies

- Providing sources of data to broaden the understanding of community health needs
 - Implementing processes used to assess health needs in each community
 - Strategizing high level community health needs
 - Securing necessary resources - both human and financial
 - Integrating community health improvement strategies throughout the ThedaCare system
 - Building synergy among community health work and other existing efforts
 - Prioritizing each community's health needs
 - Communicating to the public about community health care programs
 - Providing for long-term sustainability of community health programs
- (See Appendix D for the Community Benefit Advisory Team Charter)

ThedaCare employs a team of **Community Health Specialists** dedicated to researching and assessing community health needs as well as implementing strategies to improve them. In the fall of each year, this team reports out to stakeholders on these strategies at a "*Community Conversation*" event and also publishes an annual report

Community Health Action Teams (CHAT)

CHAT Teams are the primary resources ThedaCare uses to engage the community in better understanding the local health needs and developing plans for action. CHAT stands for Community Health Action Team. ThedaCare's Community Health Specialists help facilitate the CHAT efforts for four CHAT teams in the Fox Cities, New London, Shawano and Waupaca areas.

Each CHAT team is comprised of local community leaders from business, education, public health, area health systems, faith communities, non-profit organizations and government. (See Appendix E for current CHAT roster and meeting schedule) These leaders select issues to study, organize "plunge" experiences (day-long field trips) to gain in-depth understanding and collaborate in problem-solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

ThedaCare providers and staff are integrated into a wide variety of these initiatives as appropriate.



Theda Clark Medical Center

Community Health

Community Health

Published Oct. 2013

Theda Clark Medical Center originated from the hope that resulted from one Neenah family's tragedy

Theda Clark Peters was the eldest daughter of Charles B. Clark, one of the four founders of Kimberly-Clark Corporation. She was a generous philanthropist and used her considerable wealth, foresight and influence to further civic and non-profit causes in her hometown of Neenah, Wisconsin. Beloved by the community, she generously donated funds to build a library and an opera house for the residents of Neenah.

In 1903, she tragically died due to complications stemming from giving birth at home to her only child.

Early in her pregnancy, Theda Clark had a friend who died in childbirth due to lack of nearby medical care. She told her brother about her dream to build a hospital in Neenah since the nearest hospitals were in Oshkosh and Appleton, both lengthy travel by horse and buggy in those days. She was concerned that area residents did not have local access to urgent hospital care when they needed it most.

When she died, her brother remembered her dream to build a local hospital in Neenah. Bill Clark used money set aside from her estate, as well as some of his own funds, to begin construction of a community hospital.

The brand new, state-of-the-art community hospital opened with 25 beds in 1909. Nestled along the shores of the Fox River, the non-profit hospital was named Theda Clark in honor of Theda Clark Peters, a fitting tribute to a young woman known for her kindness, compassion and generosity.

The new hospital grew along with the community. During the 1920's, funds from the Clark family helped establish a nursing school. After World War II, the area's population increased dramatically and an expansion was added in 1948, with another to follow in 1969.

The hospital Theda Clark Peters envisioned to serve the people of Neenah now serves a much broader area and includes the region's only Level II Trauma Center and the ThedaStar Air Medical Helicopter. The campus also houses Children's Hospital of Wisconsin-Fox Valley, providing regional neonatal intensive care.



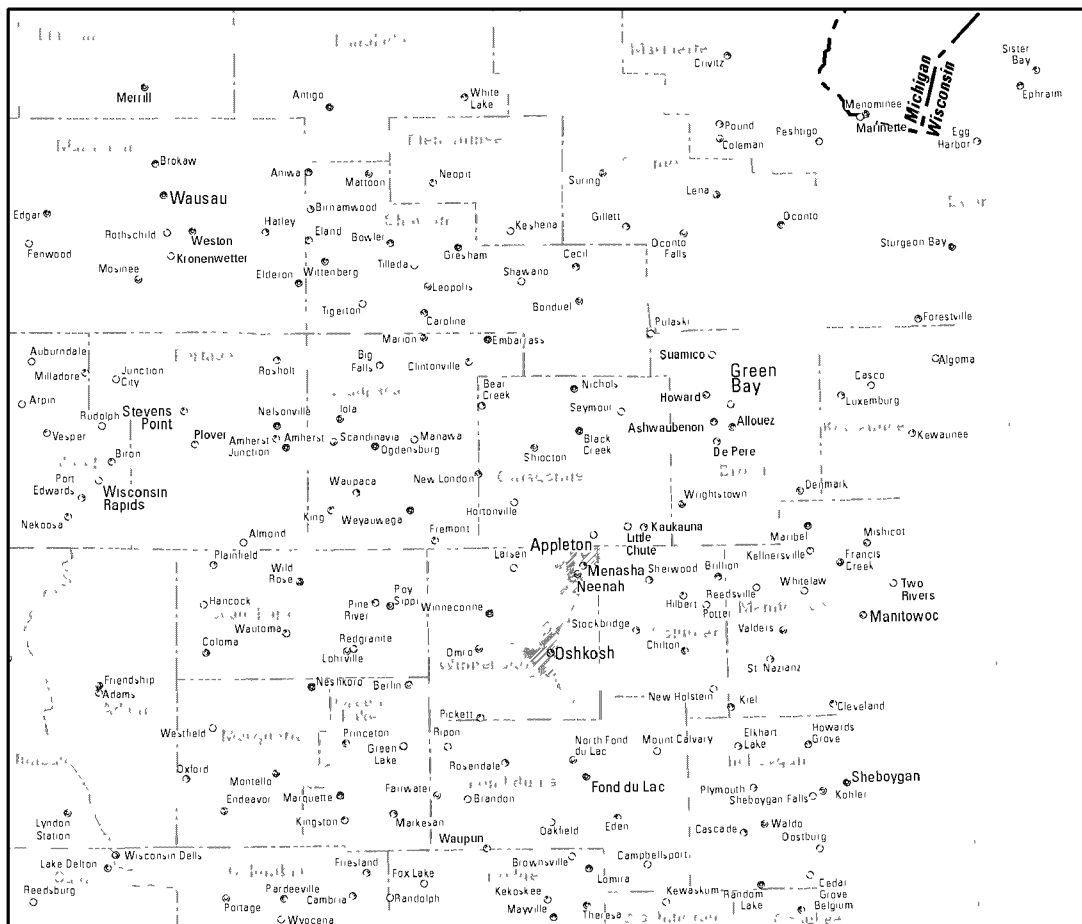
THEDA  CLARK
MEDICAL CENTER

Theda Clark Medical Center Service Area

Since Theda Clark Medical Center (TCMC) is a tertiary hospital providing Level II Trauma services and neuro/spine and rehab services to a vast portion of northeast Wisconsin, TCMC defines its service area as consistent with the eight county ThedaCare service area including the Counties of Calumet, Green Lake, Menominee, Outagamie, Shawano, Waupaca, Waushara and Winnebago

From a community health perspective, a significant portion of this service area is also covered by other ThedaCare hospitals

For purposes of this document and to avoid duplication, we will restrict our focus of Theda Clark Medical Center's Community Health Needs Assessment and Implementation Strategy to primarily Green Lake, Waushara and Winnebago Counties. (See map below)



ThedaCare utilizes models created by the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation as the framework for our Community Health Needs Assessment and Implementation Strategy

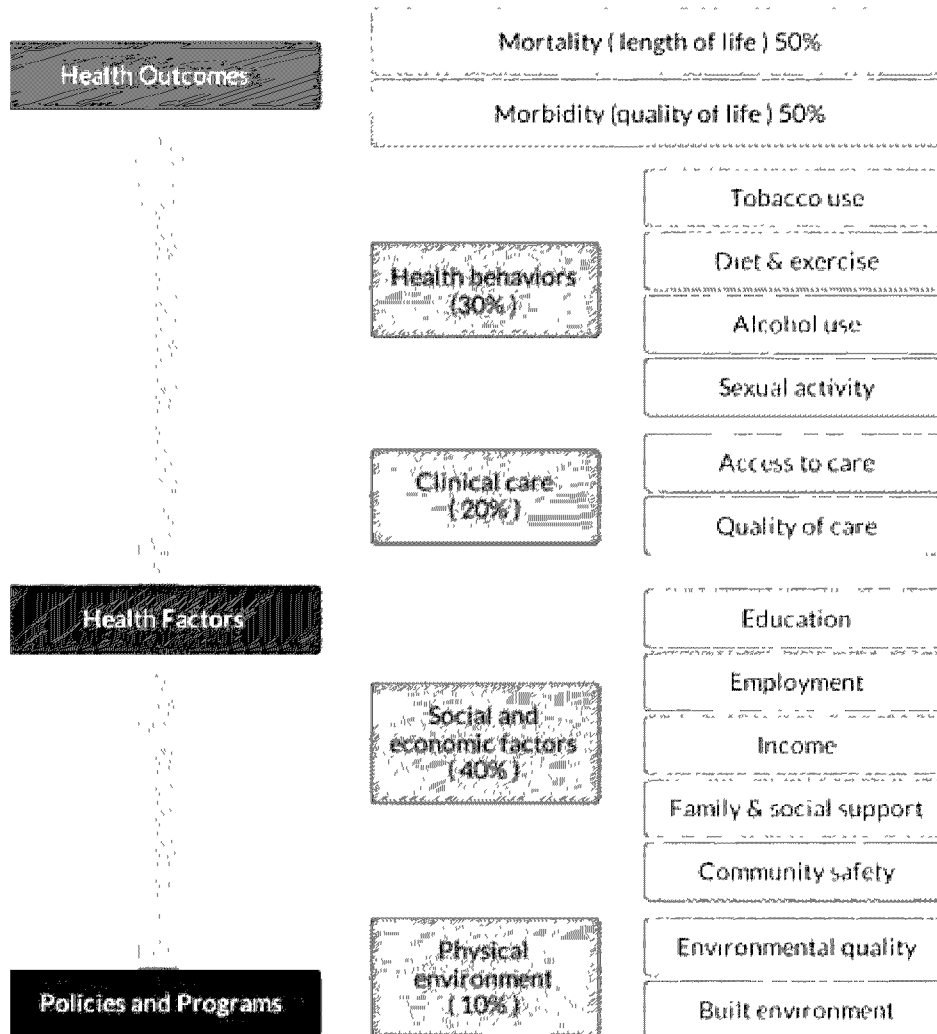
The “Take Action” model below describes the cyclical process used to identify, prioritize, act on and evaluate the health needs of our communities in collaboration with community partners

TAKE ACTION



University of Wisconsin Population Health Institute County Health Rankings 2013 Accessible at <http://www.countyhealthrankings.org/>

The University of Wisconsin Population Health Institute model below is used by ThedaCare to help our communities understand what creates health and to classify health needs and opportunities. Data collected through the Institute's County Health Rankings serve as one of several data sets that help us understand local health needs.



University of Wisconsin Population Health Institute County Health Rankings 2013 Accessible at <http://www.countyhealthrankings.org/>

Our Research

Our Research Methodologies

A variety of methodologies were used to gain a comprehensive understanding of the health needs of people throughout the Theda Clark Medical Center service area. These include but are not limited to

Behavioral Risk Factor Surveillance Surveys

ThedaCare is a partner in the planning, funding and implementation of the Behavioral Risk Factor Surveillance Surveys for Winnebago County and for the City of Oshkosh within the Theda Clark Medical Center service area.

Needs Assessment Advisory Committee

ThedaCare worked closely with local Public Health Departments throughout the entire needs assessment process. ThedaCare has representation on the Fox Valley Community Health Improvement Coalition which meets monthly with local health system representatives and public health officials from the Counties of Outagamie, Calumet and Winnebago and Cities of Appleton and Menasha. Public Health is represented on ThedaCare's Needs Assessment Advisory Committee and also on the ThedaCare-led Community Health Action Team. In addition to these formal meetings, one-on-one interviews with public health officials were conducted either over the phone or in person.

Secondary Data Review

In early 2012, ThedaCare, in collaboration with Affinity Health System, hired the services of Bottom Line Marketing & Public Relations to compile a comprehensive summary of all secondary data available to support this assessment. This report included information from Behavioral Risk Factor Studies, Fox Cities and Winnebago LIFE Studies, CESA, County Health Rankings, Commonwealth Fund, Fox Valley Community Health Improvement Coalition, Fox Valley Transportation Survey, Self Sufficiency Project, *Oshkosh Northwestern*, County Health Plans and Reports, Wisconsin Department of Transportation, US Census Bureau, US Bureau of Labor Statistics, area newspapers, Wisconsin Dental Association, Wisconsin Department of Health Services, various County Health Improvement Plans, summaries of ThedaCare "plunge" experiences, among others.

Community Health Action Team

ThedaCare hosted quarterly CHAT meetings comprised of a diverse cross section of 23 Fox Cities community leaders and led discussions to identify systemic health issues in the community such as domestic violence, childhood obesity or access to mental health care. CHAT also organized "plunge" experiences for community leaders to learn about root causes of these issues and facilitated development of collaborative, community-based solutions. The CHAT Team has played a critical role in directing the focus of Theda Clark Medical Center's community health work.

Community Health Needs Assessment

Supplementing our research were individual meetings with local officials, United Way leadership, leaders of ethnic and civic-based organizations, public health leaders, law enforcement, school administrators and others who understand the unique needs of vulnerable populations in our community

Community Health Data Review

Hospital emergency department data was used to help identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization altogether

The Fox Valley Community Health Improvement Coalition – a Collaborative Approach for the Future

As a result of a common need, ThedaCare is helping to lead the **Fox Valley Community Health Improvement Coalition**, a group of representatives from the four area healthcare systems (Affinity Health System, Aurora Health Care, Children's Hospital of Wisconsin-Fox Valley and ThedaCare) and five area public health departments (Counties of Outagamie, Winnebago and Calumet, cities of Appleton and Menasha) The purpose of this group is to jointly develop one common process for conducting a Community Health Needs Assessment with a common timing cycle that will meet the requirements of all four health systems and the five public health departments

This common process will be followed for the next Community Health Needs Assessment in 2016 and engage the public health departments of Green Lake, Shawano/Menominee, Waupaca and Waushara Counties as well as those mentioned above



Understanding Community Health Needs of Our Service Area

Key Demographics

Winnebago, Waushara and Green Lake Counties are located in east-central Wisconsin. The three-county area hosts a combined population of 209,736. The population is heavily concentrated in the Oshkosh urban area over this three-county region.

Population by County*

Winnebago	166,033
Waushara	24,614
Green Lake	19,089
Combined Total	209,736

*Per 2010 US Census.



Source: www.CHNA.org, US Census Bureau, 2010

According to the 2011 Wisconsin County Workforce Profiles, since 2000, **Winnebago County** experienced a 6.1% population growth, or a total of 9,500 residents. This is roughly equal to the statewide growth rate of 6.2% over the same time period, but well behind the national growth rate of 9.6%. Winnebago County ranks 7th in the state in population. Winnebago County growth rate ranks 42nd in the state. Oshkosh has been the fastest growing city in Winnebago County. The City of Menasha spans both Calumet and Winnebago Counties and grew by 7.8% over the past decade. This is only slightly higher than the Town of Menasha. If development patterns continue, the Town of Menasha will surpass the City's population in the future. Winnebago County's natural increase due to births and deaths and its net migration lag behind the nation.

Winnebago County's population is projected to grow between 18% and 30% from 2000 to 2035, a rate consistent with the state average.

Waushara County's population reached 25,099 residents over the course of the past decade. Its 2010 population ranks as the 47th most populous county in the state out of 72. Over the course of the past decade, the county's population grew by 10.7%, a growth rate that is significantly higher than that experienced by the state over the same period and slightly higher than the national growth rate. The largest growth was in the 20-24 year old age group. The Latino population has a significant and growing presence at 4.6%. The county's population growth rate is the third highest in the New North region.

If we examine Waushara County's population growth through the 1990's, we see that the county's population grew by 19 percent over the course of that decade, a rate that is significantly higher than that of the last decade. The county's natural population increase due to births and deaths was negative over the last decade, in stark contrast to that of either the state or the nation. This is indicative of the gradual aging of the county's population. On the contrary, the county's net migration far exceeds that of either the state or nation.

Just like Winnebago County, Waushara County's population is also projected to grow between 18% and 30% from 2000 to 2035, a rate consistent with the state average.

Green Lake County has been among Wisconsin's slower growing counties adding only 1.6% (311 residents) to its residential base between 2000 and 2008. Green Lake County ranked 70th fastest growing among the state's 72 counties, as only Ashland and Milwaukee counties grew more slowly over this period. The county's net population growth was based solely upon net migration (more moving into than out of the county) as its natural increase due to the net balance of births and deaths was negative.

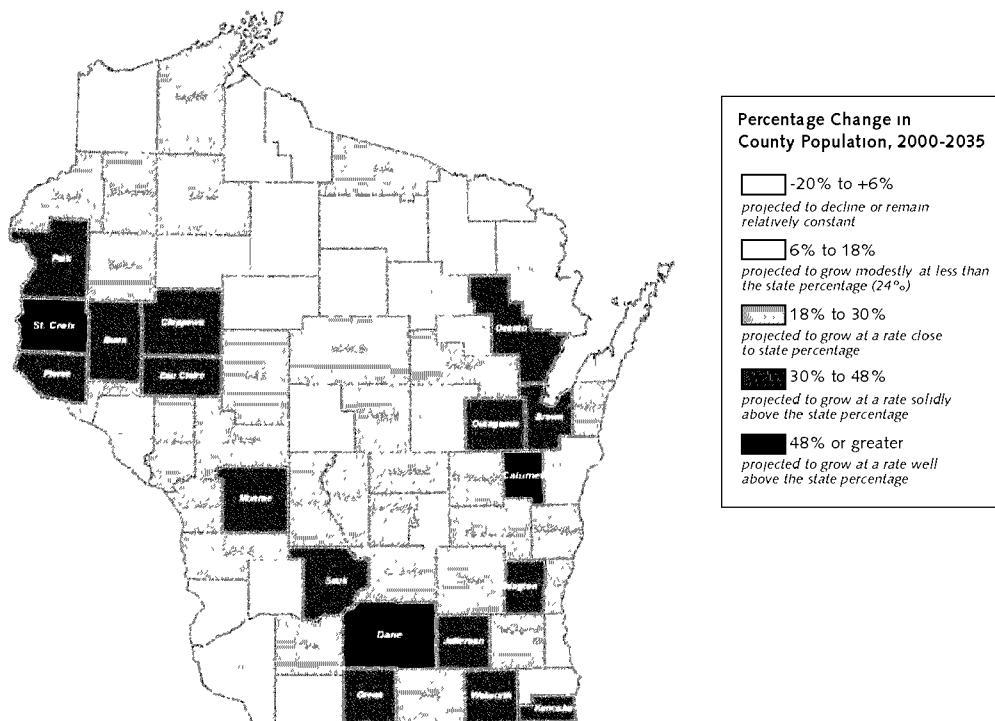
Green Lake County's population is expected to decline or remain constant over the same period, 2000-2035.

*Data Sources: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1
U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1
Geography: County*

Population Projections

	2000 Census	Projection 2035	Net Change
Winnebago County	156,763	203,258	46,495
Green Lake County	19,105	19,953	848
Waushara County	24,496	27,852	(3,356)

Department of Administration, State of Wisconsin, 2009



Wisconsin Department of Administration, 2008

The median age of **Waushara County's** population is 46.2 years. This ranks the county as the 13th oldest in the state. The median age of Winnebago County's population is 37.9 years ranking 58th among the 72 counties.

The age composition of **Green Lake County** also does not position it well in terms of natural increase as its median age in 2008 was 43.8 years or about five years older than the statewide median age. The county's elder age demographic, coupled with its considerably higher-than-average share of seasonal housing, indicate it is a destination for the retired.

Average household size is expected to decline in all Wisconsin counties between 2000 and 2035.

Source: CHNA.org, US Census Bureau, 2010

High school education levels and poverty rates are strong indicators of future health status. Winnebago County high school graduation rate is 90%, Waushara County graduation rate is 85% and Green Lake County graduation rate is 90%. Wisconsin state average is 90%.

Winnebago County has a significantly lower share of residents who have failed to complete a high school education in comparison to the state. Conversely, Winnebago County has a significantly higher percentage of individuals who count high school graduation as their highest level of attainment. This points to the strong manufacturing history of the area.

At higher levels of educational attainment, the share of individuals who have completed some post-secondary education leading to an associate or bachelor degree is roughly consistent with the state average within a few tenths of a percent. This finding may seem rather surprising, given that the county serves as the home of the third-largest campus in the University of Wisconsin System. However, the composition of the county's post-secondary educated population, including a relatively small number of individuals with graduate or professional credentials, is dictated more heavily by the employment opportunities available in the region than by access to post-secondary education itself.

Winnebago County has had a lower unemployment rate than the state or nation primarily due to a strong manufacturing base. Manufacturing is the dominant sector accounting for 27.3% of total employment and 35.8% of total payroll. Throughout the New North territory, the average manufacturing payroll percentage is 23%. Trade/Transportation/Utilities, Education/Health and Manufacturing employ the most people in the county. Top employers in Winnebago County include Oshkosh Corporation, Kimberly-Clark Corporation, Pierce Manufacturing, Plexus Corporation, and the Oshkosh School District.

A significantly higher number of **Waushara County's** residents count a high school education as their highest level of attainment than either the state or the nation. The county also counts a relatively higher percentage of residents who failed to finish high school than the state average, but less than the national average. This suggests that many of the employment opportunities present in the regional labor market historically required a relatively low level of education in order to be successful. This dynamic has been changing rapidly over the last several years, requiring greater levels of educational attainment among the region's workforce.

Waushara County also has a relatively low share of residents who have either completed some college education or received an associate or vocational degree. However, far fewer residents of the county possess either baccalaureate or graduate degrees.

Waushara County has a more seasonal employment base than the state or nation, which was more dramatically affected by the recent recession. Education, Health, Trade, Transportation and Utilities and Public Administration are the largest employment sectors. Waushara County's average annual wage across all industry sectors is below the state average. Top employers in Waushara County are the County, Wautoma Public School District and Red Granite Correctional Institution. Waushara's unemployment rate was consistently higher than that of the state in the 1990's and 2000's.

Limited information was available regarding educational attainment in Green Lake County.

Green Lake County's unemployment rates tend to consistently be higher than the state and national averages. This is common in a non-metropolitan county. However, over the recent recession in 2009, Green Lake's unemployment rate was significantly higher than the state. The top employers in Green Lake County are in Health, Education and Manufacturing. Community Health Network, Citation Foundry Corporation and Berlin School District top the list, although no major employer employs more than 600 people. The average employer has approximately 16 employees.



Eleven percent of Winnebago County, 13% of Waushara County and 11% of Green Lake County populations live below 100% of the Federal Poverty Level. The state average is 12%.

Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Area	Median Income	Mean Income
Winnebago	\$51,596	\$65,996
Waushara	\$43,544	\$53,404
Green Lake	\$51,596	\$65,996
Wisconsin	\$52,374	\$66,693

U.S. Census Bureau, 2010

The largest minority populations are Latino and Asian. Native Americans account for approximately 1% of the population and African-Americans represents less than 1%. The most significant growth among minority populations from 2000 to 2010 is among Latinos. (WI Department of Administration and U.S. Census).

Source: Wisconsin Department of Administration and U.S. Census Bureau

Net Population Change (2000-2010) by Race

Area	White	Black	Hispanic	American Indian/Alaskan Native	Asian	Other	Multiple Race
Winnebago County	5,655	1,219	2,719	930	310	1,067	1,029
Green Lake County	(18,928)	(+30)	(43)	-32	(24)	-72	(106)
Waushara County	599	392	481	14	59	195	76
Wisconsin	(1,691,392)	19,819	93,733	(9,924)	8,383	30,659	14,515

Source: www.CHNA.org

Health Disparities and Vulnerable Populations

Health disparities exist between those with the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality affordable health care.

In addition, our Community Health Needs Assessment identified several vulnerable populations including the following key potential targets for our strategy:

- low income
- rural farm families
- Latino population
- lesbian, gay, bisexual, transgender (LGBT) population
- senior citizens

Our plan addresses health needs of the broader population with a special focus on members of many of the more vulnerable populations identified above.

Key Insights by Source

Each of our methods of data collection provided unique insights into the needs among residents of the Theda Clark Medical Center service area. Below are the primary findings by each methodology.

Community Health Needs Assessment

- Overweight and obesity levels are increasing
- fewer days per week of moderate exercise*
- length of time spent exercising declining*
- limited access to healthy foods*
- fruit and vegetable consumption low*
- cases of diabetes rising*

- Drug, alcohol and tobacco use is worsening.*
- binge drinking continues to be high among teens and adults*
- drug use is on the rise among teens and adults*
- tobacco use still significant among teens and adults*
- smoking during pregnancy is on the rise*

The prevalence of high blood pressure is increasing.

The incidences of high cholesterol are increasing.

Asthma is on the rise.

Fewer people are receiving screenings such as PAP, Blood Stool, and Mammograms.

Low income, below poverty level and lack of health insurance populations are significantly increasing.



Teen pregnancy is higher in rural areas

Motor vehicle crash death rate is higher in rural areas

Suicide rate is increasing in rural areas

There is a concern about access to primary, mental health and dental care, particularly in rural areas

Source Behavioral Risk Factor Surveillance Surveys from Winnebago County Health Needs Assessments from Green Lake and Waushara Counties

Winnebago County Health Department cited these issues

*obesity/lack of exercise/poor nutrition
heroin/prescription drug abuse
binge drinking, alcohol abuse and underage drinking
stigma associated with mental health/navigation through the system
sexually transmitted infections
low birth weight babies*

Waushara County Health Department cited these issues

*obesity/lack of exercise/poor nutrition
alcohol and drug abuse
mental health and bullying
chronic disease prevention and access to care
suicide rates*

Green Lake County Health Department cited these issues

*obesity/lack of exercise/poor nutrition
alcohol abuse/excessive drinking
access to mental health care
healthy growth and development of children*

Sources Doug Gieryn, Winnebago County Public Health Director, Kathryn Munsey, Green Lake Public Health Officer, Patti Wohlfel, Waushara County Public Health Officer

County Health Ranking of outcomes (morbidity & mortality rates)

County Health Ranking of outcomes (morbidity & mortality rates) dropped between 2010 and 2013

All three counties are in bottom half of rankings related to morbidity.

Winnebago County is best of three at 37th out of 72.

Green Lake County ranking has significantly declined – dropping 24 spots from number 41 to 65 from 2010 to 2013.

Green Lake county has high rates of poor physical and mental health days.

Adult obesity rate is worsening, slightly higher than state average

Physical inactivity rates slightly exceed state average.

The top two causes of death across counties are heart disease and cancer

Diabetes is on the rise

Excessive drinking rate surpasses national rate

Drug and tobacco use among adults and youth are a concern

Access to care is a concern

not enough primary care providers (PCPs) in Waushara County

not enough dentists in Green Lake County

access to mental health providers in all three counties

Teen health and safety are concerns.

17% of teens reported 8 or more days of poor mental health in past 30 days

24% of teens say violence is a problem at school

46% say bullying is a problem at school

Waushara County teen birth rate higher than state average

pregnancy among at-risk teenagers growing

People cannot afford healthcare services

BadgerCare enrollees have dramatically increased

*8-10% of population in Winnebago/Tri-county Region needed to see a provider,
but did not, due to cost.*

Poverty rates increasing, increasing use of public subsidies, income gap growing

more children live in poverty than the state average

Violence is a concern

domestic violence rate increasing

child abuse and child neglect rates rising

Suicide rates are increasing

Drinking water safety is an issue in Green Lake County

Significantly lower percentages of people have some post-secondary education than the state average.

Source: Research conducted by Bottom Line Marketing & Public Relations summarized in ThedaCare Community Health Needs Assessment Data Report – Theda Clark Medical Center, May 2012

Community Health Needs

The Fox Cities CHAT Team has identified the issues below as health needs

Obesity and overweight levels are increasing.
lack of exercise and activity

There is limited access to care including mental health services and dental care

Mental health and suicide rates are a concern

The cases of diabetes are increasing

There is a lack of early-childhood parenting skills

Economic insecurity is causing health problems

Violence is a concern

Rate of alcohol, drug and tobacco use is rising

Teen birth rate has risen among vulnerable populations (low income, Latino)

There is a need for greater support for end-of-life decisions

Incidences of sexually transmitted diseases are increasing

Source: See Appendix D for Roster of CHAT Team members and meeting schedule

Community Health Needs by Population Group

Meetings with key informants representing vulnerable or marginalized populations in our community identified the following needs by population group

Farmers

Overweight and obesity levels increasing
39% have BMI of 30 or higher
underlying issues include unhealthy nutrition; high blood pressure; abnormal LDL and HDL cholesterol levels, and lack of aerobic physical activity

Nearly 1/3 of farmers have back pain problems

Stress levels are high
alcohol abuse
depression

Barriers

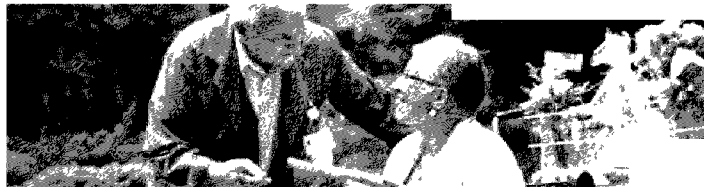
diabetes
obesity
alcohol abuse
domestic violence
heart disease
access to care, afraid to access care for fear of deportation
cost of care/no insurance
poor nutrition, have “Americanized” diets
teen pregnancy/lack of reproductive education
transportation, since they are unable to secure drivers’ licenses
interpreter services

Barriers for the Hispanic Community

depression
high suicide rates

Barriers for the Elderly

memory loss
diabetes
mental health
hearing loss
vision loss
transportation



Barriers for the LGBT Community

unemployment or underemployment
access to affordable care, ability to see doctor or dentist when needed
transportation
obesity and poor nutrition
dramatic rise in diabetes, heart disease, hepatitis
affordable medications
lack of preventive care
access to mental health services
lack of prenatal care/smoking during pregnancy
eye-care for the elderly
smoking cessation support
interpreter services
support for hearing assistance

Sources: Leona Whittman, Living Healthy Community Clinic, Tony Berezgazzi, ADVOCAP, Rhonda Strebler, Rural Health Initiative, Ernesto Gonzales, Casa Hispana, Dr. Iris Torres and Patricia Sarvala, Partnership Community Health Clinic, Tony Gonzales, Thompson Senior Center, Tricia Nelson, ThedaCare Medical Home; Hispanic Latino Focus Group Project, 2011, CHAT Plunge on Hispanic Population, 2010, CHAT Plunge on GLBT Population, 2011, CHAT INCLUDE Breakfast, 2013

Hospital emergency department data as well as emergency staff discussions were used to help identify common diagnoses that can be addressed upstream, potentially avoiding the need for hospitalization

- 1 acute upper respiratory infection
- 2 headache
- 3 unspecified otitis media
- 4 abdominal pain, unspecified site
- 5 disorders of the teeth and supporting structure, unspecified
- 6 fever, unspecified
- 7 lumbago
8. acute pharyngitis
- 9 contusion of face, scalp & neck except eye(s)
10. depressive disorder, not elsewhere classified

Source 2012 Medicaid Emergency Department data

use of emergency staff for primary care needs
lack of medical care homes
chest pain
suicidal ideation

Sources Erica Meyer, MD, Cyril Walsh, MD; Mike Huntley, Theda Clark Emergency Department Director, Mike Huntley, AMC Director, Hospital Leadership Team

Information Gaps

While we believe the volume and variety of data gathered to support the Community Health Needs Assessment was comprehensive, a few gaps in available data did exist. They included

Data is not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups, especially Asian and Hispanic populations.
Health risk and lifestyle data is not available for children on topics such as diabetes, nutrition, exercise and sedentary behaviors



Most Significant Identified Health Needs	Populations Affected					
	General	Low Income	Rural/ Farmers	Latino	Seniors	LGBT
Obesity	X	X	X	X		
Access to healthy foods/nutrition	X	X	X	X	X	
Physical activity	X	X	X	X	X	
Mental Health Services	X	X	X		X	X
Access	X	X	X		X	X
Suicide/Depression	X	X	X		X	X
Tobacco/Drug Use	X	X				
Diabetes Prevention/Management	X	X	X	X	X	
Alcohol Use	X	X	X	X		
Binging	X	X	X	X		
Injury/violence Prevention	X					X
Child Abuse	X					
Access to Dental Care		X	X	X		
Preventive Health Screenings (rural)		X	X	X		
Teen Birth Rate	X		X	X		
Affordable medications		X			X	
Poverty Rate		X	X	X		
Employment		X		X		
Low college graduation rate	X	X				
End of Life decisions	X				X	

Methodology for Setting Our Priorities

A wide variety of significant health needs were identified in our Community Health Needs Assessment process. A myriad of health care, non-profit, private sector and governmental organizations have efforts underway to improve on most of the needs identified.

In selecting our priorities among the top needs identified above, individuals engaged in our Community Health Needs Assessment process took into consideration the unique strengths of Theda Clark Medical Center as well as the following criteria:

- number of people affected
- impact on multiple health issues
- community passion
- potential for do-ability and impact/Evidence-Based Practice
- addresses disproportionate unmet health needs
- Alignment with Healthiest Wisconsin 2020

Our 2014-2016 Priorities

The health priority areas Theda Clark Medical Center will focus on for the next three years include:

Health Behaviors

- Obesity
- Alcohol/drug use
- Teen pregnancy

Clinical Care

- Access to mental health care
- Access to primary care
- Asthma

Social and Economic Factors

- Poverty
- End of Life Decisions
- Violence Prevention



A myriad of healthcare facilities and services are available in Winnebago, Waushara and Green Lake Counties to respond to the health needs of the community and help us with our work. Most of these already partner with ThedaCare and Theda Clark Medical Center to provide support in some fashion. They include:

**Existing Healthcare Facilities and Resources Available to Support
Theda Clark Medical Center's Health Improvement Efforts**

Health Facilities

- Theda Clark Medical Center
- Mercy Medical Center
- Aurora Medical Center
- Aurora Clinic-Omro
- Aurora Clinic-Winneconne
- Aurora Clinic-Wautoma
- Children's Hospital of Wisconsin - Fox Valley
- Catalpa Health
- ThedaCare Behavioral Health
- Community Health Network
- Ripon Medical Center
- ThedaCare Physicians
- Affinity Health System Providers
- Affinity Clinic-Berlin
- Affinity Clinic-Winneconne
- UW Residency Center
- Partnership Community Health Center
- Living Healthy Community Clinic
- Public Health Departments (Winnebago, Waushara, Green Lake Counties, City of Menasha)

TCMC Resources

ThedaCare annually contributes a percentage of margins to either/both the CHAT Fund within the Community Foundation for the Fox Valley Region Inc. and the ThedaCare Community Fund within the Theda Clark Medical Center Foundation to support the organization's community health improvement initiatives.

In addition to financial resources, Theda Clark Medical Center staff and providers will be engaged on work teams to implement the proposed Community Health Implementation Strategy.

**Existing Healthcare Facilities and Resources Available to Support
Theda Clark Medical Center's Implementation Strategy (continued)**

Community Resources

University of Wisconsin Extension Offices	Lutheran Social Services
Area school districts	CESA 6
Fox Cities and Oshkosh YMCAs	National Alliance on Mental Illness (NAMI) Fox Valley
Hmong American Partnership	Northeast Wisconsin (NEW) Mental Health
Rural Health Initiative	Connection
Re-Think!	Christine Ann Domestic Abuse Center
Casa Hispana	Sexual Assault Crisis Center
City and County Governments	Harbor House Domestic Abuse Services
Health and Human Services Departments	Reach Counseling Services
Fox Valley Technical College	Samaritan Counseling
Faith communities	LEAVEN, Inc
Feeding American Northeast Wisconsin	Self Sufficiency Project
Area food pantries	ThedaCare at Home
Community Gardens	Health Insurance providers
United Way Fox Cities and Oshkosh Area	Voices of Men
United Way	UW Oshkosh
Goodwill Industries	UW Fox Valley
Fitness facilities	GLBT Partnership
Well Cities	Law enforcement
Women Infant Children Program (WIC)	Fox Cities Housing Coalition
Farmers Markets	Service organizations
Park and Recreation Departments	Head Start
Oshkosh Area Community Foundation	Hispanic Interagency Team
Community Foundation for the	Mental Health Network
Fox Valley Region, Inc	Project Promise
Senior Centers	INCLUDE
4-H	Five Counties for Tobacco Free Living coalition
SADD	First Breath
Oshkosh Food Pantry	Tri-County Women's Health Coalition
Salvation Army	Green Lake Area Health and Wellness Coalition
Boy's and Girl's Club – Oshkosh	ADVOCAP/Head Start
GO Transit	Family Health LaClinica
Father Carr's	Chambers of Commerce
Winnebago Crisis Intervention Helpline	Green Lake Greenways
Solutions Recovery Club	United Migrant Opportunities Services
Family Services of Northwest Wisconsin	AmeriCorps
PFLAG of the Greater Oshkosh Area	Community for Hope
Rainbow Alliance for Hope at UW-Oshkosh	Winnebago Mental Health Institute
Gay Straight Alliance Groups at Menasha,	Oshkosh Counseling Wellness Center
Neenah, Oshkosh North and Oshkosh	Fox Valley Psychiatric Associates
West High Schools	Freedom from Smoking
Breastfeeding Alliance of Northwest WI	Alcoholics Anonymous
Wisconsin Well Women Program	Narcotics Anonymous
HealthWatch Wisconsin	Aging and Disability Resource Center
LEPC – Local Emergency Planning	Healthy WI Leadership Institute STD Taskforce
Committee	Partnership Community Health Center (FCCHC)
Crime Stoppers	FCCHC Dental Clinic
Big Brothers Big Sisters	

Needs Identified But Not Addressed

Significant needs identified through our assessment that will not be addressed in the current three year plan are listed below

Community Need

Reasons Needs Not Addressed

Access to Mental Health Care

A variety of other organizations are working on this issue

Tobacco and Smoking

Recent state laws and social norms have had a significant impact on smoking reduction. A local coalition has existed to champion this issue

Access to Dental Care

Several recent initiatives have expanded dental capacity including the start-up of a mobile dental bus service

Preventive Health Screenings

We plan to add as a priority in next plan cycle

Affordable Medications

This issue is beyond what our limited resources can support at this time

Diabetes

Significant efforts are underway within local healthcare organizations



Theda Clark Medical Center

Community Health

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Community Health

Theda Clark Medical Center Community Health Implementation Strategy

The following is Theda Clark Medical Center's Community Health Implementation Strategy to address the needs of the communities it serves over the next three years. This plan was developed with significant contributions from ThedaCare staff and providers as well as community members and leaders.

As you have likely gathered in reviewing our Community Health Needs Assessment and our CHAT model for community health improvement, collaboration with the community is the cornerstone of our process. While there are some elements of this strategy that are solely implemented by Theda Clark Medical Center, the vast majority will be executed in partnership with businesses, non-profits, faith organizations, educational institutions, health organizations and individuals to form sustainable solutions that get at the heart of local health issues.

Theda Clark Medical Center has a long-standing history of significant community benefit activity. Initiatives that are currently underway and will require continued resource allocation are italicized.

Questions may be directed to Paula Morgen, Community Health Manager, at 920-830-5848 or paula.morgen@thedacare.org



Community Health

PRIORITY: Obesity (*italics indicate an initiative currently underway*)

GOAL:

Increase percentage of people living at a healthy weight

OBJECTIVE #1:

Establish “Weight of the Fox Valley” Initiative in the Tri-County area

ACTION PLAN

Activity	Target Date	Anticipated Impact
Provide ThedaCare leadership participation on both the Weight of the Fox Valley Core and Leadership Teams	Ongoing	Reduced aggregate BMI scores
Support establishment of metrics through hospital data systems	January 2014	Reduced aggregate BMI scores
Engage ThedaCare employees on work teams	2014-2016	Reduced aggregate BMI scores
<i>Provide financial and in-kind support</i>	<i>Ongoing</i>	<i>Reduced aggregate BMI scores</i>

OBJECTIVE # 2:

Improve access to healthy foods

ACTION PLAN

Activity	Target Date	Anticipated Impact
Participate on and support the work teams of the ReThink! Initiative for Winnebago County	June 2014	Strengthen existing initiatives
<i>Engage ThedaCare staff and provide funding on the “Eat Smart” restaurant labeling initiative</i>	<i>June 2014</i>	<i>People will select healthier options</i>
<i>Provide funding and expertise for the startup and sustainability of local farmers markets</i>	<i>Ongoing</i>	<i>More people will purchase and eat healthy foods</i>
Support expansion of Riverview Gardens urban farm/job training initiative through funding and purchasing of produce for ThedaCare facilities	Ongoing	More people will purchase and eat healthy foods People will gain job skills and employment
<i>Expand presence at local events where we have an opportunity to educate about healthy foods</i>	<i>Ongoing</i>	<i>More people will make healthier food choices</i>
Support school based healthy lunch/snacks initiatives such as Movin’ and Munchin’ in New London schools	December 2016	Children will have the knowledge and opportunity to make healthy food choices
Explore implementation of PCP “nutrition and exercise” prescriptions	December 2016	More people will comply with a healthy diet

Community Health

OBJECTIVE #3:

Increase participation in exercise and physical activities

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Offer physical activity/healthy lifestyle classes and support groups CHIP</i>	<i>Ongoing</i>	<i>Reduce weight, blood pressure, cholesterol</i>
<i>Sponsor local events that encourage physical activity. i.e. Race for the Light YMCA Healthy Kids Day Neenah Streetball Challenge Fox Cities Bike Challenge Neenah Fun Runs Heart Walk Sole Burner Fox Cities Marathon Events</i>	<i>Ongoing</i>	<i>15,000+ individuals engage in physical activity</i>
<i>Have a ThedaCare presence on groups that advocate for environmental improvements that promote physical activity Bike paths Sidewalks Green space</i>	<i>December 2016</i>	<i>Environmental improvements that make activity easier to achieve</i>
<i>Work with local school districts to support physical activity efforts (i.e. Safe Routes to School, Walking School Bus, before and after school activity)</i>	<i>December 2016</i>	<i>Children build additional physical activity into their daily routine</i>
<i>Provide financial and leadership support for Strong Kids Program through YMCA</i>	<i>Annual</i>	<i>Children who are less likely to be active become more active</i>
<i>Explore implementation of PCP "activity prescriptions"</i>	<i>December 2016</i>	<i>More people will engage in physical activity</i>

OBJECTIVE #4:

Engage ThedaCare employees to help address obesity initiatives

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Establish ThedaCare signature event(s) that engage and reward employees for volunteering on efforts that address obesity through Helping Hearts Program</i>	<i>Ongoing</i>	<i>Labor and financial support to strengthen initiatives</i>
<i>Provide Health Assessments to all local ThedaCare employees and their partners</i>	<i>Annual</i>	<i>Improved HAT scores</i>

Community Health

PRIORITY: Mental Health (*italics indicate an initiative currently underway*)

GOAL:

Improve access to Mental Health Services

OBJECTIVE #1:

Create clinical capacity for patients with Mental Health needs

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Provide financial and in-kind support for Primary Care/Mental Health Integration Initiative aimed at improving the Primary Care Provider's ability to treat basic mental health needs</i>	<i>December 2016</i>	<i>120 PCPs will have participated in the 9-part CME education program</i>
<i>Recruit Mental Health specialists including psychiatrists, APNPs, and mental health therapists</i>	<i>December 2016</i>	<i>Additional providers available to meet demand</i>
<i>Provide leadership, funding, and in-kind support to ensure sustainability of Catalpa Health</i>	<i>Ongoing</i>	<i>Reduced wait time for pediatric behavioral health</i>
<i>Provide board leadership, funding and in-kind lab, diagnostic and other services for patients of "Partnership Community Health Center" and Living Healthy Clinic (Including mental health services.)</i>	<i>Ongoing</i>	<i>More vulnerable populations have access to mental health services</i>
<i>Subsidize mental health services provided through ThedaCare</i>	<i>Ongoing</i>	<i>People have access to mental health services</i>
<i>Explore possibility of psychiatry residency through medical college expansion in Northeast Wisconsin</i>	<i>December 2016</i>	<i>Improved availability of mental health specialists</i>
<i>Explore development of "Primary Care Consult" capability to provide additional support to Primary Care Providers</i>	<i>December 2016</i>	<i>Improved primary care competency in treating basic mental health disorders</i>
<i>Develop a Primary Care Provider education initiative about the variety of community support services to which they can refer patients</i>	<i>December 2016</i>	<i>Patients access and utilize support services available in community</i>

Community Health

OBJECTIVE #2:

Close gaps among mental health service providers that allow patients to “fall through the cracks”

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Provide leadership and funding to the NEW Mental Health Connection – a coalition of mental health service providers</i>	<i>Ongoing</i>	<i>Increased collaboration and connectivity among providers</i>
Help establish “No Wrong Door “ community-wide safety net system	December 2015	People seeking mental health services will be channeled to a provider that can provide assistance

OBJECTIVE #3:

Identify mental health needs and engage interventions early in life

ACTION PLAN

Activity	Target Date	Anticipated Impact
Participate on the Children’s Mental Health Initiative working to create a system of care for children	December 2015/ Ongoing	Children’s mental health needs are identified early in life and treated
<i>Provide funding for “Teen Screen” – a suicide screening initiative for 9th grade students</i>	<i>January 2014</i>	<i>Prevention of suicide and early treatment of depression/other mental health disorders</i>
<i>Provide financial and marketing support for “Parent Connection” early childhood/parenting community education</i>	<i>Ongoing</i>	<i>Parents gain parenting knowledge and skills that reduce abuse and neglect</i>

OBJECTIVE #4:

Ensure emergency Mental Health services are available when needed

ACTION PLAN

Activity	Target Date	Anticipated Impact
Support 24/7 Crisis Intervention initiative to improve access to crisis care in the Fox Cities	December 2016	More patients in crisis will be able to access services locally

Community Health

PRIORITY: Substance Abuse (*italics indicate an initiative currently underway*)

GOAL:

Reduce incidence of alcohol/drug abuse

OBJECTIVE #1:

Mobilize community to action on alcohol and drug use

ACTION PLAN

Activity	Target Date	Anticipated Impact
Organize local "plunge" on alcohol/drug use for community leaders	December 2016	Collaboration to meet gap(s) identified in plunge

OBJECTIVE #2:

Reduce underage drinking and drug use

ACTION PLAN

Activity	Target Date	Anticipated Impact
Advocate for laws that impact use of alcohol among minors "Social Host Ordinance" – to deter parents from providing alcohol in home/house parties "21 is 21" – makes it illegal to serve youth under 21 in establishments even if parents are present	December 2016	Fewer parents providing/allowing alcohol for youth under 21
Participate in and support comprehensive ReThink! Initiatives around alcohol and drug use	September 2014	Strengthened support for existing efforts
<i>Provide financial support for Chem-free graduation/prom parties</i>	<i>Annual</i>	<i>No serious alcohol-related accidents</i>
Explore replication of Shawano Area "Binge Drinking" social norms campaign for use in Fox Cities	December 2015	Heightened awareness of excessive alcohol use in Wisconsin
<i>Host "Party at the PAC" to educate teen drivers about risks of alcohol/substance abuse and driving</i>	<i>Annually in March</i>	<i>Reduced number of teen vehicle accidents involving alcohol/ drugs</i>

Community Health

OBJECTIVE #3:

Implement system policy changes that provide for early detection/prevention of alcohol and drug use

ACTION PLAN

Activity	Target Date	Anticipated Impact
Explore possibility of implementing SBIRT (Screening, Brief Intervention and Referral for Treatment) clinical protocol to screen for substance abuse and refer for help	December 2016	Early identification and treatment
Explore establishment of system policy around prescription practices that impact heroin use	December 2015	Targeted action to reduce epidemic of use
Participate in and support comprehensive ReThink! Initiatives around alcohol and drug use	September 2014	Strengthened support for existing efforts
Implement policy regarding sponsorship of community events that negatively endorse alcohol use	December 2014	Increased success of health-oriented community events
Explore the Gundersen Lutheran (LaCrosse, WI) model	December 2013	Enhanced understanding of a successful initiative
Host a "plunge" on end of life planning and decisions	March 2014	Common understanding of the issue and potential collaborative action opportunities
Participate in End of Life Coalition	Ongoing	Broad support for action

Community Health

PRIORITY: Teen Pregnancy (*italics indicate an initiative currently underway*)

GOAL:

Increase percentage of Latino teens who delay pregnancy until adulthood

OBJECTIVE #1:

Bring Latino teen birth rate in line with state average of 7.5% of all births
(Current rate is 57%-105% higher in Outagamie and Calumet Counties.)

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Provide funding and leadership to develop, launch and sustain Cuidate – a culturally sensitive delayed pregnancy/pregnancy prevention initiative</i>	<i>Ongoing</i>	<i>Fewer Latino teen pregnancies and births</i>
<i>Provide funding and leadership to INCLUDE initiative (embracing LGBT population)</i>	<i>Ongoing</i>	<i>Fewer reported incidents of bullying</i>
<i>Provide funding and leadership to Voices of Men steering committee and subcommittees</i>	<i>Ongoing</i>	<i>Reported change in everyday behaviors that foster culture of violence toward women and children</i>
<i>Sponsor Women's Fund Luncheon</i>	<i>Annual in fall</i>	<i>Availability of resources for initiatives that support women and girls</i>

Community Health

PRIORITY: Access to Care (*italics indicate an initiative currently underway*)

GOAL:

To improve access to needed medical services for vulnerable populations

OBJECTIVE #1:

Ensure medical care for low income/uninsured/underinsured individuals

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Maintain system policy of financial assistance to those unable to pay.</i>	<i>Ongoing</i>	<i>Everyone has access regardless of ability to pay</i>
<i>Support enrollment assistance in government sponsored programs.</i>	<i>Ongoing</i>	<i>More people have health insurance</i>
<i>Provide financial, leadership and in-kind support to Partnership Community Health Center and Living Health Clinic</i>	<i>Ongoing</i>	<i>Access to needed services for vulnerable populations</i>

OBJECTIVE #2:

Provide 24/7 access to nurse advice regarding medical issues

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Staff and fund ThedaCare On-Call – 24 hour/7 days a week access to medical advice over the phone</i>	<i>Ongoing</i>	<i>Appropriate utilization of health services; improved access to health advice</i>

OBJECTIVE #3:

Increase supply of medical professionals

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Provide venue and training for medical residents and nursing students</i>	<i>Ongoing</i>	<i>Increased availability of local healthcare professionals</i>
<i>Operate Radiology School</i>	<i>Ongoing</i>	<i>Increased availability of local radiology professionals</i>
<i>Provide job shadowing and internship opportunities for high school youth interested in medical careers</i>	<i>Ongoing</i>	<i>Increased likelihood area youth will enter health careers</i>

Community Health

PRIORITY: Poverty (*italics indicate an initiative currently underway*)

GOAL: Increase self-sufficiency among people living in poverty

OBJECTIVE #1:

Help youth living in poverty design a path out of poverty through mentoring and education

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Support creation and implementation of "Bright Futures Start Here" program in partnership with YMCA and Boys and Girls Club of Oshkosh</i>	<i>May 2014</i>	<i>More youth living in poverty will seek higher education</i>
<i>Provide mentors to elementary students at Roosevelt School through Backyard Buddies program</i>	<i>Ongoing</i>	<i>Maintain 30 mentor/youth matches per year</i>
<i>Maintain school partnership with Traeger School in Oshkosh</i>	<i>Ongoing</i>	<i>Health education and mentorship</i>
<i>Provider leadership to the Self Sufficiency Project leadership team</i>	<i>Ongoing</i>	<i>Support for community based effort that can impact poverty</i>

OBJECTIVE #2: Improve transportation services for people living in poverty

ACTION PLAN

Activity	Target Date	Anticipated Impact
Provide financial and in-kind support for initiatives arising from the Transportation Plunge held in 2013	December 2014	Improved access to transportation for people in poverty
Explore possibility of expanding "Making the Ride Happen" transportation service for vulnerable populations in Oshkosh	December 2015	Improved access to transportation for people in poverty

OBJECTIVE #3: Engage ThedaCare employees to help meet the needs of those most vulnerable

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>Reward employees for volunteering with local non-profit organizations through Helping Hearts Program</i>	<i>Ongoing</i>	<i>85,000+ hours of unpaid support to non-profits and \$55,000 in matching grants per year</i>

PRIORITY: Asthma (*italics indicate an initiative currently underway*)

GOAL: TBD

OBJECTIVE #1: TBD

ACTION PLAN

Activity	Target Date	Anticipated Impact
<i>TBD</i>	<i>TBD</i>	<i>TBD</i>

Theda Clark Medical Center

Community Health

Appendix

Published Oct. 2013

Appendix A
ThedaCare
Board of Trustees

ThedaCare Board of Trustees 2013

Dave Anderla, MD	ThedaCare Physicians
Omar Atassi, MD	Urology Associates of Wisconsin, SC
Beth Daley Ullem	Community Member
John Davis	Great Northern Corporation
Gary Edelman, MD	ThedaCare Physicians
Dean Gruner, MD	ThedaCare
Ginger Jones	Plexus
Jim Larson	Community Member
John Malanowski	Kimberly-Clark Corp
Jim Meyer	BMO Harris
Doug Moard, MD	ThedaCare Physicians
Jon Stellmacher	Community Member
Karen Timberlake	UW Population Health Institute
Cyril Walsh, MD	AMC Emergency Services
Mike Weller	Miller Electric
Jeffrey Whiteside, MD	Fox Valley Pulmonary Medicine

Appendix B
ThedaCare
System Leadership Team (SLT)

Patients, Customers & Community

Caregivers, Employees & Volunteers



Greg Long
*SVP Systems of Care &
Chief Medical Officer*



Greg Devine
*SVP Systems of Care &
Provider Strategies*



Kim Barnas
*SVP Appleton Medical
Center & Theda Clark
Medical Center*



Brian Burmeister
*SVP Primary Care &
Rural Campuses*



Keith Livingston
*SVP Systems of
Care Support &
Chief Information
Officer*



Maureen Pistone
*SVP Human Resources
& Talent Development*



John Poole
*SVP ThedaCare
Improvement System*



Bill Mann
*SVP Employer &
Payer Strategies*



Jeff Hunter
*SVP Strategy &
Marketing*



Tim Olson
Chief Financial Officer



Dean Gruner
*President &
Chief Executive Officer*

1/12/2012

Appendix C
ThedaCare
Community Benefit Advisory Team (CBAT)

Name	Organization	Title	Area of Expertise
Michael Frohna	ThedaCare Foundations	Executive Director	Development
Jeff Hunter	ThedaCare	Sr. Vice President	Strategic Planning and Marketing
William Mann	ThedaCare	Sr. Vice President	Employer and Payer Strategies
Jim Matheson	ThedaCare	Vice President	Marketing
Tricia Nelson	ThedaCare Physicians	Manager	Medical Home
Bill Schmidt	New London Family Medical Center	Administrator	Healthcare Administration
Scott Schuldes	ThedaCare Physicians	Nurse Practitioner	Primary Care
Jon Stellmacher		Community Member/ ThedaCare Board Trustee	Financial/ Community Leadership
Cyril Walsh, MD	ThedaCare	Physician/ ThedaCare Board Trustee/ Foundation Board Member	Emergency Medicine
Jean Blaney	ThedaCare	Coordinator	Community Health
Paula Morgen	ThedaCare	Manager	Community Health
Kaye Zoesch	ThedaCare	Coordinator	Community Health

Appendix D

ThedaCare

Community Benefit Advisory Team Charter

*Approved by PM March 25, 2013**Introduction*

ThedaCare governance has identified "Continual Improvement in Community Health" as one of four Owner Expectations. ThedaCare defines owners as "*all members of the communities we serve.*" Organized community health improvement efforts currently take place in the Fox Cities, but not in rural markets. In addition, the Affordable Care Act now requires all non-profit hospitals to have a Community Health Needs Assessment and Implementation Strategy. The geographic expansion and formalization of community health efforts requires the integration of several internal disciplines to ensure optimal integration of this work.

Mission

The ThedaCare Community Benefit Advisory Committee provides advice, direction and information to enhance ThedaCare's ability to improve the health of the communities we serve.

The ThedaCare Community Benefit Advisory Team provides guidance in the following areas.

- Providing sources of data to broaden the understanding of community health needs
- Implementing processes used to assess health needs in each community
- Strategizing high level community health needs
- Securing necessary resources
- Integrating community health improvement strategies throughout the ThedaCare system
- Building synergy among community health work and other existing efforts
- Prioritizing each community's health needs
- Communicating to the public about community health care programs
- Providing for long-term sustainability of community health programs

Team Objectives

Members of the ThedaCare Community Benefit Advisory Team will be required to develop a fundamental understanding of the following:

- What creates health
- What is Community Benefit
- 5 Core Principles of Community Benefit
- Models for population health improvement
- CHAT
- IRS/Affordable Care Act requirements

Education on these topics will be provided to team members.

Appendix A: Community Health

Members of the ThedaCare Community Benefit Advisory Team will represent organizational functions that provide experience with and understanding of current community health needs, help set the strategic direction and priorities of the organization and are accountable for the development of Community Health Needs Assessments and Community Health Implementation Strategies for our hospitals and their service area. Those functions include, but may not be limited to:

- ThedaCare Board of Trustees
- Strategic Planning
- Emergency Department
- Population Health
- Workplace Health
- Foundations
- Primary Care
- Metro/Rural Hospitals
- Marketing
- Community Health

There will be no “terms” for Advisory Committee members other than for the ThedaCare board representative(s). Board members will serve a two-year term allowing for broader Board participation over time. It is recommended that Board members have prior experience with CHAT prior to serving on the Advisory Team.

The size of the Community Benefit Advisory Team will range between 8 and 12 participants.

Appendix B: Community Health

In addition to the functions represented on the list of members above, the Community Benefit Advisory Team may often communicate with Decision Resources and the CHAT Teams.

Appendix C: Community Health

The ThedaCare Community Benefit Advisory Team will meet approximately four times per year for two hours each. There will be a minimal amount of reading/preparation in advance of each meeting.

Appendix D: Community Health

The ThedaCare Community Benefit Advisory Committee will be supported by dedicated Community Health staff.

Appendix E
ThedaCare
Fox Cities CHAT Roster

Name	Title	Organization	Expertise
Roger Bertschausen	Minister	Fox Valley Unitarian Universalist Fellowship	Ministry
Will Bloedow	Pastor	Retired	Ministry
Ray Durkee	Board Member	Appleton Medical Center Foundation	Philanthropy, Community and Project Development
Kurt Eggebrecht	Public Health Officer	Appleton Health Department	Health Promotion, Disease Prevention, Population Health
Michael Frohna	Executive Director	ThedaCare Foundations	Philanthropy
Jay Fulkerson	CEO	Health Payment Systems	Healthcare Administration, Health Insurance
Shannon Full	President	Fox Cities Chamber of Commerce	Economic Development
Tim Galloway	President	Galloway Company	Business Leadership
Ernesto Gonzalez	President	Casa Hispana	Latino Advocacy
Dean Gruner	President and CEO	ThedaCare	Healthcare Leadership
Marti Hemwall	V P of Donor Engagement	Community Foundation for the Fox Valley Region, Inc	Philanthropy, Development
Peter Kelly	President	United Way Fox Cities	Community Needs, Non-Profits
Shannon Kenevan	Diversity Director	Harmony Café/Goodwill Industries NCW	Diversity, Community Building
Greg Lemke Rochon	Chief Professional Officer	Boys & Girls Club of the Fox Valley	Youth, Non-Profits
Chris Matheny	Vice President	Fox Valley Technical College	Education
John Mielke, MD	Retired Cardiologist	ThedaCare	Health, Specialty Care, Community Service, Philanthropy
Paula Morgen	Manager	ThedaCare	Community Health
Cathy Mutschler	Director	U S Venture	Development, Philanthropy
Amy Putzer	Director of Programs	Oshkosh Area Community Foundation	Philanthropy, Non-Profit Management
Carolyn Slavik	Coordinator Mission Services	Ministry Health System	Community Health
Rollie Stephenson	CEO	Faith Technologies	Strategic Leadership, Business Engagement
Dave Vander Zanden	Retired	Retired	Education, Mental Health
Ben Vogel	Assistant Superintendent	Appleton Area School District	Youth, Education
Deborah Wetter	General Manager	Valley Transit	Government, Transportation

The Fox Cities CHAT meets quarterly on the third Wednesday of the months of January, April, July and October.