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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
Door County Memorial Hospital

Doing Business As
Ministry Door County Medical Center

Number and street (or P O box if mail is not delivered to street address) | Room/suite
323 South 18th Avenue

City or town, state or province, country, and ZIP or foreign postal code
Sturgeon Bay, WI 54235

D Employer identification number
39-0806324

E Telephone number
(920) 743-5566

G Gross receipts $ 72,202,455

F Name and address of principal officer
Robert Scieszinski
323 South 18th Avenue
Sturgeon Bay, WI 54235

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www ministryhealth org/dcmh/home nws

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

L Year of formation 1944

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health and well-being of all people in the communities we serve

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	726
6	Total number of volunteers (estimate if necessary)	**6**	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	225,901	699,382
9	Program service revenue (Part VIII, line 2g)	51,687,372	69,727,370
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	262,114	1,020,464
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	424,059	475,010
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,599,446	71,922,226
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,740	12,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,834,221	43,108,512
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,553,096	22,328,403
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,400,057	65,448,915
19	Revenue less expenses Subtract line 18 from line 12	3,199,389	6,473,311

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	76,043,111	83,365,693
21	Total liabilities (Part X, line 26)	20,994,503	19,496,911
22	Net assets or fund balances Subtract line 21 from line 20	55,048,608	63,868,782

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-05-12

Jeffrey Francis Ministry Health Care CAFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Becker		2015-05-08		P00966076

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 555 East Wells Street Suite 1400
Milwaukee, WI 53202 — Phone no (414) 271-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission as a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 52,425,903 including grants of $ 12,000) (Revenue $ 69,727,370)

Door County Memorial Hospital ("the Hospital") is a fully accredited, acute-care hospital and outpatient medical center, with 25 licensed beds The Hospital offers a full range of services and specialties, including home health, a skilled nursing facility for long-term care and rehabilitation services, a rehab services department and Ministry North Shore Medical Clinic During fiscal 2014, the Hospital counted 4,299 inpatient days, including swing bed The Hospital's outpatient facilities, which include its rehabilitation agency, 30 bed extended care facility, and the North Shore Medical Clinic served 58,980 visits, and the North Shore Medical Clinic, including its urgent care facility, received 65,621 visits alone See Schedule H for further details regarding the community benefits Door County Memorial Hospital provides

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

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

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

4e **Total program service expenses** ▶ 52,425,903

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	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If so, complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	111		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	726		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response 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	**1a**	16		
	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	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
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**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶ Jeffrey Francis 222 W College Ave 3rd Floor
Appleton, WI 54911 (414) 359-3145

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) Patrick O'Hern Chairman	1 00 0 00	X		X				0	0	0
(2) James Lewis Secretary	40 00 0 00	X		X				14,538	0	581
(3) Joseph McMahon Treasurer	1 00 0 00	X		X				0	0	0
(4) Gerald Worrick Corp President - CEO	40 00 30	X		X				343,018	0	29,691
(5) Corwin Dahl Board Member	1 00 0 00	X						0	0	0
(6) Barth Guilette Board Member	1 00 0 00	X						0	0	0
(7) Tom Herlache Board Member	1 00 0 00	X						0	0	0
(8) Eric Paulsen Board Member	1 00 0 00	X						0	0	0
(9) Sally Pfeifer Board Member	1 00 0 00	X						0	0	0
(10) Jeff Rabas Board Member	1 00 0 00	X						0	0	0
(11) Dr Kelton Reitz Board Member	40 00 0 00	X						315,479	0	27,605
(12) Grace Rossman Board Member	1 00 0 00	X						0	0	0
(13) David Ward Board Member	1 00 0 00	X						0	0	0
(14) Cathy Wiese Board Member	1 00 0 00	X						0	0	0
(15) Gregory Casperson Member-at-Large	1 00 0 00	X						0	0	0
(16) Keith Anclam Thru 1213 Medical Staff President	40 00 0 00	X						249,796	0	30,754
(17) George Gorchynsky Start 114 Medical Staff President	40 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) Nicholas Desien Ministry Health Care CEO	1 00 55 30			X				0	2,061,606	41,974
(19) Jeffrey Francis Ministry Health Care CAFO	1 00 64 90			X				0	522,252	124,025
(20) Robert Scieszinski CFO	40 00 0 00			X				193,365	0	25,738
(21) James Heise NSMC Medical Director	40 00 0 00				X			263,454	0	29,429
(22) Michael Bruno Physician	40 00 0 00					X		462,959	0	33,786
(23) Steven Davis Physician	40 00 0 00					X		513,365	0	34,555
(24) Ralph Bradly Nelson Physician	40 00 0 00					X		391,673	0	23,488
(25) Brian E Matysiak Physician	40 00 0 00					X		365,936	0	0
(26) Daniel Tomaszewski Physician	40 00 0 00					X		890,279	0	33,087
(27) Jeff Badger Former Officer	1 00 51 00						X	0	497,813	62,987
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,003,862	3,081,671	497,700

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
Infinity Healthcare Inc 111 E Wisconsin Ave Ste 2000 Milwaukee WI 53402	ER Physicians	2,328,513
Northern X Ray Co Inc 2118 4th Avenue South Minneapolis MN 55404	Radiology Equipment Service Contract	499,905
Marshfield Laboratories 1000 N Oak Ave Marshfield WI 544495795	Laboratory Tests	366,710
Nelson Schmidt PO Box 1650 Milwaukee WI 532011650	Advertising	279,283
Universal Hospital Service Inc PO Box 86 Minneapolis MN 55486	Medical Equipment Service Contract	187,153

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 ▶ 13

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 15,840				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d 9,766				
	e	Government grants (contributions)	1e 145,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 528,776				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		699,382			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	622110	68,425,127	68,425,127		
	b	Oncology Clinic Rev	621110	719,191	719,191		
	c	Occupational Health	622000	232,341	232,341		
	d	Medicare and Medicaid	900099	205,386	205,386		
	e						
	f	All other program service revenue		145,325	145,325		
	g	**Total.** Add lines 2a–2f . . . . . ▶		69,727,370			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,020,464			1,020,464
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	428,813				
	b	Less rental expenses	280,229				
	c	Rental income or (loss)	148,584				
	d	Net rental income or (loss) . . . . . ▶		148,584			148,584
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria Sales	722210	207,891			207,891
	b	Lifeline Equipment	900099	118,535			118,535
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		326,426			
	12	**Total revenue.** See Instructions . . . . . ▶		71,922,226	69,727,370	0	1,495,474

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	12,000	12,000		
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	2,071,733	919,998	1,151,735	
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	32,515,935	27,471,171	5,044,764	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,478,499	1,308,100	170,399	
9 Other employee benefits	4,979,731	3,970,155	1,009,576	
10 Payroll taxes	2,062,614	1,779,248	283,366	
11 Fees for services (non-employees)				
a Management				
b Legal	329,189		329,189	
c Accounting	38,300		38,300	
d Lobbying	4,863		4,863	
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)	2,986,537	2,986,537		
12 Advertising and promotion	719,102	1,040	718,062	
13 Office expenses	7,133,922	6,742,480	391,442	
14 Information technology	281,345	176,160	105,185	
15 Royalties . .				
16 Occupancy	1,088,313	1,052,092	36,221	
17 Travel	180,978	94,869	86,109	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	494,628	278,656	215,972	
20 Interest	542,994	542,994		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,149,361	2,036,692	1,112,669	
23 Insurance	273,459	260,769	12,690	
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 Purchased Services	3,798,562	2,069,619	1,728,943	
b WI Hospital Assessment	322,169	322,169		
c Dues and Licenses	282,917	187,509	95,408	
d Community Relations	92,250	1,446	90,804	
e All other expenses	609,514	212,199	397,315	
25 **Total functional expenses.** Add lines 1 through 24e	65,448,915	52,425,903	13,023,012	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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,589	1	2,978
	2	Savings and temporary cash investments		7,256,799	2	7,665,252
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,642,113	4	10,361,306
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		66,984	5	136,950
	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		821,302	7	202,494
	8	Inventories for sale or use		1,011,491	8	997,491
	9	Prepaid expenses and deferred charges		1,745,766	9	1,861,062
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,948,286			
	b	Less accumulated depreciation	10b 1,580,568	23,829,195	10c	22,367,718
	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	2,405,975
	15	Other assets See Part IV, line 11		31,661,872	15	37,364,467
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		76,043,111	16	83,365,693
Liabilities	17	Accounts payable and accrued expenses		5,450,586	17	4,951,251
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		10,366,885	20	10,064,309
	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		3,018,651	23	2,585,651
	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		2,158,381	25	1,895,700
	26	**Total liabilities.** Add lines 17 through 25		20,994,503	26	19,496,911
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		54,791,493	27	63,349,523
	28	Temporarily restricted net assets		257,115	28	519,259
	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		55,048,608	33	63,868,782
	34	Total liabilities and net assets/fund balances		76,043,111	34	83,365,693

Part XI Reconcilliation 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	71,922,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,448,915
3	Revenue less expenses Subtract line 2 from line 1	3	6,473,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,048,608
5	Net unrealized gains (losses) on investments	5	2,400,118
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	-53,255
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,868,782

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **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
Door County Memorial Hospital

Employer identification number
39-0806324

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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	**Employer identification number**
Door County Memorial Hospital	39-0806324

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,863
j	Total Add lines 1c through 1i			4,863
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	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying Door County Memorial Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Door County Memorial Hospital

Employer identification number
39-0806324

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

4 Describe in Part 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		4,203,539		4,203,539
b Buildings		13,197,643	783,543	12,414,100
c Leasehold improvements		213,259	38,359	174,900
d Equipment		5,187,327	708,597	4,478,730
e Other		1,146,518	50,069	1,096,449
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				22,367,718

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Other Receivables	1,278,080
(2) Foundation Receivables	519,258
(3) Interest in Investments Held by Ascension Health Alliance	30,247,117
(4) Due From Third Party Payers	5,320,012
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	37,364,467

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Intercompany Debt with Ministry Health Care, Inc	888,171
Due To Third Party Payors	1,007,529
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,895,700

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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	From the consolidated audited financial statements of Ministry Health Care, Inc , which includes the activity of Door County Memorial Hospital The Health Ministry accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of tax position taken or expected to be taken in a tax return

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

Employer identification number
39-0806324

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,517,039		1,517,039	2 320 %
b Medicaid (from Worksheet 3, column a)			8,063,787	6,660,235	1,403,552	2 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			9,580,826	6,660,235	2,920,591	4 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	22	2,587	743,711	251,545	492,166	0 750 %
f Health professions education (from Worksheet 5)	7	315	119,305	300	119,005	0 180 %
g Subsidized health services (from Worksheet 6)	1	2,543	606,700	299,495	307,205	0 470 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	1,013	476,602		476,602	0 730 %
j **Total.** Other Benefits	37	6,458	1,946,318	551,340	1,394,978	2 130 %
k **Total.** Add lines 7d and 7j	37	6,458	11,527,144	7,211,575	4,315,569	6 590 %

Part II Community 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
1	Physical improvements and housing						
2	Economic development						
3	Community support	2	11	8,771		8,771	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members	1		12,840		12,840	0 020 %
6	Coalition building	1	269	302,426	1,285	301,141	0 460 %
7	Community health improvement advocacy	2		3,403		3,403	0 010 %
8	Workforce development	2	12	136,054		136,054	0 210 %
9	Other						
10	**Total**	8	292	463,494	1,285	462,209	0 710 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare 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	1,260,614		
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	0		
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	31,259,293
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,044,576
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-785,283
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	
b	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 IV Management 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)

Name of hospital facility or facility reporting group Door County Memorial Hospital

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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet 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 12			
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Part V, Facility Info			
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**	Yes	
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? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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	
16 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)			
17 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?	**19**	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?	**21**		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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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.

Form and Line Reference	Explanation
See Additional Data Table	

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? **4**

	Name and address	Type of Facility (describe)
1	North Shore Medical Clinic 323 South 18th Avenue Sturgeon Bay, WI 54235	OP Phys Clinic
2	North Shore Medical Clinic 3711 Highway 42 Fish Creek, WI 54212	OP Phys Clinic
3	North Shore Medical Clinic 815 Jefferson Street Algoma, WI 54201	OP Phys Clinic
4	North Shore Medical Clinic 910 Main Road Washington Island, WI 54201	OP Phys Clinic
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 6a	Door County Memorial Hospital is included in the annual community benefit report which is published by Ministry Health Care, Inc (EIN 39-1490371) and available to the public on its website, www ministryhealth org This report includes all of the related entities within the Ministry Health Care, Inc network of hospitals, clinics and other health-related organizations

Form and Line Reference	Explanation
Part I, Line 7	Amounts calculated in Part I, Line 7 are determined both on a cost accounting system and a cost-to-charge ratio Other benefits are determined based on the direct and indirect costs (where allocated) associated with a program net of earned revenue Detail for each program/activity is maintained and determined at the department level Charity care and means tested programs are determined based on a cost-to-charge ratio consistent with Worksheet 2, ratio of patient care cost to charge Prior year cost report settlements are excluded from the shortfall calculation in order to get a true fiscal year shortfall amount

Form and Line Reference	Explanation
Part II, Community Building Activities	Some of the things included in this area are working with community organizations such as Rotary, Leadership of Door County, and Loaves and Fishes Workforce development includes health care career presentations and school/community programs that allow job shadowing and mentoring Support a community garden and work with local emergency agencies regarding disaster readiness Door County Memorial Hospital participates in community efforts such as DOOR CANcer, Inc , Leadership DC, childbirth, baby care and Parkinson's classes, health fairs, and Food for Health Many employees also volunteer in the community for programs including Habitat for Humanity, Relay for Life, Door County Triathlon, and others

Form and Line Reference	Explanation
Part III, Line 2	Accounts are written off to bad debt after all internal collection efforts have been exhausted Attempts to resolve these outstanding balances can include, but are not limited to statements being sent, phone calls and letters being sent Account follow up protocol is based on personal pay balance size owed

Form and Line Reference	Explanation
Part III, Line 3	Door County Memorial Hospital has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients

Form and Line Reference	Explanation
Part III, Line 4	From the footnote of the consolidated financial statements of Ministry Health Care, Inc , which includes the activity of Door County Memorial Hospital The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Health Ministry follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Health Ministry's policies The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year The Health Ministry has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current year

Form and Line Reference	Explanation
Part III, Line 8	Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form and Line Reference	Explanation
Part III, Line 9b	Door County Memorial Hospital ("DCMH") has a debt collection policy which sets forth collection practices for patients who are known to qualify or may qualify for financial assistance under the charity care program Sufficient financial counseling support is made available to patients so they can easily access patient financial service representatives and have their questions answered, and gain an understanding of the reasons why they owe a balance Accounts are designated as charity care in the business offices so no additional time is spent on collection efforts

Form and Line Reference	Explanation
Part VI, Line 2	The Organization performs community needs assessments as needed Planning workgroups consisting of community partners are formed to define the community and its needs through review of healthy people initiatives, census documents, and local government health and welfare agencies Considering other community resources/assets, data collection methods are used to identify particular problems or subgroups and areas known to have high poverty rates and to be underserved The data is analyzed and priorities are set based on trending information which may target a specific need When a need is identified, the Hospital develops a plan to implement a program either through community collaboration or individually Outcomes from the programs are measured and considered in subsequent community needs assessments Community benefit plans are presented to senior leadership and board members to ensure the findings are incorporated into the Organization's strategy and policy development For example, senior leaders are required to provide direct service hours to the poor as part of their performance goals

Form and Line Reference	Explanation
Part VI, Line 3	The Organization goes to great lengths in order to inform and educate patients/persons who may be billed for patient care about their eligibility for assistance under federal, state or local government programs and under the Organization's Charity Care Policy The Charity Care Policy and application is posted on the Organization's website Admissions and other key areas contain summary information of the Charity Care Policy As part of the intake/discharge process, patients are provided with a copy of the policy and other information for financial assistance If during the course of the patient registration process, treatment, or upon discharge it becomes evident that a patient may need financial assistance, the patient shall be referred to the Organization's Community Care program Patients may be identified as needing financial assistance at any time during the course of an encounter A referral for consideration of Community Care Financial Assistance can be initiated by any member of the hospital's workforce, including medical staff members, who become aware of the patient's potential need for Community Care Financial Assistance The Charity Care Policy was also translated into dialects prevalent in the community in order to reach out to those that may speak another language Patient registration staff and financial counselors are provided with scripts to follow when interacting with patients As part of the charity care process, patients must register with the county public assistance to see if they may qualify under any other federal or state programs

Form and Line Reference	Explanation
Part VI, Line 4	While there is growing agreement in the United States about what constitutes a non-profit hospital's "community benefit", this is a work in progress Door County Memorial Hospital ("DCMH") provided significant charity care and other community benefits as defined by the IRS But in addition, we believe that we provide a critically important community benefit, which is not quantified Our Hospital, like most rural hospitals, was created and is maintained in order to provide care locally - care that without our Hospital, would not be available locally The City of Sturgeon Bay is located in Door County The population of Door County, as of the 2010 census data, is 27,785 According to the 2008 - 2012 American Community Survey 5-Year Estimates data, there were 27,872 people living in Door County, consisting of 13,695 households and 8,560 families The population consisted of 95 3% White, 2 4 % Hispanic, 0 5% African American, 0 5% Native American, 0 5 % Asian, and 0 8% Other Of the 13,695 households in Door County, 20 3% of those had children under the age of 18, living at home The 13,695 households are categorized as 53 1% married couples living together, 4 2% had a male head of household with no wife present, 5 2% had a female head of household with no husband present, and 37 5% were non-families 29 1% of the households consisted of individuals and 12 4% had someone 65 and older living alone The age population is widely spread 19 7% were under 18, 3 7% were 19-24, 20 0% were 25-44, 33 9% were 45-64, and 22 7% were 65+ The median income for a household was $48,707 and the median income for a family was $61,047 The per capita income for the county was $30,509 The largest industry in Door County is educational, health and social services (18 8%) Arts, entertainment and recreation (16 1%) and manufacturing (14 0%) are the next largest industries in Door County Roughly 6 2% of families and 11 4% of the population were below the poverty line That includes 20 7% of those under 18 years old and 7 9% of those 65 and older The unadjusted seasonal unemployment rate for Door County, as of 2012 was 4 5%, compared to a state unemployment rate of 5 1% and a national unemployment rate of 7 9%

Form and Line Reference	Explanation
Part VI, Line 5	The local board for Door County Memorial Hospital is made up of community members that live in our primary service area Door County Memorial Hospital partners with the local YMCA on various events promoting health and well-being in the community Door County Memorial Hospital extends medical privileges to all qualified physicians in the community Door County Memorial Hospital participates in Medicare, Medicaid, and other government sponsored programs

Form and Line Reference	Explanation
Part VI, Line 6	Ministry Health Care, Inc ("Ministry" or "the Health Ministry") is a member of Ascension Health Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit co rporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily o f nonprofit corporations that own and operate local healthcare facilities, or Health Minis tries, located in 23 of the United States and the District of Columbia Ascension and its member organizations are hereafter referred to collectively as the System Ascension is spo nsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascens ion Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, t heCongregation of Alexian Brothers of the Immaculate Conception Province, Inc American Pr ovince, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assis i US/Caribbean Province As more fully described in the Organizational Changes note, Maria n Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi US/Caribbean Province, became part of Ascension H ealth on April 1, 2013 The Health Ministry is a Wisconsin non-stock, tax-exempt corporatio n that manages, promotes, and supports health care and related ministries in Wisconsin and Minnesota The Health Ministry provides inpatient, outpatient, and emergency care service s for the residents of Wisconsin and Minnesota Admitting physicians are primarily practit ioners in the local area The Health Ministry is related to Ascension Health's other spons ored organizations through common control Substantially all expenses of the Health Minist ry are related to providing health care services The consolidated financial statements inc lude the following affiliates in which Ministry has a controlling interest or is the sole sponsor Affiliate Organization - LocationAffinity Health System (Affinity)Calumet Medical Center, Inc (CMC) - Chilton, WINetwork Health System, Inc (NHS)Affinity Medical Group (A MG) - Fox Valley of WisconsinTwin Med, LLC - Fox Valley of WisconsinMercy Medical Center o f Oshkosh, Inc - Oskosh, WIMercy Health Foundation, Inc - Oshkosh, WISt Elizabeth Hospi tal, Inc - Appleton, WICatalpa Health, Inc - Appleton, WISt Elizabeth Hospital Foundati on, Inc - Appleton, WIAgape Community Center of Milwaukee, Inc - Milwaukee, WIDoor Count y Memorial Hospital (Door County) - Sturgeon Bay, WIGood Samaritan Health Center of Merril l, Wisconsin, Inc - Merrill, WIGood Samaritan Health Center Foundation of Merrill, Wiscon sin, Inc - Merrill, WIHoward Young Health Care, Inc (Howard Young)Dr Kate Newcomb Conva lescent Center, Inc - Woodruff, WIThe Howard Young Medical Center, Inc - Woodruff, WIHow ard Young Foundation, Inc - Woodruff, WIEagle River Memorial Hospital, Incorporated - Eag le River, WIMinistry Holdings, Inc Network Health (NH) - Fox Valley of WisconsinNetwork He alth Insurance Corporation (NHIC) - Fox Valley of WisconsinMinistry Home Care, Inc Ministr y Home Care Services - Various in WisconsinMinistry Medical Group, Inc Our Lady of Victory Hospital, Inc - Stanley, WISacred Heart-St Mary's Hospital, Inc - Tomahawk, WI/Rhinela nder, WISaint Clare's Hospital of Weston, Inc - Weston, WIFoundation of Saint Clare's Hos pital of Weston, Inc - Weston, WISaint Elizabeth's Hospital of Wabasha, Inc - Wabasha, M NSaint Joseph's Hospital of Marshfield, Inc - Marshfield, WIFoundation of Saint Joseph's Hospital of Marshfield, Inc - Marshfield, WISaint Michael's Hospital of Stevens Point, In c - Stevens Point, WISaint Michael's Foundation of Stevens Point, Inc - Stevens Point, W IMission The System directs its governance and management activities toward strong, vibran t, Catholic Health Ministries united in service and healing, and dedicates its resources t o spiritually centered care which sustains and improves the health of the individuals and communities it serves In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients reg ardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs - Tradi tional charity care includes the cost of services provided to persons who cannot afford he althcare because of inadequate resources and/or who are uninsured or underinsured - Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provi ded to persons covered by public programs for persons living in poverty and other vulnerab le persons - Cost of other programs for persons living in poverty and other vulnerable per sons includes unreimbursed costs of programs inten

Form and Line Reference	Explanation
Part VI, Line 6	tionally designed to serve the persons living in poverty and other vulnerable persons of t he community, including substance abusers, the homeless, victims of child abuse, and perso ns with acquired immune deficiency syndrome - Community benefit consists of the unreimburs ed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinic s and screenings, and medical research Discounts are provided to all uninsured patients, i ncluding those with the means to pay Discounts provided to those patients who did not qua lify for assistance under charity care guidelines are not included in the cost of providin g care of persons living in poverty and other community benefit programs The cost of prov iding care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total oper ating expenses to the entity's billed charges for patient care The amount of traditional c harity care provided, determined on the basis of cost, was approximately $18,380,000 for t he year ended June 30, 2014 The amount of unpaid cost of public programs, cost of other p rograms for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	WI

Additional Data

Software ID:
Software Version:
EIN: 39-0806324
Name: Door County Memorial Hospital

990 Schedule H, Supplemental Information

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.

Form and Line Reference	Explanation
Door County Memorial Hospital	
Door County Memorial Hospital	Part V, Section B, Line 14g A plain language summary of the financial assistance policy i s available in the following locations - The Hospital facilitiy's website- Attachment to b illing invoices- Posted to the Hospital facility's emergency rooms and waiting rooms- Post ed in the Hospital facility's admission offices- Provided, in writing, to patients on admi ssion to the Hospital facility
Part V, Section B, Line 5a	The Hospital facility's CHNA can be found at the following website http //ministryhealth o rg/DoorCountyMemorial/Ministry_Door_County_Medical_ Center_CHNA_5_28_2013FINAL pdf

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Door County Memorial Hospital

Employer identification number
39-0806324

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Community Clinic of Door County Inc 1623 Rhode Island Street Sturgeon Bay, WI 54235	22-3905485	Section 501(c)(3)		12,000	FMV	Lab Services	We provided assistance to the Community Clinic by providing free lab services that amounted to $12,000 for the year The other type of assistance we provide is community care or charity care for patients who are eligible Documentation is kept in the patient records and patient financial services office

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, 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
Door County Memorial Hospital

Employer identification number
39-0806324

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) 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 3	Ministry Health Care, Inc , a related organization of Door County Memorial Hospital, uses the following methods to establish the compensation of the Organization's CEO - Compensation Committee, - Independent Compensation Consultant, - Compensation Survey or Study, and - Approval by the Board or Compensation Committee
Part I, Line 4b	Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the Organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid There were no distributions in the current year

Additional Data

Software ID:
Software Version:
EIN: 39-0806324
Name: Door County Memorial Hospital

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				
Gerald Worrick Corp President - CEO	(I) (II)	245,300 0	28,496 0	69,222 0	15,000 0	14,691 0	372,709 0	0 0
Dr Kelton Reitz Board Member	(I) (II)	268,660 0	46,384 0	435 0	15,748 0	11,857 0	343,084 0	0 0
Keith Anclam Thru 1213 Medical Staff President	(I) (II)	249,796 0	0 0	0 0	15,263 0	15,491 0	280,550 0	0 0
Nicholas Desien Ministry Health Care CEO	(I) (II)	0 1,004,953	0 329,299	0 727,354	0 15,000	0 26,974	0 2,103,580	0 0
Jeffrey Francis Ministry Health Care CAFO	(I) (II)	0 427,032	0 63,804	0 31,416	0 101,523	0 22,502	0 646,277	0 0
Robert Scieszinski CFO	(I) (II)	146,087 0	15,620 0	31,658 0	11,319 0	14,419 0	219,103 0	0 0
James Heise NSMC Medical Director	(I) (II)	258,823 0	4,196 0	435 0	10,538 0	18,891 0	292,883 0	0 0
Michael Bruno Physician	(I) (II)	462,458 0	0 0	501 0	15,436 0	18,350 0	496,745 0	0 0
Steven Davis Physician	(I) (II)	512,446 0	0 0	919 0	15,544 0	19,011 0	547,920 0	0 0
Ralph Bradly Nelson Physician	(I) (II)	390,531 0	0 0	1,142 0	14,776 0	8,712 0	415,161 0	0 0
Brian E Matysiak Physician	(I) (II)	365,936 0	0 0	0 0	0 0	0 0	365,936 0	0 0
Daniel Tomaszewski Physician	(I) (II)	649,751 0	155,961 0	84,567 0	14,076 0	19,011 0	923,366 0	0 0
Jeff Badger Former Officer	(I) (II)	0 405,962	0 56,934	0 34,917	0 44,888	0 18,099	0 560,800	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Door County Memorial Hospital

Employer identification number
39-0806324

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Wisconsin Health & Edu Facilities Authority	39-1337855		10-22-2009	11,000,000	Construction Loan		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	935,691			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	11,000,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	11,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (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
Door County Memorial Hospital

Employer identification number
39-0806324

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) Dr Tomaszewski	Highest Compensated Employee	Employee Retention Loan		X	125,000	2,084		No	Yes		Yes	
(2) Dr Tomaszewski	Highest Compensated Employee	Employee Retention Loan		X	163,569	5,700		No	Yes		Yes	
(3) Dr Tomaszewski	Highest Compensated Employee	Employee Retention Loan		X	150,000	129,166		No	Yes		Yes	
Total		▶ $				136,950						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (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
Door County Memorial Hospital

Employer identification number
39-0806324

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	
Form 990, Part VI, Section A, line 6	Door County Memorial Hospital has a single corporate member, Ministry Health Care, Inc
Form 990, Part VI, Section A, line 7a	Door County Memorial Hospital has a single corporate member, Ministry Health Care, Inc , w ho has the ability to elect members to the governing body of Door County Memorial Hospital
Form 990, Part VI, Section A, line 7b	All decisions that have a material impact to Door County Memorial Hospital financial infor mation or corporation as a w hole are subject to approval by its sole corporate member, Min istry Health Care, Inc
Form 990, Part VI, Section B, line 11	Management, including certain officers, w orks diligently to complete the Form 990 and atta ched schedules in a thorough manner Prior to filing the return, all board members are pro vided the Form 990 and management team members are available to answ er any Board Members' questions
Form 990, Part VI, Section B, line 12c	The Organization regularly and consistently monitors and enforces compliance w ith the Conf lict of Interest Policy in that any director, principal officer, or member of a committee w ith governing board delegated pow ers, w ho has a direct or indirect financial interest, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees w ith governing board delegated pow ers considering the proposed transaction or arrangement The remaining indivi duals on the governing board or committee w ill decide if conflicts of interest exist Each director, principal officer and member of a committee w ith governing board delegated pow e rs annually signs a statement w hich affirms such person has received a copy of the Conflic t of Interest Policy, has read and understands the policy, has agreed to comply w ith the p olicy, and understands that the Organization is charitable and in order to maintain its fe deral tax exemption it must engage primarily in activities w hich accomplish its tax-exempt purpose
Form 990, Part VI, Section B, line 15	In determining compensation of the Organization's CEO, the process performed by Ministry H ealth Care, Inc , a related organization of Door County Memorial Hospital, included a revi ew and approval by independent persons, comparability data, and contemporaneous substantia tion of the deliberation and decision The Compensation Committee, w hich is assisted by an independent consulting firm, reviewed and approved the compensation In the review of the compensation, the CEO, w as compared to individuals at other organizations in the area w ho hold the same title During the review and approval of the compensation, documentation of the decision w as recorded in the board minutes Individual w as not present w hen his compe nsation w as decided In determining compensation of other officers and key employees of th e Organization, the process performed by Ministry Health Care, Inc , a related organizatio n of Door County Memorial Hospital, included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The Compensation Committee, assisted by an independent consulting firm, reviewed and appro ved the compensation In the review of the compensation, the other officers and key employ ees of the Organization w ere compared to individuals at other organizations in the area w h o hold the same title During the review and approval of the compensation, documentation o f the decision w as recorded in the board minutes
Form 990, Part VI, Section C, line 19	The Ministry w eb page is available to the public for inspection w ith a good deal of inform ation regarding w ho Ministry Health Care, Inc is and the entities included along w ith our mission The Articles of Incorporation, Bylaw s, Conflict of Interest Policy and financial statements are not included on any w eb page How ever, if any inquiry is made for any docu ments they are shared as appropriate
Form 990, Part XI, line 9	Net Assets Released from Restriction -53,255

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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
Door County Memorial Hospital

Employer identification number
39-0806324

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

(a) Name, address, and EIN (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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Twin Med LLP PO Box 8005 Menasha, WI 54952 39-1180341	Rental Property	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	(i) No
(1) Network Health Plan Inc 1570 Midway Place Menasha, WI 54952 39-1442058	Insurance	WI	N/A	C					No
(2) Network Health Insurance Corporation 1570 Midway Place Menasha, WI 54952 39-2020474	Insurance	WI	N/A	C					No
(3) Ministry Holdings Inc 1570 Midway Place Menasha, WI 54952 42-2966177	Insurance Holding Company	WI	N/A	C					No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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) Ministry Health Care Inc	O	2,639,951	FMV
(2) Ministry Health Care Inc	P	1,488,852	FMV
(3) Ministry Health Care Inc	R	93,899	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0806324
Name: Door County Memorial Hospital

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	(g) Section 512(b)(13) controlled entity? No
(1) Ascension Health Alliance PO BOX 45998 St Louis, MO 631455998 45-3358926	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A		No
(1) Ascension Health PO Box 45998 St Louis, MO 631453806 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		No
(2) Ministry Health Care Inc 10925 W Lake Park Dr Ste 100 Milwaukee, WI 53224 39-1490371	Parent Corporation	WI	Section 501(c)(3)	Schedule A, Line 11b	Ascension Health		No
(3) Affinity Health System 1570 Midway Place Menasha, WI 54952 39-1568866	Support Related Healthcare Organziations	IL	Section 501(c)(3)	Schedule A, Line 11b	Ministry Health Care Inc		No
(4) Agape Community Center of Milwaukee Inc 6100 North 42nd Street Milwaukee, WI 532093560 39-1461846	Community Center	WI	Section 501(c)(3)	Schedule A, Line 7	Ministry Health Care Inc	Yes	
(5) Calumet Medical Center Inc 614 Memorial Drive Chilton, WI 53014 39-0905385	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Affinity Health System	Yes	
(6) Catalpa Health Inc N4642 County N Appleton, WI 54914 45-4681563	Mental Health Facility	WI	Section 501(c)(3)	Schedule A, Line 3	St Elizabeth Hospital Inc	Yes	
(7) Saint Michael's Foundation of Stevens Point Inc 900 Illinois Avenue Stevens Point, WI 54481 39-1657410	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 11a	Saint Michael's Hospital of Stevens Point Inc	Yes	
(8) Dr Kate Newcomb Convalescent Center Inc PO Box 829 Woodruff, WI 54568 39-1357365	LTC Facility	WI	Section 501(c)(3)	Schedule A, Line 9	Howard Young Health Care Inc	Yes	
(9) Eagle River Memorial Hospital Incorporated 201 Hospital Road Eagle River, WI 54521 39-0985690	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	The Howard Young Medical Center Inc	Yes	
(10) Foundation of Saint Clare's Hospital of Weston Inc 3400 Ministry Parkway Weston, WI 54476 75-3193633	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 11a	Ministry Health Care Inc	Yes	
(11) Foundation of Saint Joseph's Hospital of Marshfield Inc 611 Saint Joseph Avenue Marshfield, WI 54449 39-1684957	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 11a	Saint Joseph's Hospital of Marshfield Inc	Yes	
(12) Good Samaritan Health Center of Merrill Wisconsin Inc 601 South Center Avenue Merrill, WI 54452 39-0808503	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(13) Good Samaritan Health Center Foundation of Merrill Wisconsin Inc 601 South Center Avenue Merrill, WI 54452 39-1627755	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 11a	Good Samaritan Health Center of Merrill Wisconsin Inc	Yes	
(14) Howard Young Foundation Inc 240 Maple Street Woodruff, WI 54568 39-1521169	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 7	Howard Young Health Care Inc	Yes	
(15) Howard Young Health Care Inc 240 Maple Street Woodruff, WI 54568 39-1499115	Home Office	WI	Section 501(c)(3)	Schedule A, Line 11b	Ministry Health Care Inc	Yes	
(16) The Howard Young Medical Center Inc 240 Maple Street Woodruff, WI 54568 39-0873606	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Howard Young Health Care Inc	Yes	
(17) Mercy Health Foundation Inc PO Box 3370 Oshkosh, WI 54903 23-7140261	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 9	Affinity Health System	Yes	
(18) Mercy Medical Center of Oshkosh Inc 500 S Oakwood Road Oshkosh, WI 54904 39-0806268	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(19) Ministry Home Care Inc 611 St Joseph Avenue 4S Marshfield, WI 54449 39-1936201	Home Care/Hospice	WI	Section 501(c)(3)	Schedule A, Line 9	Ministry Health Care Inc	Yes	

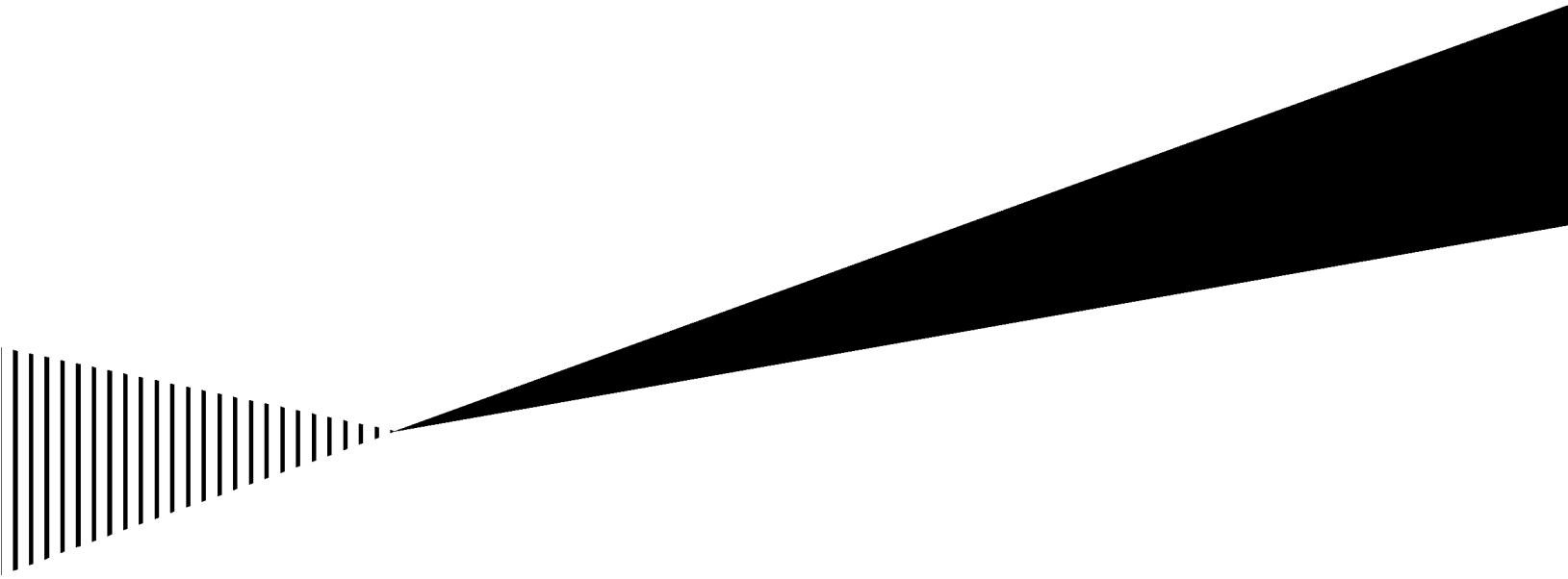
Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
(21) Ministry Medical Group Inc 824 Illinois Avenue Stevens Point, WI 54481 39-1965593	Clinics	WI	Section 501(c)(3)	Schedule A, Line 11c	Ministry Health Care Inc	Yes	
(1) Ministry Weight Management Inc 2251 North Shore Drive Rhinelander, WI 54501 39-1829015	Health Services	WI	Section 501(c)(3)	Schedule A, Line 3	Sacred Heart-St Mary's Hospitals Inc	Yes	
(2) Network Health System Inc 1570 Appleton Rd Menasha, WI 54952 39-1127163	Clinical Healthcare Services	WI	Section 501(c)(3)	Schedule A, Line 3	Affinity Health System	Yes	
(3) Our Lady of Victory Hospital Inc 1120 Pine Street Stanley, WI 54768 39-0807065	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(4) Sacred Heart-St Mary's Hospitals Inc PO Box 347 Stevens Point, WI 54481 39-1390638	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(5) Saint Clare's Hospital of Weston Inc 3400 Ministry Parkway Weston, WI 54476 72-1531917	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(6) Saint Elizabeth's Hospital of Wabasha Inc 1200 Grant Blvd West Wabasha, MN 55981 41-0693877	Hospital	MN	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(7) St Elizabeth Hospital Foundation Inc 1506 S Oneida Street Appleton, WI 54915 39-1256677	Charitable Foundation	WI	Section 501(c)(3)	Schedule A, Line 7	Affinity Health System	Yes	
(8) St Elizabeth Hospital Inc 1506 S Oneida Street Appleton, WI 54915 39-0816818	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(9) Saint Joseph's Hospital of Marshfield Inc 611 Saint Joseph Avenue Marshfield, WI 54449 39-0847631	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	
(10) Saint Michael's Hospital of Stevens Point Inc 900 Illinois Avenue Stevens Point, WI 54481 39-0808443	Hospital	WI	Section 501(c)(3)	Schedule A, Line 3	Ministry Health Care Inc	Yes	

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Ministry Health Care, Inc
Member of Ascension Health, a Subsidiary
of Ascension Health Alliance, d/b/a Ascension
Year Ended June 30, 2014
With Report of Independent Auditors

Ernst & Young LLP



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Building a better
working world

Ministry Health Care, Inc.

Consolidated Financial Statements and
Supplementary Information

Year Ended June 30, 2014

Contents

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Report of Independent Auditors

The Board of Directors
Ministry Health Care, Inc

We have audited the accompanying consolidated financial statements of Ministry Health Care, Inc , which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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 audit We conducted our audit in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit 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 financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ministry Health Care, Inc at June 30, 2014, and the consolidated results of its operations and its cash flows for the year then ended, in conformity with U S generally accepted accounting principles

Ernst + Young LLP

October 24, 2014

Ministry Health Care Inc.

Consolidated Balance Sheet

(Dollars in Thousands)

June 30, 2014

Assets	
Current assets	
Cash and cash equivalents	$ 155,095
Short-term investments	16,773
Accounts receivable, less allowances for doubtful accounts of $54,120	189,289
Current portion of assets limited as to use	27,158
Estimated third-party payor settlements	8,823
Inventories	28,618
Other	64,708
Total current assets	490,464
Assets limited as to use and other long-term investments	253,135
Beneficial interest in trust	47,484
Interest in investments held by Ascension	703,358
Property and equipment, net	749,262
Other assets	
Investment in unconsolidated entities	15,208
Other	131,613
Total other assets	146,821
Total assets	$ 2,390,524

Liabilities and net assets	
Current liabilities	
Current portion of long-term debt	$ 17,363
Accounts payable and accrued liabilities	173,999
Estimated third-party payor settlements	20,518
Current portion of self-insurance liabilities	14,925
Insurance claims liability	60,299
Other	26,319
Total current liabilities	313,423
Non-current liabilities	
Long-term debt	686,824
Self-insurance liabilities	4,341
Pension and other postretirement liabilities	47,519
Other	73,193
Total non-current liabilities	811,877
Total liabilities	1,125,300
Net assets	
Unrestricted	
Controlling interest	1,184,648
Non-controlling interests	1,947
Unrestricted net assets	1,186,595
Temporarily restricted	21,524
Permanently restricted	57,105
Total net assets	1,265,224
Total liabilities and net assets	$ 2,390,524

See accompanying notes.

Ministry Health Care Inc.

Consolidated Statement of Operations and Changes in Net Assets

(Dollars in Thousands)

Year Ended June 30, 2014

Operating revenue	
Net patient service revenue	$ 1,348,239
Less provision for doubtful accounts	66,671
Net patient service revenue, less provision for doubtful accounts	1,281,568
Capitation revenue	138
Premium revenue	824,142
Other revenue	54,002
Income from unconsolidated entities	9,340
Net assets released from restrictions for operations	523
Total operating revenue	2,169,713
Operating expenses	
Salaries and wages	690,208
Employee benefits	171,559
Purchased services	154,158
Professional fees	78,808
Claims expense	522,472
Supplies	204,300
Insurance	6,240
Interest	24,243
Depreciation and amortization	75,685
Other	136,572
Total operating expenses before impairment, restructuring, and nonrecurring gains, net	2,064,245
Income from operations before impairment, restructuring, and nonrecurring gains, net	105,468
Impairment, restructuring, and nonrecurring gains, net	1,620
Income from operations	103,848
Non-operating gains (losses)	
Investment return	78,717
Other	(4,628)
Total non-operating gains, net	74,089
Excess of revenues and gains over expenses and losses	177,937
Less loss attributed to non-controlling interests	(426)
Excess of revenues and gains over expenses and losses attributable to controlling interest	178,363

Ministry Health Care Inc.

Consolidated Statement of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

Unrestricted net assets, controlling interest		
Excess of revenues and gains over expenses and losses	$	178,363
Pension and other postretirement liability adjustments		19,444
Transfers to sponsor and other affiliates, net		(6,401)
Net assets released from restrictions for property acquisitions		4,733
Other		(2,863)
Increase in unrestricted net assets, controlling interest		193,276
Unrestricted net assets, non-controlling interest		
Deficit of revenues and gains over expenses and losses		(426)
Other		157
Decrease in unrestricted net assets, non-controlling interest		(269)
Temporarily restricted net assets		
Contributions and grants		4,830
Net change in unrealized gains/losses on investments		1,089
Investment return		937
Net assets released from restrictions		(5,255)
Other		(717)
Increase in temporarily restricted net assets		884
Permanently restricted net assets		
Contributions		102
Net change in gains/losses on investments		13
Increase in beneficial interest in trust		7,307
Other		(1,000)
Increase in permanently restricted net assets		6,422
Increase in net assets		200,313
Net assets, beginning of year		1,064,911
Net assets, end of year	$	1,265,224

See accompanying notes

Ministry Health Care Inc.

Consolidated Statement of Cash Flows

(Dollars in Thousands)

Year Ended June 30, 2014

Operating activities		
Increase in net assets	$	200,313
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization		75,685
Provision for bad debts		66,671
Interest, dividends, and net gains on investments		(78,717)
Pension and other post retirement liability adjustments		(19,444)
Loss on sale of assets, net		671
Impairment, restructuring, and nonrecurring gains, net		(1,620)
Transfers to sponsor and other affiliates, net		6,401
Change in interest in net assets of affiliated foundations		205
Increase in		
Short-term investments		(5,011)
Accounts receivable		(86,823)
Estimated third-party payor settlements		(2,524)
Inventories and other current assets		(14,865)
Investments classified as trading, including interest in investments held by Ascension		(128,215)
Beneficial interest in trust		(5,651)
Other assets		(9,421)
Increase (decrease) in		
Accounts payable and accrued liabilities		9,931
Estimated third-party payor settlements		7,374
Self-insurance liabilities		(5,771)
Other current liabilities		3,080
Other non-current liabilities		(2,780)
Net cash provided by operating activities		9,489

Ministry Health Care Inc.

Consolidated Statement of Cash Flows (continued)
(Dollars in Thousands)

Investing activities	
Property and equipment additions, net	$ (130,999)
Proceeds from sale of property and equipment	1,966
Purchases of new operating assets, net of cash acquired	(750)
Net cash used in investing activities	(129,783)
Financing activities	
Repayment of long-term debt	(22,730)
Increase in assets under bond indenture agreements	33
Transfers to sponsors and other affiliates, net	(6,401)
Restricted contributions, investment income and other	12,823
Net cash used in financing activities	(16,275)
Net decrease in cash and cash equivalents	(136,569)
Cash and cash equivalents at beginning of year	291,664
Cash and cash equivalents at end of year	$ 155,095

See accompanying notes.

Ministry Health Care, Inc.

Notes to Consolidated Financial Statements
(Dollars in Thousands)

June 30, 2014

1. Organization and Mission

Organizational Structure

Ministry Health Care, Inc (Ministry or the Health Ministry) is a member of Ascension Health In December 2011, Ascension Health Alliance, doing business as Ascension, became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 23 of the United States and the District of Columbia In addition to serving as the sole corporate member of Ascension Health, Ascension serves as the member or shareholder of various other subsidiaries Ascension, its subsidiaries, and the Health Ministries are referred to collectively from time to time hereafter as the System

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province – American Province and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province

The Health Ministry is a Wisconsin non-stock, tax-exempt corporation that manages, promotes, and supports health care and related ministries in Wisconsin and Minnesota The Health Ministry provides inpatient, outpatient, and emergency care services for the residents of Wisconsin and Minnesota Admitting physicians are primarily practitioners in the local area The Health Ministry is related to Ascension Health's other sponsored organizations through common control Substantially all expenses of the Health Ministry are related to providing health care services

1. Organization and Mission (continued)

The consolidated financial statements include the following affiliates in which Ministry has a controlling interest or is the sole sponsor

Affiliate Organization	Location
Affinity Health System, Inc (Affinity)	
Calumet Medical Center, Inc (CMC)	Chilton, WI
Network Health System, Inc (NHS)	
Affinity Medical Group (AMG)	Fox Valley of Wisconsin
Twin Med, LLC	Fox Valley of Wisconsin
Mercy Medical Center, Inc	Oshkosh, WI
Mercy Health Foundation	Oshkosh, WI
St Elizabeth Hospital	Appleton, WI
Catalpa Health	Appleton, WI
St Elizabeth Foundation	Appleton, WI
Agape Community Center of Milwaukee, Inc	Milwaukee, WI
Door County Memorial Hospital (Door County)	Sturgeon Bay, WI
Good Samaritan Health Center of Merrill	Merrill, WI
Good Samaritan Health Center Foundation	Merrill, WI
Howard Young Health Care, Inc (Howard Young)	
Dr Kate Newcomb Convalescent Center	Woodruff, WI
Howard Young Medical Center, Inc	Woodruff, WI
Howard Young Foundation	Woodruff, WI
Eagle River Memorial Hospital, Inc	Eagle River, WI
Ministry Holdings, Inc	
Network Health (NH)	Fox Valley of Wisconsin
Network Health Insurance Corporation (NHIC)	Fox Valley of Wisconsin
Ministry Home Care, Inc	
Ministry Home Care Services	Various in Wisconsin
Ministry Medical Group, Inc	
Our Lady of Victory Hospital	Stanley, WI
Sacred Heart Hospital-St Mary's Hospital, Inc	Tomahawk, WI/Rhinelander, WI
St Clare's Hospital of Weston, Inc	Weston, WI
Foundation of St Clare's Hospital of Weston, Inc	Weston, WI
St Elizabeth's Hospital of Wabasha, Inc	Wabasha, MN
St Joseph's Hospital of Marshfield, Inc	Marshfield, WI
Foundation of St Joseph's Hospital of Marshfield, Inc	Marshfield, WI
St Michael's Hospital of Stevens Point, Inc	Stevens Point, WI
St Michael's Foundation of Stevens Point, Inc	Stevens Point, WI

1. Organization and Mission (continued)

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care that sustains and improves the health of the individuals and communities it serves In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research

Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs The cost of providing care to persons living in poverty and other community benefit programs is estimated using internal cost data and is estimated by reducing charges forgone by a factor derived from the ratio of total operating expenses to billed charges for patient care

(Dollars in Thousands)

1. Organization and Mission (continued)

The amount of traditional charity care provided, determined on the basis of cost, was approximately $18,380 for the year ended June 30, 2014 The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost are reported in the accompanying supplementary information

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the Health Ministry or one of its member corporations are consolidated, and all significant interentity transactions have been eliminated in consolidation

Investments in entities where the Health Ministry does not have operating control are recorded under the equity method of accounting The following reflects the Health Ministry's interest in unconsolidated entities in the accompanying consolidated balance sheet, as well as income or loss for such entities included in the excess of revenues and gains over expenses and losses in the accompanying consolidated statement of operations and changes in net assets

	Investment in Unconsolidated Entities	Effect on Excess of Revenues and Gains Over Expenses and Losses
Gold Cross – St Elizabeth	$ 1,322	$ 30
Gold Cross – Mercy Medical	1,322	29
Pain Center of WI – Stevens Point	384	(97)
Pain Center of WI – Wausau	934	1,682
Flambeau Hospital	4,380	635
Diagnostic and Treatment Center	6,866	7,061
	$ 15,208	$ 9,340

2. Significant Accounting Policies (continued)

The net income (loss) from unconsolidated entities represents income (loss) from providing health services, therefore, the Health Ministry has recorded the net income (loss) as part of the operating revenue in the accompanying statement of operations and changes in net assets

Affiliations

The Health Ministry is the sole corporate member of Howard Young and Door County If Ministry and Howard Young or Door County were to dissolve or terminate their affiliations upon the occurrence of certain specified events, the net assets of Howard Young or Door County as of the original affiliation dates plus one-half of the increase in the net assets since the affiliation dates or the net assets as of the date of termination, whichever is less, would either remain with the former affiliate or be distributed to a not-for-profit entity designated by the Howard Young Board of Directors or to the Door County Memorial Hospital Foundation, and such entities may not be related to the Health Ministry Similar provisions apply to Calumet Medical Center, however, the net assets remaining with Calumet or distributable to an unrelated entity are limited to the net assets in existence on the original affiliation date or date of termination, whichever is less Howard Young and Door County represent 10 0% and 5 3% of consolidated unrestricted net assets, respectively, at June 30, 2014

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses Actual results could differ from those estimates

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value The fair values of other financial instruments are disclosed in the Fair Value Measurements note and the Long-Term Debt note

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less

2. Significant Accounting Policies (continued)

Short-Term Investments

Short-term investments consist primarily of investments with original maturities exceeding three months and up to one year

Interest in Investments Held by Ascension, Investments, and Investment Return

As of June 30, 2014, the Health Ministry has an interest in investments held by Ascension, which is reflected in the accompanying consolidated balance sheet, and represents the Health Ministry's pro rata share of Ascension's investment interest in the Ascension Alpha Fund, LLC (Alpha Fund) Ascension has an investment interest in the Alpha Fund, as a member of the Alpha Fund, and invests funds in the Alpha Fund on behalf of the Health Ministry Ascension Investment Management, LLC (AIM), formerly known as Catholic Healthcare Investment Management Company, LLC, a wholly owned subsidiary of Ascension, acts as manager and serves as the principal investment advisor for the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members AIM provides expertise in the areas of assets allocation, selection, and monitoring of outside investment managers, and risk management Certain Health Ministry assets continue to be held through the Ascension Legacy Portfolio

The Health Ministry also invests in equity and debt securities, which are locally managed Most of these funds are held in locally managed foundations in which the Health Ministry exercises control over foundation assets

The Health Ministry reports its interest in investments held by Ascension in the accompanying consolidated balance sheet as long-term based on liquidity The Health Ministry's interest in investments held by Ascension are classified based on whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Health Ministry The Health Ministry reports its other investments in the accompanying balance sheet based upon the long or short-term nature of the investments and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Health Ministry

The Health Ministry's investments are measured at fair value and are classified as trading securities The Alpha Fund's and the Ascension Legacy Portfolio's investments include pooled short-term investment funds, U S government, state, municipal, and agency obligations,

2. Significant Accounting Policies (continued)

corporate and foreign fixed income securities, asset-backed securities, and equity securities The Alpha Fund's and the Ascension Legacy Portfolio's investments also include alternative investments and other investments, which are valued based on the net asset value of the investments In addition, the Alpha Fund participates, and the Ascension Legacy Portfolio participated, in securities lending transactions whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned

Purchases and sales of investments are accounted for on a trade-date basis Investment returns consist of dividends, interest, and gains and losses on the Health Ministry's investments, as well as the Health Ministry's return on its interest in investments held by Ascension, and are reported as non-operating gains (losses) in the accompanying consolidated statement of operations and changes in net assets, unless the return is restricted by donor or law

Beneficial Interest in Trust

Howard Young is the sole beneficiary of the Howard Young Medical Center Trust (Trust) The corpus of the Trust is permanently restricted Realized and unrealized gains on investments are retained in the Trust corpus Interest and dividend income earned on Trust investments will be received in perpetuity at least annually for use in operations by Howard Young The Health Ministry measures its beneficial interest in the trust using the fair value of the Trust assets The Trust assets were $47,484 at June 30, 2014

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value utilizing first-in, first-out (FIFO), or a methodology that closely approximates FIFO

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage Intangible assets are included in other non-current assets on the accompanying consolidated balance sheet and are comprised of the following

Capitalized computer software costs	$ 54,316
Accumulated amortization	(11,268)
Capitalized software costs, net	$ 43,048
Other intangible assets	$ 36,600
Accumulated amortization	(3,850)
Total intangible assets, net	$ 32,750

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives of between three and ten years Amortization expense in 2014 was $11,834

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift A summary of property and equipment at June 30, 2014, is as follows

Land and improvements	$ 73,592
Buildings and equipment	652,273
Subtotal	725,865
Accumulated depreciation	(75,758)
	650,107
Construction-in-progress	99,155
Total property and equipment, net	$ 749,262

2. Significant Accounting Policies (continued)

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets Depreciation expense in 2014 was $63,851

Estimated useful lives by asset category are as follows land improvements – 5 to 25 years, buildings – 10 to 40 years, and equipment – 3 to 15 years Interest costs incurred as part of related construction are capitalized during the period of construction Net interest capitalized in 2014 was $1,382

Several capital projects have remaining construction and related equipment purchase commitments of approximately $21,500 as of June 30, 2014

The Health Ministry recognizes the fair value of asset retirement obligations, including conditional asset retirement obligations, if the fair value can be reasonably estimated, in the period in which the liability is incurred Asset retirement obligations include, but are not limited to, certain types of environmental issues that are legally required to be remediated upon an asset's retirement, as well as contractually required asset retirement obligations Conditional asset retirement obligations are obligations whose settlement may be conditional on a future event and/or where the timing or method of such settlement may be uncertain Subsequent to initial recognition, accretion expense is recognized until the asset retirement liability is estimated to be settled

The Health Ministry's most significant asset retirement obligation relates to required future asbestos remediation Asset retirement obligations of $1,769 as of June 30, 2014, are recorded in other non-current liabilities in the accompanying consolidated balance sheet The fair value of assets that are legally restricted for purposes of settling asset retirement obligations are $54 as of June 30, 2014, and are recorded in property and equipment in the accompanying consolidated balance sheet During 2014, no retirement obligations were incurred and settled Accretion expense of $25 was recorded in 2014

Non-controlling Interest

The consolidated financial statements include all assets, liabilities, revenue, and expenses of less than 100% owned or controlled entities the Health Ministry controls in accordance with applicable accounting guidance Accordingly, the Health Ministry has reflected a non-controlling interest for the portion of net assets not owned or controlled by the Health Ministry separately on the accompanying consolidated balance sheet

2. Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Health Ministry has been limited by donors to a specific time period or purpose Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donor's wishes, primarily to purchase equipment and to provide charity care and other health and educational services Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted

Performance Indicator

The performance indicator is excess of revenues and gains over expenses and losses Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, and contributions of property and equipment

Operating and Non-operating Activities

The Health Ministry's primary mission is to meet the health care needs in its market area through a broad range of general and specialized health care services, including inpatient acute care, outpatient services, long-term care, and other health care services Activities directly associated with the furtherance of this purpose are considered to be operating activities Other activities that result in gains or losses peripheral to the Health Ministry's primary mission are considered to be non-operating, consisting primarily of realized and unrealized gains and losses on investments

Net Patient Service Revenue, Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and include estimated retroactive adjustments under reimbursement agreements with third-party payors The Health Ministry recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time Revenue under certain third-party payor agreements is

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

subject to audit, retroactive adjustments, and significant regulatory actions Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term Adjustments to revenue related to prior periods decreased net patient service revenue by approximately $6,100 for the year ended June 30, 2014

The percentage of net patient service revenue earned by payor for the year ended June 30, 2014, is as follows

Medicare	35%
Medicaid	10
Managed care and other third-party payors	52
Self-pay	3
	100%

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2014, are as follows

Medicare	30%
Medicaid	7
Managed care and other third-party payors	57
Self-pay	6
	100%

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an

2. Significant Accounting Policies (continued)

appropriate allowance for doubtful accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Health Ministry follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Health Ministry's policies

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year The Health Ministry has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current year

Medicaid Third-Party Reimbursement

During the year ended June 30, 2014, the State of Wisconsin enacted a hospital assessment under which hospitals were assessed a percentage of their revenue In turn, the State of Wisconsin revised the level of Medicaid reimbursement to those hospitals, improving Medicaid reimbursement for most hospitals Ministry's assessment for the year ended June 30, 2014, was $25,867 and is included in other expenses in the accompanying consolidated statement of operations and changes in net assets Ministry management estimates that $49,417 of additional Medicaid reimbursement was recognized during the year ended June 30, 2014, as a result of the new assessment

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 (ARRA) included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments

2. Significant Accounting Policies (continued)

The Health Ministry accounts for HITECH incentive payments as a gain contingency Income from Medicare incentive payments is recognized as revenue after the Health Ministry has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended Incentive payments totaling $14,806 for the year ended June 30, 2014, are included in total operating revenue in the accompanying consolidated statement of operations and changes in net assets Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the Health Ministry's compliance with the meaningful use criteria is subject to audit by the federal government

Impairment, Restructuring, and Nonrecurring Gains (Losses), net

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value

During the year ended June 30, 2014, the Health Ministry recorded total impairment, restructuring, and nonrecurring losses of $1,620, which comprised of long-lived asset impairments of $988 and restructuring and nonrecurring expenses of $632

Income Taxes

The member health care entities of the Health Ministry are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a) The Health Ministry accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return

2. Significant Accounting Policies (continued)

Subsequent Events

The Health Ministry evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the financial statements as of the balance sheet date For the year ended June 30, 2014, the Health Ministry evaluated subsequent events through October 24, 2014, representing the date on which the financial statements were available to be issued During this period, there were no material subsequent events that required recognition or disclosure in the financial statements, other than those disclosed in the Subsequent Event note

Adoption of New Accounting Standards

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2011-11, *Disclosures about Offsetting Assets and Liabilities,* an amendment to the accounting guidance for disclosures of offsetting assets and liabilities In January 2013, the FASB issued ASU No 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities.* These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after January 1, 2013 The adoption of this guidance did not have a material impact on the Health Ministry's consolidated financial statements for the year ended June 30, 2014

In July 2011, the FASB issued ASU No 2011-06, *Fees Paid to the Federal Government by Health Insurers.* This ASU clarifies how health insurers should recognize and classify, in their income statements, fees mandated by the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act This new guidance is effective for calendar years beginning after December 31, 2013, when the fee initially became effective As a result of adopting this guidance, for the year ended June 30, 2014, NH recognized a liability and expense for the fees payable on September 30, 2014 of $2,298

In July 2011, the FASB issued ASU No 2011-06, *Fees Paid to the Federal Government by Health Insurers.* This ASU clarifies how health insurers should recognize and classify, in their income statements, fees mandated by the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act This new guidance is effective for

(Dollars in Thousands)

2. Significant Accounting Policies (continued)

calendar years beginning after December 31, 2013, when the fee initially became effective As a result of adopting this guidance, for the year ended June 30, 2014, NH recognized a liability and expense for the fees payable on September 30, 2014 of $2,298

3. Network Health

Insurance Claims Liability and Medical Claims Expense

Medical claims expense includes health care services costs for fees charged by non-affiliated physicians, hospitals, and other providers for health care services provided to NH and NHIC members NH and NHIC reimburse non-affiliated hospitals at fee for service or percent of charges if contracted with a national preferred provider organization (PPO) network, and other non-affiliated providers using fee for service, percent of charges, or usual and customary fee schedules

At June 30, 2014, the insurance claims liability to non-affiliated entities totaled $60,299 This liability represents the estimated ultimate net cost of all reported and unreported claims incurred through June 30 and is based on historical experience Those estimates are subject to the effects of trends in claim severity and frequency Although considerable variability is inherent in such estimates, management believes that the liability for medical claims payable is adequate The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known, such adjustments are included in income from operations

Claims and aggregate health claim reserve activity related to outside providers for the plan during 2014 are as follows

Balance, July 1, 2013	$ 69,158
Incurred related to	
Period from July 1, 2013 to June 30, 2014	533,875
Prior periods	(11,403)
Total medical claims incurred	522,472
Paid related to	
Period from July 1, 2013 to June 30, 2014	(459,495)
Prior periods	(71,836)
Total medical claims paid	(531,331)
Balance, June 30, 2014	$ 60,299

3. Network Health (continued)

Reinsurance

Reinsurance premiums are reported as expenses when incurred Reinsurance recoveries are reported as reductions to expense when received or accrued as a receivable NH recorded reinsurance premiums expense of $3,563 and reinsurance recoveries of $4,808 during the year ended June 30, 2014

Loss Contracts

NH enters into contracts to provide identified healthcare services to group members for specified periods (generally one year) in return for fixed insurance premiums NH recognizes, in the year of contractual commitment, any losses on these contracts when it is probable that expected future health care costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums and recoveries on those contracts At June 30, 2014, no losses on such contracts were determined to be probable, therefore, no loss was accrued

Premium Revenue

Premiums are due to NH and NHIC in advance of their respective coverage periods and are recognized as revenue in the period in which NH and NHIC are obligated to provide services to members Membership contracts are on a yearly basis subject to cancellation by the subscriber or NH/NHIC upon 90 days written notice Premiums received in advance are included in other current liabilities in the consolidated balance sheet and totaled $3,363 at June 30, 2014

(Dollars in Thousands)

4. Cash and Investments

At June 30, 2014, the Health Ministry's investments are comprised of its interest in investments held by Ascension and certain other investments Board-designated investments represent investments designated by resolution to put amounts aside primarily for future capital expansion and improvements Assets limited as to use primarily include investments restricted by donors The Health Ministry's cash and cash equivalents, short-term investments, interest in investments held by Ascension, and assets limited as to use and other long-term investments are reported in the accompanying consolidated balance sheet as presented in the following table

Cash and cash equivalents	$ 155,095
Short-term investments	16,773
Current portion of assets limited as to use	27,158
Assets limited as to use and other long-term investments	
Board-designated investments	11,122
Under bond indenture agreement	17,221
Donor restricted	71,266
Other restricted	102,153
Net pledge receivables	3,837
Other long-term investments	47,536
Total assets limited as to use and other long-term investments	253,135
Interest in investments held by Ascension	703,358
Total	$ 1,155,519

(Dollars in Thousands)

4. Cash and Investments (continued)

The composition of cash and investments classified as cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to use, and other long-term investments is summarized as follows

Cash and cash equivalents	$ 186,131
Short-term investments	52,323
U S government, state, municipal, and agency obligations	156,500
Corporate and foreign fixed income securities	9,418
Equity securities	40,769
Private equity	585
Pledged receivables	5,140
Investment in foundation	1,295
Subtotal, included in cash and cash equivalents, short-term investments, assets limited as to use, and other long-term investments	452,161
Interest in investments held by Ascension	703,358
Total cash and investments	$ 1,155,519

As of June 30, 2014, the composition of total Alpha Fund investments is as follows

Cash and cash equivalents	2 5%
U S government, state, municipal, and agency obligations	21 8
Asset-backed securities	6 7
Corporate and foreign fixed income securities	11 0
Equity securities	19 6
Alternative investments and other investments	
Private equity and real estate funds	7 0
Hedge funds	23 0
Commodities funds and other investments	8 4
Total	100 0%

4. Cash and Investments (continued)

Investment return recognized by the Health Ministry is summarized as follows

Return on interest in investments held by Ascension	$	26,055
Interest and dividends		7,318
Net gains on investments reported at fair value		45,344
Restricted investment income		2,039
Total investment return	$	80,756
Investment return included in non-operating gains	$	78,717
Increase in restricted net assets		2,039
Total investment return	$	80,756

5. Fair Value Measurements

The Health Ministry categorizes, for disclosure purposes, assets and liabilities measured at fair value in the financial statements based upon whether the inputs used to determine their fair values are observable or unobservable Observable inputs are inputs that are based on market data obtained from sources independent of the reporting entity Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability The Health Ministry's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability

5. Fair Value Measurements (continued)

The Health Ministry follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values Level inputs are defined as follows

Level 1 – Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly Level 2 pricing inputs include prices quoted for similar investments in active markets or exchanges or prices quoted for identical or similar investments in markets that are not active If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation

There were no significant transfers between Levels 1 and 2 during the year ended June 30, 2014

As of June 30, 2014, the assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs

Cash and Cash Equivalents and Short-term Investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest Significant observable inputs include security cost, maturity, and relevant short-term interest rates Other short-term investments designated as Level 2 investments are primarily comprised of commercial paper, whose fair value is based on amortized cost Significant observable inputs include security cost, maturity, and credit rating, interest rate and par value

5. Fair Value Measurements (continued)

U.S. Government, State, Municipal, and Agency Obligations

The fair value of investments in U S government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

Corporate and Foreign Fixed Income Securities

The fair value of investments in U S and foreign fixed income securities including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options

Private Equity

The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the Health Ministry's estimates and assumptions in the absence of observable market data The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results The income approach considers the projected operating performance of the portfolio company

5. Fair Value Measurements (continued)

Equity Securities

The fair value of investments in U S and international equity securities is primarily determined using techniques consistent with the market and income approaches The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals

Alternative Investments

Alternative investments consist of hedge funds, private equity funds, commodity funds, and real estate partnerships The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals

Interest Rate Swaps

The fair value of interest rate swaps is primarily determined using techniques consistent with the market approach Derivative contracts include fixed payer and basis swaps Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates

Beneficial Interest in Trust

The Health Ministry measures its beneficial interest in the Howard Young Trust using the fair value of the Trust assets The Health Ministry has classified this interest as a Level 3 investment because the Health Ministry does not have the ability to redeem its interest in the Trust at the fair value of the trust assets

As discussed in the Significant Accounting Policies and the Cash and Investments Notes, the Health Ministry has an interest in investments held by Ascension As of June 30, 2014, 21%, 38%, and 41% of total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while all of Alpha Fund liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 2 inputs

(Dollars in Thousands)

5. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2014, for all other financial assets and liabilities, which are measured at fair value on a recurring basis in the consolidated financial statements

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 186,131	$ –	$ –	$ 186,131
Short-term investments	37,623	14,700	–	52,323
U S government, state, municipal and agency obligations	–	156,500	–	156,500
Corporate and foreign fixed income securities	473	8,945	–	9,418
Equity securities	40,769	–	–	40,769
Private equity	–	–	585	585
Cash and investments not at fair value	–	–	–	6,435
Cash and investments	$ 264,996	$ 180,145	$ 585	$ 452,161
Beneficial interest in trust	$ –	$ –	$ 47,484	$ 47,484
Interest rate swaps, included in other non-current liabilities	$ –	$ 14,479	$ –	$ 14,479

During the years ended June 30, 2014, the changes in the fair value of the foregoing assets measured using significant unobservable inputs (Level 3) were comprised of the following

	Private Equity	Beneficial Interest in Trust
Beginning balance, July 1, 2013	$ 907	$ 41,833
Total realized and unrealized gains, included in non-operating gains	69	7,307
Sales	(391)	–
Distributions	–	(1,656)
Ending balance, June 30, 2014	$ 585	$ 47,484

5. Fair Value Measurements (continued)

There were no transfers into or out of Level 3 for the year ended June 30, 2014

6. Long-Term Debt

Ascension Senior Credit Group

Certain members of Ascension formed the Ascension Health Credit Group (Senior Credit Group) Each Senior Credit Group member is identified as a senior obligated group member, senior designated affiliate, or senior limited designated affiliate Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by Ascension Though senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI, Ascension may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including repayment of the outstanding obligations Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation The Health Ministry is a senior obligated group member under the terms of the Senior MTI

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof

The borrowing portfolio of the Senior Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper and other obligations, the proceeds of which are in turn loaned to the Senior Credit Group members subject to a long-term amortization schedule of 1 to 39 years

6. Long-Term Debt (continued)

Certain portions of Senior Credit Group borrowings may be periodically subject to interest rate swap arrangements to effectively convert borrowing rates on such obligations from a floating to a fixed interest rate or vice versa based on market conditions Additionally, Senior Credit Group borrowings may be, from time to time, refinanced or restructured in order to take advantage of favorable market interest rates or other financial opportunities Any gain or loss on refinancing, as well as any bond premiums or discounts, are allocated to the Senior Credit Group members based on their pro rata share of the Senior Credit Group's obligations Senior and Credit Group refinancing transactions rarely have a significant impact on the outstanding borrowings or intercompany debt amortization schedule of any individual Senior Credit Group member

The Senior Credit Group financing documents contain certain restrictive covenants, including the maintenance of a minimum debt service coverage ratio

As of June 30, 2014, the Senior Credit Group has a line of credit of $1,000,000, which may be used as a source of funding for unremarketed variable rate debt (including commercial paper) or for general corporate purposes, toward which bank commitments totaling $1,000,000 extend to November 9, 2014 As of June 30, 2014, there were no borrowings under the line of credit

The outstanding principal amount of all hospital revenue bonds of Senior and Subordinate Credit Group members is $5,119,505, which represents 36% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at June 30, 2014

Guarantees are contingent commitments issued by the Senior Credit Groups, generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and similar transactions The term of the guarantee is equal to the term of the related debt, which can be as short as 30 days or as long as 26 years The maximum potential amount of future payments the Senior Credit Groups could be required to make under its guarantees and other commitments at June 30, 2014, is approximately $380,000

6. Long-Term Debt (continued)

Ministry Restricted Group

Ministry and certain of the solely sponsored hospitals have formed a Restricted Group under a Master Trust Indenture (Indenture) The related revenue bonds have been issued by the Wisconsin Health and Educational Financing Authority on behalf of the Restricted Group

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

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

Howard Young

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

Door County

The Door County bonds are collateralized by the acquired interest in real estate and construction of buildings, structures, fixtures, and all other improvements constructed upon the property In addition, the loan documents contain various covenants and restrictions including the maintenance of certain financial ratios

(Dollars in Thousands)

6. Long-Term Debt (continued)

The carrying amounts of intercompany debt with Ascension and other debt approximate fair value based on a portfolio market valuation provided by a third party Long-term debt at June 30, 2014, is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates

Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture	
Intercompany debt with Ascension, payable in installments through November 2053, interest (3 2% at June 30, 2014) adjusted based on prevailing blended market interest rate of underlying debt obligations	$ 277,849
Tax-exempt hospital revenue bonds – secured under Ministry Master Trust Indenture	
Series 2004 fixed rate serial mode bonds payable in installments through August 2034, annual interest rates from 4 0% to 5 0%	111,730
Series 2010A fixed rate serial mode bonds payable in installments through August 2023, annual interest rates from 2 0% to 5 0%	45,070
Series 2010B fixed rate serial mode bonds payable in installments through August 2035, annual interest rates from 3 5% to 5 3%	60,000
Series 2012C fixed rate serial mode bonds payable in installments through August 2032, annual interest rates from 2 5% to 5 0%	141,615
Tax-exempt hospital revenue bonds – secured under the Howard Young Master Trust Indenture	
Series 2012 fixed rate serial and term bonds payable in installments through August 2030, annual interest rates from 3 0% to 5 0%	19,185
Tax-exempt bonds – Door County	
Series 2009 bonds payable in installments through March 2036, variable rate at London Interbank Offered Rate (LIBOR) plus 2 5% multiplied by the tax-exempt multiplier of 70%	12,595
Other	596
Total debt	668,640
Unamortized bond premiums, net	35,547
Current portion	(17,363)
Long-term debt, less current portion	$ 686,824

(Dollars in Thousands)

6. Long-Term Debt (continued)

Scheduled principal repayments of long-term debt are as follows

	Ascension	Ministry	Howard Young	Door County	Other	Total
Year ending June 30						
2015	$ 3,975	$ 11,185	$ 875	$ 825	$ 503	$ 17,363
2016	3,363	11,665	910	865	93	16,896
2017	4,077	12,185	945	913	–	18,120
2018	4,118	12,890	975	963	–	18,946
2019	4,900	12,265	1,000	683	–	18,848
Thereafter	257,416	298,225	14,480	8,346	–	578,467
Total	$ 277,849	$ 358,415	$ 19,185	$ 12,595	$ 596	$ 668,640

7. Derivative Instruments

The Health Ministry uses interest rate swaps to minimize significant, unanticipated earnings fluctuations caused by interest-rate volatility

The Health Ministry has a fixed payer swap, for which it pays a fixed rate and receives a variable rate, in the notional amount of $72,950, which expires on August 1, 2029 The Health Ministry also has a basis swap, for which it pays a tax-exempt variable rate and receives a percentage of a taxable variable rate, to hedge against rising interest costs on Ministry's variable rate debt As of June 30, 2014, the basis swap has a notional amount of $120,000, which expires on February 17, 2028

The net fair value of the swap agreements of $14,479 has been reflected as an other non-current liability in the accompanying balance sheet with the offsetting valuation change impact included in other non-operating gains (losses) The Health Ministry received net swap payments of $1,348 during the year ended June 30, 2014, which are recorded in other non-operating gains (losses) in the accompanying consolidated statement of operations and changes in net assets

The Health Ministry's swap agreements contain various collateralization provisions, affecting both Ministry and the swap counterparty, with collateral posting levels that are dependent on the magnitude of the value of the swaps and the credit ratings on the parties At June 30, 2014, the Health Ministry had posted $16,218 as collateral pursuant to the fixed payer swap, which is included in the assets limited as to use in the consolidated balance sheet

8. Endowments

The Health Ministry's endowments consist of approximately $16,548 funds established for a variety of purposes These endowments consist of both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on donor-imposed restrictions

The Health Ministry's Board of Trustees has interpreted the 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, the Health Ministry classifies 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, if applicable (c) accumulations to the permanent endowment made in accordance with the related gift's donor instructions 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 until those amounts are appropriated for expenditure by the Health Ministry in a manner consistent with the standard for expenditure as proscribed by Wisconsin's UPMIFA In accordance with Wisconsin UPMIFA the Health Ministry considers the following factors in making determinations to appropriate or accumulate donor-restricted endowment funds

(1) The duration and preservation of the fund

(2) The purposes of foundation and the donor-restricted endowment fund

(3) General economic conditions

(4) The possible effect of inflation and deflation

(5) The expected total return from income and the appreciation of investments

(6) Other resources of the foundation

(7) The investment policies of the foundation

8. Endowments (continued)

Endowment 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 or Wisconsin UPMIFA requires the Health Ministry to retain as a fund of perpetual duration In accordance with generally accepted accounting principles, there are no deficiencies of this nature as of June 30, 2014

Return Objectives and Risk Parameters

The Health Ministry Board of Trustees has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the Health Ministry must hold in perpetuity or for donor-specified period, as well as amounts set aside by the Health Ministry board to function as endowments Under these policies, endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of approximately 8% over the long term Actual results in any given year may vary from this amount

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Health Ministry 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) The Health Ministry 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

(Dollars in Thousands)

8. Endowments (continued)

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Health Ministry has a policy of appropriating for distribution each year, 4% of its endowment fund's average fair value over the prior three years through the calendar year-end preceding the fiscal year in which the distribution is planned In establishing this policy, the Health Ministry considered the long-term expected return on its endowment Accordingly, over the long term, the Health Ministry expects the current spending policy to allow its endowment to grow at an average of 5% annually This is consistent with the Health Ministry's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return

The net asset composition of endowments by type of fund as of June 30, 2014, is as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ –	$ 2,375	$ 9,544	$ 11,919
Board-designated endowment funds	4,629	–	–	4,629
Total funds	$ 4,629	$ 2,375	$ 9,544	$ 16,548

(Dollars in Thousands)

8. Endowments (continued)

Changes in endowment net assets for the year ended June 30, 2014, are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Beginning balance, July 1, 2013	$ 4,317	$ 1,153	$ 8,773	$ 14,243
Investment return				
Investment income	18	202	3	223
Net appreciation (realized and unrealized)	340	1,122	10	1,472
Total investment return	358	1,324	13	1,695
Contributions	275	72	114	461
Appropriation of endowment assets for expenditure	(62)	(153)	(12)	(227)
Other changes				
Reclassifications	(259)	(21)	656	376
Ending balance, June 30, 2014	$ 4,629	$ 2,375	$ 9,544	$ 16,548

9. Retirement Plans

Ministry Plan

The Health Ministry and certain solely sponsored hospital affiliates participate in a pension plan (the Ministry Plan) The plan provides defined benefits to employees of participating hospital affiliates, who began employment prior to January 1, 2006 The Health Ministry and the participating hospitals' employees become participants in the Ministry Plan upon the attainment of age 21 and the completion of 1,000 hours of service Benefits under the Ministry Plan are based on employee years of credited service and compensation, as defined, paid either in lump sum or annuity form Contributions to the Ministry Plan, which are also the amounts expensed in the financial statements, are intended to provide for benefits attributed to service to date and for those expected to be earned in the future Upon termination of the Ministry Plan or withdrawal of

(Dollars in Thousands)

9. Retirement Plans (continued)

a participating employer, if assets in the participating employers are insufficient to pay all liabilities with respect to its participants, an assessment will be made on the accounts of the other participating employers Plan information is not publically available

Data and assumptions relative to the Ministry Plan as of and for the year ended June 30, 2014, are as follows

Actuarial present value of benefit obligations	
Accumulated benefit obligation	$ 336,219
Change in projected benefit obligation	
Projected benefit obligation beginning of year	$ 314,053
Service cost	8,369
Interest cost	15,109
Actuarial loss	8,731
Assumption changes	13,025
Benefits and expenses paid	(21,288)
Projected benefit at end of year	$ 337,999
Change in plan assets	
Fair value of plan assets beginning of year	$ 285,214
Actual return on plan assets	48,513
Employer contributions	6,179
Benefits and expenses paid	(21,288)
Fair value of plan assets at end of year	$ 318,618
Funded status	$ (19,381)
Amounts recognized in unrestricted net assets during 2014 consist of	
Unrecognized net actuarial gain	$ (7,487)

(Dollars in Thousands)

9. Retirement Plans (continued)

Components of net periodic pension cost		
Service cost	$	8,369
Interest cost on projected benefit obligation		15,109
Expected return on plan assets		(19,270)
Net periodic pension cost	$	4,208
Assumptions used		
Weighted average discount rate to determine projected benefit obligation		4 30%
Weighted average discount rate to determine net periodic pension cost		4 90
Weighted average rate of compensation increase		3 50
Weighted average expected return on plan assets		7 10

The preretirement discount rates and postretirement discount rate for those electing an annuity payment reflect the best estimate of the value of the plan because the liabilities are valued using current market rates through the use of the Towers Watson Bond Matching Tool For those participants assumed to elect a lump sum upon termination, the postretirement discount rate is valued at the plan's lump-sum conversion rate of 8% Currently 80% of benefits are assumed to be paid as a lump sum The long-term rate of return on assets reflects historical returns and future expectations for returns in each asset class, as well as targeted asset allocation percentages within the pension portfolio The Health Ministry's investment strategy is of a long-term nature so that funds are available to pay benefits as they become due and to maximize the trust's total return at an appropriate level of investment risk

The target investment policy is 70% equity securities and 30% fixed income securities The asset allocation of the pension plan at June 30, 2014, is as follows

Domestic equity securities	33%
International equity securities	32
U S government obligations	29
Corporate debt obligations	5
Money market fund	1
Total	100%

(Dollars in Thousands)

9. Retirement Plans (continued)

The contribution to the Ministry Plan for the year ending June 30, 2015, is estimated to be $3,472 The benefits expected to be paid in each year ending June 30 from 2015 through 2019 are $36,300, $25,100, $24,300, $23,800, and $24,300, respectively The aggregate benefits expected to be paid in the five years from 2020 through 2024 are $110,500

As discussed in the Fair Value Measurements note, the Health Ministry, as well as the System, follows a three-level hierarchy to categorize assets and liabilities at fair value In accordance with this hierarchy, as of June 30, 2014, 0 5%, 94 2%, and 5 3% of the Ministry Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2, and Level 3, respectively

The following table presents the Ministry Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of June 30, 2014

	Level 1	Level 2	Level 3	Total
Investments				
Cash and cash equivalents	$ 1,437	$ –	$ –	$ 1,437
U S government, state, municipal, and agency obligations	–	35,998	–	35,998
Corporate and foreign fixed income securities	–	27,268	–	27,268
Equity securities	–	237,047	–	237,047
Alternative investments	–	–	16,868	16,868
Total	$ 1,437	$ 300,313	$ 16,868	318,618

(Dollars in Thousands)

9. Retirement Plans (continued)

During the year ended June 30, 2014, the changes in the fair value of the foregoing assets measured using significant unobservable inputs (Level 3) were comprised of the following

	Alternative Investments
Beginning balance, July 1, 2013	$ 15,403
Actual return on plan assets	1,119
Purchases	346
Ending balance, June 30, 2014	$ 16,868

Please refer to the Fair Value Measurements note for descriptions of the fair value hierarchy and the fair value determination methods for different classes of investments

Affinity Plan

Affinity, a solely sponsored affiliate of the Health Ministry, sponsors the Affinity Health System, Inc Retirement Plan (the Affinity Plan) and a related trust to provide defined retirement benefits for employees of Affinity with the exception of CMC Employees become participants in the Affinity Plan upon the attainment of age 21 and the completion of 1,000 hours of service Benefits under the Affinity Plan are based on the employee's years of credited service and covered compensation, as defined Contributions to the Affinity Plan are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future

(Dollars in Thousands)

9. Retirement Plans (continued)

Data and assumptions relative to the Affinity Plan as of and for the year ended June 30, 2014, are as follows

Actuarial present value of benefit obligations	
Accumulated benefit obligation	$ 239,889
Change in projected benefit obligation	
Projected benefit obligation beginning of year	$ 228,591
Service cost	9,920
Interest cost	9,495
Actuarial gain	(5,820)
Assumption changes	13,913
Benefits and expenses paid	(13,222)
Projected benefit at end of year	$ 242,877
Change in plan assets	
Fair value of plan assets beginning of year	$ 182,532
Actual return on plan assets	32,429
Employer contributions	13,000
Benefits and expenses paid	(13,222)
Fair value of plan assets at end of year	$ 214,739
Funded status	$ (28,138)
Amounts recognized in unrestricted net assets during 2014 consist of	
Unrecognized net actuarial gain	$ (11,957)

(Dollars in Thousands)

9. Retirement Plans (continued)

Components of net periodic pension cost		
Service cost	$	9,920
Interest cost on projected benefit obligation		9,495
Expected return on plan assets		(12,379)
Net periodic pension cost	$	7,036
Assumptions used		
Weighted average discount rate to determine projected benefit obligation		4 00%
Weighted average discount rate to determine net periodic pension cost		4 26
Weighted average rate of increase in compensation levels		
Age 25–34		3 50
Age 35–44		3 50
Age 45–54		3 01
Age 55–64		2 39
Age 65 and older		1 70
Weighted average expected long-term rate of return on plan assets		7 00

The discount rates reflect the best estimate of the value of the plan because the liabilities are valued using current market rates through the use of the Mercer Yield Curve, except for the portion of actively employed grandfathered participants' benefits that are assumed to be paid as a lump sum, which is valued at the plan's conversion rate of 8% Currently 70% of benefits are assumed to be paid as a lump sum The long-term rate of return on assets reflects historical returns and future expectations for returns in each asset class, as well as targeted asset allocation percentages within the pension portfolio Affinity's investment strategy is of a long-term nature and is intended to ensure that funds are available to pay benefits as they become due and to maximize the trust's total return at an appropriate level of investment risk

(Dollars in Thousands)

9. Retirement Plans (continued)

The target investment policy is 65% equity securities and 35% fixed income securities The asset allocation of the pension plan at June 30, 2014, is as follows

Domestic equity securities	60%
International equity securities	13
U S government obligations	13
Corporate debt obligations	10
Money market fund	4
Total	100%

The contributions for the Affinity Plan for the year ending June 30, 2015, are estimated to be $11,000 The benefits expected to be paid in each year ending June 30 from 2015 through 2019 area $15,028, $15,259, $15,951, $16,058, and $16,006, respectively The aggregate benefits expected to be paid in the five years from 2020 through 2024 are $78,026

As discussed in the Fair Value Measurements note, the Health Ministry, as well as the System, follows a three-level hierarchy to categorize assets and liabilities at fair value In accordance with this hierarchy, as of June 30, 2014, 74 6%, and 25 4% of the Affinity Plan's assets, which are measured at fair value on a recurring basis, were categorized as Level 1 and Level 2, respectively There were no Level 3 plan assets

The following tables present the Affinity Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of June 30, 2014

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 9,437	$ –	$ –	$ 9,437
U S government, state, municipal, and agency obligations	–	28,901	–	28,901
Corporate and foreign fixed income securities	–	25,620	–	25,620
Equity securities	150,781	–	–	150,781
Total	$ 160,218	$ 54,521	$ –	$ 214,739

(Dollars in Thousands)

9. Retirement Plans (continued)

Please refer to the Fair Value Measurements note for descriptions of the fair value hierarchy and the fair value determination methods for different classes of investments

Other Retirement Plans

Certain affiliates of the Health Ministry also participate in a tax-sheltered annuity retirement plan, which entails the Health Ministry matching of 50% of employee contributions, up to a defined limit Ministry's expense relating to employer matching for that plan was $6,765 for the year ended June 30, 2014

The Health Ministry also participates in various other pension plans and supplemental compensation plans, which are primarily defined contribution plans Expense under these plans amounted to $11,966 for the year ended June 30, 2014

10. Income Taxes

NH and NHIC are for-profit entities and are required to file federal tax returns Income tax receivable consists of the following components, and included in other current assets on the accompanying consolidated balance sheet

Federal income taxes	$	1,801
State income taxes		734
Income tax receivable	$	2,535

NH paid approximately $5,624 in estimated federal taxes during the year ended June 30, 2014 For federal tax purposes, NH files consolidated tax returns with NHIC

Deferred taxes result from the effect of transactions that are recognized in different periods for financial and tax reporting purposes The deferred taxes relate primarily to a portion of the provision for estimated incurred but not reported claims, accruals, and depreciation on property and equipment, and results in a net deferred tax liability of $222 at June 30, 2014, as follows

Deferred tax assets	$	1,659
Deferred tax liabilities		(1,881)
Net deferred tax liability	$	(222)

(Dollars in Thousands)

10. Income Taxes (continued)

The deferred tax liability is included in other current assets in the accompanying consolidated balance sheet

The income tax provision consists of the following major components included in other operating expense

Current income tax expense	$	3,462
Deferred income tax expense		2,579
Total income tax expense	$	6,041

NH's income tax expense differs from the amount obtained by applying the federal statutory rate of 35% to income before income taxes as follows

Income tax expense at statutory rate of 35%	$	5,949
State income tax, net of federal rate		1,024
Other, including change in accrual		(932)
Total income tax expense	$	6,041

As of June 30, 2014, there are no operating losses or tax credit carryforwards available for federal or state tax purposes

11. Self-Insurance Programs

The Health Ministry participates in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits Actuarially determined amounts, discounted at 6% annually, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at annual interest rate of 6% at June 30, 2014 In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency If contributions exceed the losses paid, the excess may be returned to participating entities

11. Self-Insurance Programs (continued)

Professional and General Liability Programs

The Health Ministry participates in Ascension's professional and general liability self-insured program Professional liability coverage is provided on a claims-made basis through a commercial policy with limits of $1,000 per occurrence and $3,000 in aggregate in compliance with participation in the Patient Compensation Fund The Patient Compensation Fund applies to claims in excess of the primary limit General liability coverage is provided on a claims-made basis through a wholly owned on shore trust and offshore captive insurance company, Ascension Health Insurance, Ltd (AHIL), with a self-insured retention of $10,000 per occurrence with no aggregate Excess coverage is provided through AHIL with limits up to $205,000 AHIL retains a 20% quota share of the first $25,000 of umbrella excess The remaining excess coverage is reinsured by commercial carriers

Included in operating expenses in the accompanying consolidated statement of operations and changes in net assets is professional and general liability expense of $3,020 for the year ended June 30, 2014 Included in current and long-term self-insurance liabilities on the accompanying consolidated balance sheet are liabilities for deductibles and reserves for claims incurred but not yet reported of $11,513 and $4,341, respectively, at June 30, 2014

Workers' Compensation

The Health Ministry participates in Ascension's workers' compensation program, which provides occurrence coverage through a grantor trust The trust provides coverage up to $1,500 per occurrence with no aggregate The trust provides a mechanism for funding the workers' compensation obligations of its members Excess insurance against catastrophic loss is obtained through commercial insurers Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported Included in operating expenses in the accompanying consolidated statement of operations and changes in net assets is workers' compensation expense of $4,380 for the year ended June 30, 2014 Included in current self-insurance liabilities on the accompanying consolidated balance sheet are liabilities for claims incurred but not yet reported of $3,412

(Dollars in Thousands)

12. Lease Commitments

Future minimum payments under non-cancelable operating leases with terms of one year or more are as follows

Year ending June 30		
2015	$	4,157
2016		4,059
2017		3,706
2018		3,064
2019		2,356
Thereafter		3,990
Total	$	21,332

In addition, the Health Ministry is a lessor under certain operating lease agreements, primarily ground leases related to third-party owned medical office buildings on land owned by the Health Ministry Future minimum rental receipts under all non-cancelable operating leases with terms of one year or more are as follows

Year ending June 30		
2015	$	4,871
2016		4,380
2017		4,280
2018		4,244
2019		4,041
Thereafter		19,377
Total	$	41,193

Rental expense under operating leases amounted to $19,157 for the year ended June 30, 2014

13. Related-Party Transactions

The Health Ministry uses various centralized programs and overhead services of the System or its other sponsored organizations including risk management, retirement services, treasury, debt management, executive management support, administrative services, and information technology services The charges allocated to the Health Ministry for these services represent both allocations of common costs and specifically identified expenses that are incurred by the System on behalf of the Health Ministry Allocations are based on relevant metrics such as the Health Ministry's pro rata share of revenues, certain costs, debt, or investments to the consolidated totals of the System The amounts charged to the Health Ministry for these services may not necessarily result in the net costs that would be incurred by the Health Ministry on a stand-alone basis The charges allocated to the Health Ministry were approximately $6,400 for the year ended June 30, 2014

14. Contingencies and Commitments

In addition to professional liability claims, the Health Ministry is involved in litigation and regulatory investigations arising in the ordinary course of business In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the Health Ministry

In March 2013, Ascension and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of the Ascension Plan On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System While the plaintiff in the case could appeal the decision, in such event, the Health Ministry does not believe that this matter would have a material adverse effect on the Health Ministry's financial position or results of operations

In September 2010, Ascension Health received a letter from the U S Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICDs) were provided to certain Medicare beneficiaries in accordance with national coverage criteria In connection with this nationwide review, the Health Ministry will be reviewing applicable medical records for response to the DOJ The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time

14. Commitments and Contingencies (continued)

The Health Ministry enters into agreements with non-employed physicians that include minimum revenue guarantees The guarantee is a minimum income loan to a neurology group, to recruit and retain an additional neurologist to meet the identified market demand This guaranteed income loan covers a two-year period, commencing on August 30, 2015 The guaranteed income loan will be forgiven if the physician continues to practice for a three-year period following the two-year guaranteed period The neurology group and recruited physician are jointly and severally liable for the loan repayment, should either party fail to meet the terms of the agreement The agreement also includes support in the form of a loan for recruiting expenses, relocation costs, and a signing bonus The carrying amount of the liability for the Health Ministry obligation under these guarantees was $1,320 at June 30, 2014, and is included in other current liabilities in the accompanying consolidated balance sheet The maximum amount of future payments that the Health Ministry could be required to make under these guarantees is $1,320

Under the regulations and statutes of the Wisconsin Office of the Commissioner of Insurance (OCI), NH is required to maintain surplus reserves, or total minimum net assets, determined as a percentage of subscriber premiums The compulsory surplus requirement for NH is approximately $59,000 at June 30, 2014 In certain cases, the OCI also requires organizations to maintain an additional security surplus reserve that, if required of NH, would be approximately an additional $15,700 at June 30, 2014 Management believes NH's net asset balance at June 30, 2014, determined in accordance with accounting practices prescribed by the OCI, is sufficient to meet the compulsory and security reserve requirements

NH has reinsurance agreements with an unaffiliated insurance company that limit NH's losses on individual claims Under terms of these agreements prior to January 1, 2009, the insurance company reimburses NH for a percentage of eligible inpatient hospital and medical costs and an additional umbrella policy for catastrophic coverage in excess of a deductible, up to a lifetime limit of $5,000 per member From January 1, 2009 to December 31, 2013, NH entered reinsurance agreements, under which the insurance company reimburses NH for a percentage of all eligible service costs in excess of a deductible, up to a $5,000 lifetime limit As of January 1, 2014, NH entered into a reinsurance agreement, under which the insurance company reimburses NH for a percentage of all eligible service costs in excess of a deductible, with no lifetime limit Union groups with contracts that have no lifetime limit are grandfathered in with no limits

15. Subsequent Event

The Health Ministry has signed a letter of intent, dated September 30, 2014, to sell 50% of NH to an unrelated health system A definitive sale date has not been determined

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors
Ministry Health Care, Inc

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs, the Details of Consolidated Balance Sheet and Statement of Operations – Ministry Health Care, Inc , the Restricted Group Detailed Balance Sheet and Statement of Operations, and the Howard Young Health Care, Inc Obligated Group Detailed Balance Sheet and Statement of Operations are presented for purposes of additional analysis and is not a required part of the 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 financial statements The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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

Ernst + Young LLP

October 24, 2014

Ministry Health Care, Inc.

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs

(Dollars in Thousands)

June 30, 2014

The net cost, excluding the provision for bad debt expense of providing care of persons living in poverty and other community benefit programs, is as follows

Traditional charity care provided	$	18,380
Unpaid cost of public programs for persons living in poverty		42,674
Other programs for persons living in poverty and other vulnerable persons		6,213
Community benefit programs		22,049
Care of persons living in poverty and other community benefit programs	$	89,316

Ministry Health Care Inc

Details of Consolidated Balance Sheet

June 30 2014

(In thousands)

	Affinity Health System Inc Consolidated																					
	St Elizabeth s Hospital (operating unit)					Mercy Medical Center (operating unit)					Columet Medical Center Inc	Network Health System Inc Consolidated										
	St Elizabeth Hospital	Affinity Health	St Elizabeth Foundation	St Elizabeth Eliminations	Subtotal	Mercy Medical Center Oshkosh Inc	Mercy Health Foundation	Mercy Medical Center Eliminations	Subtotal		Calumet Medical Center Inc	Calumet Medical Group	Theda Med LLC	Network Health System Eliminations	Network Health System Inc Consolidated	Affinity Health (Corporate)	Affinity Health System Eliminations	Affinity Health System Inc Consolidated
Assets																		
Current assets																		
Cash and cash equivalents	$ 3 281	$ 322	$ 929	$	$ 4 532	$ 13 698	$ 369	$	$ 14 067	$ 11 094	$ 5 711	$ 61	$	$ 5 772	$ 1 753	$	$ 37 218
Short term investments										674							674
Accounts receivable less allowances for doubtful accounts of $54 120	27 071	550			27 621	12 875			12 875	3 962	15 634			15 634			60 092
Current portion of assets limited as to use	612		885		1 497	975	122		1 097	169	668			668	5 929		9 360
Estimated third party payor settlements	153				153	154			154	40							347
Inventories	3 146				3 146	2 494			2 494						838		6 478
Other	2 012	1 372	3	(533)	2 854	4 751			4 751	119	5 188			5 188	10 002	(14 840)	8 074
Total current assets	36 275	2 244	1 817	(533)	39 803	34 947	491		35 438	16 058	27 201	61		27 262	18 522	(14 840)	122 243
Assets limited as to use and other long term investments	1 018		12 523	(970)	12 571	1 552	10 428	(1 552)	10 428	1 251							24 250
Beneficial interest in trust																	
Interest in investments held by Ascension	731				731	1 652			1 652	4 959							7 342
Property and equipment net	153 657	1 043			154 700	95 070			95 070	13 156	24 862	255		25 117	11 871		299 914
Other assets																	
Investment in unconsolidated entities	1 322				1 321	1 322			1 322								2 643
Other	2 123	401		(1 542)	983	641			641		10 364		(212)	10 152	12 747		24 523
Total other assets	3 445	401		(1 542)	2 304	1 963			1 963		10 364		(212)	10 152	12 747		27 166
Total assets	$ 195 126	$ 3 688	$ 14 340	$ (3 045)	$ 210 109	$ 135 184	$ 10 919	$ (1 552)	$ 144 551	$ 35 424	$ 62 427	$ 316	$ (212)	$ 62 531	$ 43 140	$ (14 840)	$ 480 915
Liabilities and net assets																	
Current liabilities																	
Current portion of long term debt	$ 11 802	$	$	$	$ 11 802	$ 14 059	$	$	$ 14 059	$	$ 300	$	$	$ 300	$	$	$ 26 161
Accounts payable and accrued liabilities	33 158	662	155	(533)	33 442	16 876	41		16 917	2 220	65 417			65 417	15 442	(14 840)	118 598
Estimated third party payor settlements	754				754	761			761	536							2 051
Current portion of self insurance liabilities	342				342	136			136	11	(19)			(19)	5 310		5 780
Insurance claims liability																	
Other	3 003				3 003	2 043	227		2 270	98	764	8		772	1 159		7 302
Total current liabilities	49 059	662	155	(533)	49 343	33 875	268		34 143	2 865	66 462	8		66 470	21 911	(14 840)	159 892
Noncurrent liabilities																	
Long term debt	67 435				67 435	28 882			28 882		8 643			8 643			104 960
Self insurance liabilities																	
Pension and other postretirement liabilities	7 810				7 810	4 418			4 418		13 436			13 436	2 392		28 056
Other	1 370	59			1 429	989			989	298	10 704			10 704	1 303		14 723
Total noncurrent liabilities	76 615	59			76 674	34 289			34 289	298	32 783			32 783	3 695		147 739
Total liabilities	125 674	721	155	(533)	126 017	68 164	268		68 432	3 163	99 245	8		99 253	25 606	(14 840)	307 631
Net assets																	
Unrestricted																	
Controlling interest	68 434	1 116	5 339	(1 542)	73 347	65 468	2 872		68 340	32 261	(36 818)	212	(212)	(36 818)	17 534		154 664
Non controlling interest		1 851			1 851							96		96			1 947
Unrestricted net assets	68 434	2 967	5 339	(1 542)	75 198	65 468	2 872		68 340	32 261	(36 818)	308	(212)	(36 722)	17 534		156 611
Temporarily restricted	1 018		6 937	(970)	6 985	838	3 228	(838)	3 228								10 213
Permanently restricted			1 909		1 909	714	4 551	(714)	4 551								6 460
Total net assets	69 452	2 967	14 185	(2 512)	84 092	67 020	10 651	(1 552)	76 119	32 261	(36 818)	308	(212)	(36 722)	17 534		173 284
Total liabilities and net assets	$ 195 126	$ 3 688	$ 14 340	$ (3 045)	$ 210 109	$ 135 184	$ 10 919	$ (1 552)	$ 144 551	$ 35 424	$ 62 427	$ 316	$ (212)	$ 62 531	$ 43 140	$ (14 840)	$ 480 915

	Sacred Heart St Mary s Hospitals Inc	St Joseph s Hospital (operating unit)				St Michael s Hospital (operating unit)				St Elizabeth s Hospital of Wabasha Inc	Our Lady of Victory Hospital	Howard Young Health Care Inc Consolidated						Howard Young Health Care Inc Consolidated	Door County Memorial Hospital
		[illegible] Hospital Manitowoc Inc	Foundation [illegible] Hospital Manitowoc Inc	[illegible] Eliminations	Subtotal	[illegible] Hospital Foundation Inc	Foundation [illegible] Hospital Foundation Inc	[illegible] Eliminations	Subtotal			Howard Young Health care Inc	Howard Young Medical Center Inc	Eagle River Memorial Hospital Inc	Eagle River Home Care Center	Howard Young Foundation Inc	Howard Young Eliminations		
Assets																			
Current assets																			
Cash and cash equivalents	$ 8 220	$ 13 302	$ 484	$	$ 13 786	$ 11 662	$	$ 167	$ 11 829	$ 1 585	$ 1 149	$	$ 8 331	$ 17	$	$ 153	$	$ 8 501	$ 2 896
Short term investments	1 898									2 207									4 375
Accounts receivable less allowances for doubtful accounts of $54 120	18 148	56 067			56 067	21 744			21 744	4 481	2 293		6 974	2 273				9 247	9 908
Current portion of assets limited as to use	655	1 236	109		1 345	827			827		99		392		7	187		586	380
Estimated third party payor settlements	330	1 681			1 681	98			98	72	627								5 320
Inventories	1 792	8 954			8 954	2 185			2 185	531	247		1 593	159				1 752	997
Other	1 325	1 964		(146)	1 818	1 032	3	(17)	1 018	242	47	48	436	20	58	507	(327)	742	3 945
Total current assets	32 368	83 204	593	(146)	83 651	37 548	3	150	37 701	9 118	4 462	48	17 726	2 469	65	847	(327)	20 828	27 821
Assets limited as to use and other long term investments	1 182	1 185	4	(1 110)	79	2 917	4 568	(3 080)	4 405		3		1 860	439	35	12 073	(2 334)	12 073	30 784
Beneficial interest in trust													47 484					47 484	
Interest in investments held by Ascension	5 466	257 378	3 707		261 085	75 626			75 626	3 118			69 371	13 044				82 415	
Property and equipment net	69 589	137 772			137 772	67 674	25		67 699	7 702	8 125	3 315	24 507	7 359		865		36 046	22 512
Other assets																			
Investment in unconsolidated entities																			
Other	3 833	4 050			4 050	6 723			6 723	370	295	385	2 635	532		2 389		5 941	2 249
Total other assets	3 833	4 050			4 050	6 723			6 723	370	295	385	2 635	532		2 389		5 941	2 249
Total assets	$ 112 438	$ 483 589	$ 4 304	$ (1 256)	$ 486 637	$ 190 488	$ 4 596	$ (2 930)	$ 192 154	$ 20 308	$ 12 885	$ 3 748	$ 163 583	$ 23 843	$ 100	$ 16 174	$ (2 661)	$ 204 787	$ 83 366
Liabilities and net assets																			
Current liabilities																			
Current portion of long term debt	$ 1 707	$	$	$	$	$ 711	$	$	$ 711	$ 94	$ 774	$ 875	$	$	$	$	$	$ 875	$ 825
Accounts payable and accrued liabilities	13 991	25 635	183	(146)	25 672	18 529	22	(17)	18 534	2 480	1 738	463	6 320	685	68	372	(327)	7 581	5 698
Estimated third party payor settlements	5 285	6 587			6 587	542			542	150	290		2 086	610				2 696	1 008
Current portion of self insurance liabilities										178									141
Insurance claims liability																			
Other																			
Total current liabilities	20 983	32 222	183	(146)	32 259	19 782	22	(17)	19 787	2 902	2 802	1 338	8 406	1 295	68	372	(327)	11 152	7 672
Noncurrent liabilities																			
Long term debt	17 928					2 432			2 432	709	10 527	19 942						19 942	11 770
Self insurance liabilities																			
Pension and other postretirement liabilities	3 306	(612)			(612)	1 552			1 552	703									
Other	573	750			750	1 608			1 608	327			1 277	405				1 682	55
Total noncurrent liabilities	21 807	138			138	5 592			5 592	1 739	10 527	19 942	1 277	405				21 624	11 825
Total liabilities	42 790	32 360	183	(146)	32 397	25 374	22	(17)	25 379	4 641	13 329	21 280	9 683	1 700	68	372	(327)	32 776	19 497
Net assets																			
Unrestricted																			
Controlling interest	68 466	450 044	1 786		451 830	162 197	6	167	162 370	15 667	(444)	(17 532)	104 556	21 704	(3)	9 946		118 671	63 332
Non controlling interest																			
Unrestricted net assets	68 466	450 044	1 786		451 830	162 197	6	167	162 370	15 667	(444)	(17 532)	104 556	21 704	(3)	9 946		118 671	63 332
Temporarily restricted	1 182	1 010	2 191	(1 010)	2 191	866	1 752	(1 029)	1 589		1		1 860	439	35	5 732	(2 334)	5 732	537
Permanently restricted		175	144	(100)	219	2 051	2 816	(2 051)	2 816		2		47 484			124		47 608	
Total net assets	69 648	451 229	4 121	(1 110)	454 240	165 114	4 574	(2 913)	166 775	15 667	(444)	(17 532)	153 900	22 143	32	15 802	(2 334)	172 011	63 869
Total liabilities and net assets	$ 112 438	$ 483 589	$ 4 304	$ (1 256)	$ 486 637	$ 190 488	$ 4 596	$ (2 930)	$ 192 154	$ 20 308	$ 12 885	$ 3 748	$ 163 583	$ 23 843	$ 100	$ 16 174	$ (2 661)	$ 204 787	$ 83 366

	St. Clare's Hospital (operating unit)				Good Samaritan Health Center (operating unit)												
	[illegible] Hospital [illegible]	[illegible] [illegible]	[illegible]	Subtotal	[illegible] Health [illegible] Merrill	[illegible] Health [illegible] Foundation	[illegible]	Subtotal	Ministry Home Care Inc	Ministry Medical Group Inc Weston operating unit	Ministry Medical Group Inc Anesthesia operating unit	Ministry Holdings, Inc	Agape Community Center of Milwaukee Inc	Putnam	Ministry Health Care Inc (Corporate)	Consolidating Eliminations	Ministry Health Care Inc Consolidated
Assets																	
Current assets																	
Cash and cash equivalents	$ 3,309	$	$	$ 3,309	$ 540	$ 363	$	$ 903	$ 296	$	$ 723	$ 28,271	$ 66	$ 16	$ 36,327	$	$ 155,095
Short term investments						251		251	30			7,338					16,773
Accounts receivable, less allowances for doubtful accounts of $54,120	12,382			12,382	2,944			2,944	8,831	308	828					(17,984)	189,289
Current portion of assets limited as to use	264			264	105			105	221						13,316		27,158
Estimated third party payor settlements	204			204	144			144									8,823
Inventories	2,099			2,099	412			412	3,171								28,618
Other	1,931		(28)	1,903	305		(7)	298	69	282	44	34,466	49	1	166,502	(156,117)	64,708
Total current assets	20,189		(28)	20,161	4,450	614	(7)	5,057	12,618	590	1,595	70,075	115	17	216,145	(174,101)	490,464
Assets limited as to use and other long term investments	143	175	(143)	175	22	221	(22)	221	1,214			139,223	284		40,861	(1,619)	253,135
Beneficial interest in trust																	47,484
Interest in investments held by Ascension					25,163			25,163							243,143		703,358
Property and equipment, net	64,481	28		64,509	8,449			8,449	2,230	826		7,316	22	6,140	10,411		749,262
Other assets																	
Investment in unconsolidated entities	6,866			6,866											8,699		15,208
Other	3,306			3,306	1,135			1,135	355	452	106	35,357		457	587,601	(545,140)	131,613
Total other assets	10,172			10,172	1,135			1,135	355	452	106	35,357		457	596,300	(545,140)	146,821
Total assets	$ 94,985	$ 203	$ (171)	$ 95,017	$ 39,219	$ 835	$ (29)	$ 40,025	$ 16,417	$ 1,868	$ 1,701	$ 251,971	$ 421	$ 6,614	$ 1,103,860	$ (720,860)	$ 2,390,524
Liabilities and net assets																	
Current liabilities																	
Current portion of long term debt	$ 2,165	$	$	$ 2,165	$	$	$	$	$ 360	$	$	$	$	$	$ 15,161	$ (31,470)	$ 17,363
Accounts payable and accrued liabilities	29,903	28	(28)	29,903	2,140			2,140	6,289	1,407	399	15,047	107	2,066	47,014	(124,665)	179,999
Estimated third party payor settlements	1,723			1,723	176			176	10								20,518
Current portion of self insurance liabilities												29			8,797		14,925
Insurance claims liability												78,239				(17,940)	60,299
Other												8,540			10,477		26,319
Total current liabilities	33,791	28	(28)	33,791	2,140		(7)	2,140	6,659	1,407	399	101,855	107	2,066	81,449	(174,075)	313,247
Noncurrent liabilities																	
Long term debt	147,925			147,925					1,300		2,000				655,018	(287,687)	686,824
Self insurance liabilities															4,341		4,341
Pension and other postretirement liabilities	819			819	(1,067)			(1,067)	257			83			14,422		47,519
Other	1,639			1,639	674			674		152		543			50,642	(175)	73,193
Total noncurrent liabilities	150,383			150,383	(393)			(393)	1,557	152	2,000	626			724,423	(287,862)	811,877
Total liabilities	184,174	28	(28)	184,174	1,747		(7)	1,747	8,216	1,559	2,399	102,481	107	2,066	805,872	(461,937)	1,125,124
Net assets																	
Unrestricted																	
Controlling interest	(89,332)	0		(89,332)	37,274	803		38,077	6,988	309	(698)	149,490	30	4,548	297,988	(257,305)	1,184,648
Non controlling interest																	1,947
Unrestricted net assets	(89,332)	0		(89,332)	37,274	803		38,077	6,988	309	(698)	149,490	30	4,548	297,988	(257,305)	1,186,595
Temporarily restricted	143	175	(143)	175	22	29	(22)	29	1,062				284			(1,467)	21,524
Permanently restricted									151							(151)	57,105
Total net assets	(89,189)	175	(143)	(89,157)	37,296	828	(22)	38,102	8,201	309	(698)	149,490	314	4,548	297,988	(258,923)	1,265,224
Total liabilities and net assets	$ 94,985	$ 203	$ (171)	$ 95,017	$ 39,043	$ 835	$ (29)	$ 39,849	$ 16,417	$ 1,868	$ 1,701	$ 251,971	$ 421	$ 6,614	$ 1,103,860	$ (720,860)	$ 2,390,348

Ministry Health Care Inc

Details of Consolidated Statement of Operations

Year Ended June 30 2014

(In thousands)

	Affinity Health System Inc Consolidated																		
	St Elizabeth s Hospital (operating unit)					Mercy Medical Center (operating unit)					Network Health System Inc Consolidated								
	St Elizabeth s Hospital	Medical Group	St Elizabeth s Health Foundation	St Elizabeth s Eliminations	Subtotal	Mercy Medical Center Inc	Mercy Health Foundation	Mercy Medical Center Eliminations	Subtotal	Calumet Medical Center Inc	Network Medical Group	Thedacare LLC	Network Health Eliminations	Network Health System Inc Consolidated	Affinity Health (Corporate)	Affinity Health System Eliminations	Affinity Health System Inc Consolidated
Operating revenue																	
Net patient service revenue	$ 192 486	$ 3 066	$	$	$ 195 452	$ 105 853	$	$	$ 105 853	$ 25 665	$ 141 881	$	$	$ 141 881	$	$ (465)	$ 468 386
Less provision for doubtful accounts	7 898	110			8 008	3 963			3 963	722	3 971			3 971			16 664
Net patient service revenue less provision for doubtful accounts	184 488	2 956			187 444	101 890			101 890	24 943	137 910			137 910		(465)	451 722
Capitation revenue										8	2 870			2 870			2 878
Premium revenue																	
Other revenue	5 708	283	433	1 288	7 712	4 903	531		5 434	341	7 393	607	(406)	7 594		(7 699)	13 382
Income from unconsolidated entities	30				30	29			29								59
Net assets released from restrictions for operations																	
Total operating revenue	190 226	3 239	433	1 288	195 186	106 822	531		107 353	25 292	148 173	607	(406)	148 374		(8 164)	468 041
Operating expenses																	
Salaries and wages	62 423	3 370	335		66 128	39 206	253		39 459	8 685	111 094			111 094		(657)	224 709
Employee benefits	16 016	592	74		16 682	11 020	63		11 083	2 404	22 035			22 035			52 204
Purchased services	15 100	198	97		15 395	8 802			8 802	1 730	8 853	10		8 863		(1 088)	33 702
Professional fees	4 988	227			5 215	3 710			3 710	3 693	4 009			4 009		(2 471)	18 156
Claims expense																	
Supplies	34 176	73	19		34 268	20 420			20 420	2 665	9 355			9 355	(65)		66 643
Insurance	657	39			696	521			521	44	1 390			1 390			2 651
Interest	2 927				2 927	2 523			2 523		500			500			5 950
Depreciation and amortization	6 912	133			7 045	5 347			5 347	779	2 194	53		2 247			15 418
Other	11 523	446	227		12 196	7 019	199		7 218	1 251	11 130	72	(182)	11 020	65	(3 947)	27 759
Total operating expenses before impairment restructuring and nonrecurring gains net	154 722	5 078	752		160 552	102 568	471		103 039	21 251	170 560	135	(182)	170 513		(8 163)	447 192
Income from operations before impairment restructuring and nonrecurring gains net	35 504	(1 839)	(319)	1 288	34 634	4 254	60		4 314	4 041	(22 387)	472	(224)	(22 139)		(1)	20 849
Impairment restructuring and nonrecurring gains net										1	867	121		988			989
Income from operations	35 504	(1 839)	(319)	1 288	34 634	4 254	60		4 314	4 040	(23 254)	351	(224)	(23 127)		(1)	19 860
Nonoperating gains (losses)																	
Investment return	236		849		1 085	272	337		609	561	217			217			2 472
Other	(10)				(10)	(49)			(49)	10	59			59	9		19
Total nonoperating gains net	226		849		1 075	223	337		560	571	276			276	9		2 491
Excess of revenues and gains over expenses and losses	35 730	(1 839)	530	1 288	35 709	4 477	397		4 874	4 611	(22 978)	351	(224)	(22 851)	9	(1)	22 351
Less loss attributed to non controlling interests		(552)			(552)							126		126			(426)
Excess of revenues and gains over expenses and losses attributable to controlling interest	$ 35 730	$ (1 287)	$ 530	$ 1 288	$ 36 261	$ 4 477	$ 397	$	$ 4 874	$ 4 611	$ (22 978)	$ 225	$ (224)	$ (22 977)	$ 9	$ (1)	$ 22 777

	St. Joseph's Hospital (operating unit)					St. Michael's Hospital (operating unit)							Howard Young Health Care, Inc. Consolidated							
	Sacred Heart St. Mary's Hospitals, Inc.	[illegible] Hospital, Inc.	Formation of [illegible] Hospital, Inc.	[illegible] Eliminations	Subtotal	[illegible] Hospital, Inc.	Formation of St. Michael Hospital, Inc.	[illegible] Eliminations	Subtotal	St. Elizabeth's Hospital of Wabasha, Inc.	Our Lady of Victory Hospital	Howard Young Health Care, Inc.	Howard Young Medical Center, Inc.	Eagle River Memorial Hospital, Inc.	[illegible] Health Center, Inc.	Howard Young Foundation, Inc.	Howard Young Eliminations	Howard Young Health Care, Inc. Consolidated	Door County Memorial Hospital
Operating revenue																				
Net patient service revenue	$ 148,162	$ 364,122	$	$	$ 364,122	$ 194,911	$	$	$ 194,911	$ 24,284	$ 16,645	$	$ 57,868	$ 17,239	$	$	$	$ 75,107	$ 69,686
Less provision for doubtful accounts	9,042	12,641			12,641	9,960			9,960	172	664		3,271	1,377		28		4,676	1,261
Net patient service revenue less provision for doubtful accounts	139,120	351,481			351,481	184,951			184,951	24,112	15,981		54,597	15,862		(28)		70,431	68,425
Capitation revenue																				
Premium revenue																				
Other revenue	8,313	14,132	1,781	(397)	15,516	4,088	355	(179)	4,264	1,016	304	187	3,348	166	508	1,719	(367)	5,561	2,343
Income from unconsolidated entities																				
Net assets released from restrictions for operations																				
Total operating revenue	147,433	365,613	1,781	(397)	366,997	189,039	355	(179)	189,215	25,128	16,285	187	57,945	16,028	508	1,691	(367)	75,992	70,768	
Operating expenses																				
Salaries and wages	73,601	108,231			108,231	91,553	128		91,681	12,036	8,012		24,559	7,090	374	320		32,343	34,425	
Employee benefits	19,841	31,560			31,560	24,427	13		24,440	3,762	2,389		7,486	2,135	143	88		9,852	9,100	
Purchased services	10,157	43,533			43,533	12,717	3		12,720	922	1,326		3,426	1,068	3	14	(85)	4,426	3,172	
Professional fees	4,775	25,230			25,230	5,331			5,331	2,001	1,593		2,526	1,116		5		3,647	3,275	
Claims expense																				
Supplies	15,829	60,121			60,121	20,068	19		20,087	3,281	1,172		6,045	1,133	47	10	(93)	7,142	6,545	
Insurance	897	1,361			1,361	1,075			1,075	136	49		276	70				359	273	
Interest	1,444					228			228	60	655		481	308				789	543	
Depreciation and amortization	8,469	19,509			19,509	10,142	4		10,146	947	810	63	3,379	1,203		56		4,701	3,149	
Other	6,257	36,510	2,001	(397)	38,114	9,181	279	(179)	9,281	1,668	1,118	43	4,304	964	6	997	(114)	6,200	5,234	
Total operating expenses before impairment, restructuring and nonrecurring gains, net	141,270	326,055	2,001	(397)	327,659	174,722	446	(179)	174,989	24,813	17,124	106	52,482	15,096	573	1,490	(292)	69,455	65,716	
Income from operations before impairment, restructuring and nonrecurring gains, net	6,163	39,558	(220)		39,338	14,317	(91)		14,226	315	(839)	81	5,463	932	(65)	201	(75)	6,537	5,052	
Impairment, restructuring and nonrecurring gains, net	(15)	426			426											12		12		
Income from operations	6,178	39,132	(220)		38,912	14,317	(91)		14,226	315	(839)	81	5,463	932	(65)	189	(75)	6,525	5,052	
Nonoperating gains (losses)																				
Investment return	311	18,340	330		18,670	7,083	73		7,156	324			7,640	1,143		756		9,539	3,421	
Other	15	(218)			(218)	(3)			(3)				(71)	(75)	5			(141)	87	
Total nonoperating gains, net	326	18,122	330		18,452	7,080	73		7,153	324			7,569	1,068	5	756		9,398	3,508	
Excess of revenues and gains over expenses and losses	6,504	57,254	110		57,364	21,397	(18)		21,379	639	(839)	81	13,032	2,000	(60)	945	(75)	15,923	8,560	
Less loss attributed to non controlling interests																				
Excess of revenues and gains over expenses and losses attributable to controlling interest	$ 6,504	$ 57,254	$ 110	$	$ 57,364	$ 21,397	$ (18)	$	$ 21,379	$ 639	$ (839)	$ 81	$ 13,032	$ 2,000	$ (60)	$ 945	$ (75)	$ 15,923	$ 8,560	

	St. Clare's Hospital (operating unit)				Good Samaritan Health Center (operating unit)												
	St. Clare's Hospital of Weston Inc	Foundation for St. Clare's Hospital Inc	St. Clare's Eliminations	Subtotal	Good Samaritan Health Center of Merrill	Good Samaritan Health Center Foundation	Good Samaritan Eliminations	Subtotal	Ministry Home Care Inc	Ministry Medical Group Inc Weston operating unit	Ministry Medical Group Inc Anesthesia operating unit	Ministry Holdings Inc	Agape Community Center of Milwaukee Inc	Putnam	Ministry Health Care Inc (Corporate)	Consolidating Eliminations	Ministry Health Care Inc Consolidated
Operating revenue																	
Net patient service revenue	$ 101 715	$	$	$ 101 715	$ 22 626	$	$	$ 22 626	$ 44 966	$ 3 518	$ 9 635	$	$	$	$	$ (195 524)	$ 1 348 239
Less provision for doubtful accounts	4 870			4 870	1 569			1 569	449	310	729	121			3 543		66 671
Net patient service revenue less provision for doubtful accounts	96 845			96 845	21 057			21 057	44 517	3 208	8 906	(121)			(3 543)	(195 524)	1 281 568
Capitation revenue																(2 740)	138
Premium revenue												824 142					824 142
Other revenue	685	101		786	530	66		596	471	879	4 143	2 495	904	2	30 774	(37 745)	54 002
Income from unconsolidated entities	7 061			7 061											2 220		9 340
Net assets released from restrictions for operations															523		523
Total operating revenue	104 591	101		104 692	21 587	66		21 653	44 988	4 087	13 049	826 516	904	2	29 974	(236 011)	2 169 713
Operating expenses																	
Salaries and wages	35 463	75		35 538	11 332			11 332	19 274	3 930	10 260	24 033	516		21	266	690 208
Employee benefits	8 983	26		9 009	3 018			3 018	5 911	908	2 127	5 528	125		(5 898)	(2 317)	171 559
Purchased services	16 534	2		16 536	2 307	2		2 309	3 327	585	3	29 359	62	13	(2 346)	(5 648)	154 158
Professional fees	1 889			1 889	688			688	877	24	443	19 002			(7 631)	(492)	78 808
Claims expense												720 505				(198 033)	522 472
Supplies	17 111	5		17 116	1 835	1		1 836	9 625	298	2	1 065	39		(6 414)	(87)	204 300
Insurance	393			393	97			97	132	18	39	429	4		(1 669)		6 240
Interest	8 479			8 479								(1)			24 173	(18 077)	24 243
Depreciation and amortization	6 635	4		6 639	1 349			1 349	579	129		1 256	2		2 582		75 685
Other	4 808	106		4 914	2 019	58		2 077	9 010	619	177	18 521	95	81	12 390	(2 943)	136 572
Total operating expenses before impairment restructuring and nonrecurring gains net	100 295	218		100 513	22 645	61		22 706	44 735	6 511	13 051	819 697	843	94	15 208	(227 331)	2 064 245
Income from operations before impairment restructuring and nonrecurring gains net	4 296	(117)		4 179	(1 058)	5		(1 053)	253	(2 424)	(2)	6 819	61	(92)	14 766	(8 680)	105 468
Impairment restructuring and nonrecurring gains net					52			52	7						149		1 620
Income from operations	4 296	(117)		4 179	(1 110)	5		(1 105)	246	(2 424)	(2)	6 819	61	(92)	14 617	(8 680)	103 848
Nonoperating gains (losses)																	
Investment return					2 574	27		2 601				2 395	1	15	49 889	(18 077)	78 717
Other					(5)			(5)							(4 382)		(4 628)
Total nonoperating gains net					2 569	27		2 596				2 395	1	15	45 507	(18 077)	74 089
Excess of revenues and gains over expenses and losses	4 296	(117)		4 179	1 459	32		1 491	246	(2 424)	(2)	9 214	62	(77)	60 124	(26 757)	177 937
Less loss attributed to non controlling interests																	(426)
Excess of revenues and gains over expenses and losses attributable to controlling interest	$ 4 296	$ (117)	$	$ 4 179	$ 1 459	$ 32	$	$ 1 491	$ 246	$ (2 424)	$ (2)	$ 9 214	$ 62	$ (77)	$ 60 124	$ (26 757)	$ 178 363

Ministry Health Care Inc

Restricted Group Detailed Balance Sheet

June 30 2014

(in thousands)

	Mercy Medical Center of Oshkosh Inc	Sacred Heart St Mary's Hospitals Inc	St Joseph's Hospital of Marshfield Inc	St Michael's Hospital of Steven's Point Inc	St Elizabeth's Hospital of Wabasha Inc	Ministry Health Care Inc (Corporate)	Eliminations	Restricted Group Total
Assets								
Current assets								
Cash and cash equivalents	$ 13 098	$ 8 220	$ 13 302	$ 11 002	$ 1 585	$ 30 327	$ -	$ 84 534
Short-term investments	-	1 898	-	-	2 207	-	-	4 105
Accounts receivable less allowances for doubtful accounts of $54 120	12 875	18 148	50 006	21 744	4 481	-	-	113 315
Current portion of assets limited as to use	975	955	1 236	827	-	13 316	-	17 009
Estimated third-party payor settlements	154	330	1 681	98	72	-	-	2 335
Inventories	2 494	1 702	8 954	2 185	531	-	-	15 956
Other	4 751	1 325	1 964	1 032	242	100 502	(30 735)	130 081
Total current assets	34 947	32 308	83 204	37 548	9 118	210 145	(30 735)	376 595
Assets limited as to use and other long-term investments	1 552	1 182	1 185	2 917	-	40 861	-	47 097
Beneficial interest in trust								
Interest in investments held by Ascension	1 652	5 400	257 378	75 620	3 118	243 143	-	586 383
Property and equipment net	95 070	60 580	137 772	67 674	7 702	10 411	-	388 218
Other assets								
Investment in unconsolidated entities	1 322	-	-	-	-	5 699	-	7 021
Other	941	3 833	4 050	6 723	370	587 601	(49 925)	553 293
Total other assets	1 963	3 833	4 050	6 723	370	593 300	(49 925)	560 314
Total assets	$ 135 184	$ 112 438	$ 483 580	$ 190 488	$ 20 308	$ 1 103 860	$ (80 660)	$ 1 950 207
Liabilities and net assets								
Current liabilities								
Current portion of long-term debt	$ 14 050	$ 1 707	$ -	$ 711	$ 94	$ 15 101	$ (10 432)	$ 15 300
Accounts payable and accrued liabilities	10 870	13 991	25 035	18 529	2 480	47 014	(20 303)	104 222
Estimated third-party payor settlements	761	5 285	6 587	542	150	-	-	13 325
Current portion of self-insurance liabilities	130	-	-	-	178	8 803	-	9 111
Insurance claim liability	-	-	-	-	-	-	-	-
Other	2 043	-	-	-	-	10 477	-	12 520
Total current liabilities	33 875	20 983	32 222	19 782	2 902	81 440	(30 735)	154 478
Noncurrent liabilities								
Long-term debt	28 882	17 928	-	2 432	709	655 018	(49 925)	655 044
Self-insurance liabilities	-	-	-	-	-	4 341	-	4 341
Pension and other postretirement liabilities	4 418	3 306	(612)	1 552	703	14 422	-	23 789
Other	980	573	750	1 008	327	50 642		54 880
Total noncurrent liabilities	34 280	21 807	138	5 502	1 739	724 423	(49 925)	738 063
Total liabilities	68 104	42 790	32 360	25 374	4 641	805 872	(80 660)	892 541
Net assets								
Unrestricted								
Controlling interest	65 408	68 400	450 044	162 197	15 667	297 988	-	1 059 830
Non-controlling interest	-	-	-	-	-	-	-	-
Unrestricted net assets	65 408	68 400	450 044	162 197	15 667	297 988	-	1 059 830
Temporarily restricted	838	1 182	1 010	800	-	-	-	3 830
Permanently restricted	774	-	175	2 051	-	-	-	2 940
Total net assets	67 020	69 648	451 229	165 114	15 667	297 988	-	1 066 600
Total liabilities and net assets	$ 135 184	$ 112 438	$ 483 580	$ 190 488	$ 20 308	$ 1 103 860	$ (80 660)	$ 1 950 207

Ministry Health Care, Inc

Restricted Group Detailed Statement of Operations

Year Ended June 30, 2014
(in thousands)

	Mercy Medical Center of Oshkosh, Inc	Sacred Heart St Mary's Hospitals Inc	St Joseph's Hospital of Marshfield Inc	St Michael's Hospital of Stevens Point, Inc	St Elizabeth's Hospital of Wabasha Inc	Ministry Health Care Inc (Corporate)	Eliminations	**Restricted Group Total**
Operating revenue								
Net patient service revenue	$ 105,853	$ 148,162	$ 364,122	$ 194,911	$ 24,284	$ -	$ -	$ 837,332
Less provision for doubtful accounts	3,963	9,042	12,641	9,960	172	3,543	-	39,321
Net patient service revenue, less provision for doubtful accounts	101,890	139,120	351,481	184,951	24,112	(3,543)	-	798,011
Capitation revenue	-		-	-	-	-	-	-
Premium revenue	-	-	-	-	-	-	-	-
Other revenue	4,903	8,313	14,132	4,088	1,016	30,774	-	63,226
Income from unconsolidated entities	29	-	-	-	-	2,220	-	2,249
Net assets released from restrictions for operations	-	-	-	-	-	523	-	523
Total operating revenue	106,822	147,433	365,613	189,039	25,128	29,974	-	864,009
Operating expenses								
Salaries and wages	39,206	73,601	108,231	91,553	12,036	21	-	324,648
Employee benefits	11,020	19,841	31,560	24,427	3,762	(5,898)	-	84,712
Purchased services	8,802	10,157	43,533	12,717	922	(2,346)	-	73,785
Professional fees	7,710	4,775	25,230	5,331	2,001	(7,631)	-	37,416
Claims expense	-	-	-	-	-	-	-	-
Supplies	20,420	15,829	60,121	20,068	3,281	(6,414)	-	113,305
Insurance	521	897	1,361	1,075	136	(1,669)	-	2,321
Interest	2,523	1,444	-	228	60	24,173	(4,177)	24,251
Depreciation and amortization	5,347	8,469	19,509	10,142	947	2,582	-	46,996
Other	7,019	6,257	36,510	9,181	1,668	12,390	-	73,025
Total operating expenses before impairment, restructuring, and nonrecurring gains, net	102,568	141,270	326,055	174,722	24,813	15,208	(4,177)	780,459
Income from operations before impairment, restructuring, and nonrecurring gains, net	4,254	6,163	39,558	14,317	315	14,766	4,177	83,550
Impairment, restructuring, and nonrecurring gains, net	-	(15)	426	-	-	149	-	560
Income from operations	4,254	6,178	39,132	14,317	315	14,617	4,177	82,990
Nonoperating gains (losses)								
Investment return	272	311	18,340	7,083	324	49,889	(4,177)	72,042
Other	(49)	15	(218)	(3)	-	(4,382)	-	(4,637)
Total nonoperating gains, net	223	326	18,122	7,080	324	45,507	(4,177)	67,405
Excess of revenues and gains over expenses and losses	4,477	6,504	57,254	21,397	639	60,124	-	150,395
Less loss attributed to non-controlling interests	-	-	-		-	-	-	-
Excess of revenues and gains over expenses and losses attributable to controlling interest	$ 4,477	$ 6,504	$ 57,254	$ 21,397	$ 639	$ 60,124	$ -	$ 150,395

Ministry Health Care Inc

Howard Young Health Care Inc Obligated Group Detailed Balance Sheet

June 30 2014
(in thousands)

	Howard Young Health Care Inc (Corporate)	Howard Young Medical Center Inc	Eagle River Memorial Hospital Inc	Howard Young Eliminations	**Total Howard Young Obligated Group**
Assets					
Current assets					
Cash and cash equivalents	$ -	$ 8 331	$ 17	$ -	$ 8 348
Short-term investments	-	-	-	-	-
Accounts receivable less allowances for doubtful accounts $3 086	-	6 074	2 273	-	8 347
Current portion of assets limited as to use	-	302	-	-	302
Estimated third-party settlements	-	-	-	-	-
Inventories	-	1 503	150	-	1 652
Other	48	436	20	-	504
Total current assets	48	17 726	2 460	-	20 243
Assets limited as to use and other long-term investments	-	1 800	430		2 200
Beneficial interest in trust		47 484	-	-	47 484
Interest in investments held by Ascension	-	69 371	13 044	-	82 415
				-	
Property and equipment net	3 315	24 507	7 359	-	35 181
Other assets				-	
Investment in unconsolidated entities	-	-	-	-	-
Other	385	2 635	532	-	3 552
Total other assets	385	2 635	532	-	3 552
Total assets	$ 3 748	$ 163 583	$ 23 843	$ -	$ 191 174
Liabilities and net assets					
Current liabilities					
Current portion of long-term debt	$ 875	$ -	$ -	$ -	$ 875
Accounts payable and accrued liabilities	403	6 320	685	-	7 408
Estimated third-party payor settlements	-	2 086	610	-	2 696
Current portion of self-insurance liabilities	-	-	-	-	-
Insurance claims liability	-	-	-	-	-
Other	-	-	-	-	-
Total current liabilities	1 338	8 406	1 295	-	11 030
Noncurrent liabilities					
Long-term debt	19 942	-	-	-	19 942
Self-insurance liabilities	-	-	-	-	-
Pension and other postretirement liabilities	-	-	-	-	-
Other	-	1 277	405	-	1 682
Total noncurrent liabilities	19 942	1 277	405	-	21 624
Total liabilities	21 280	9 683	1 700	-	32 653
Net assets					
Unrestricted					
Controlling interest	(17 532)	104 556	21 704	-	108 728
Non-controlling interest	-	-	-	-	-
Unrestricted net assets	(17 532)	104 556	21 704	-	108 728
Temporarily restricted	-	1 800	430	-	2 200
Permanently restricted	-	47 484	-	-	47 484
Total net assets	(17 532)	153 900	22 143	-	158 511
Total liabilities and net assets	$ 3 748	$ 163 583	$ 23 843	$ -	$ 191 174

Ministry Health Care, Inc

Howard Young Health Care, Inc Obligated Group Detailed Statement of Operations

Year Ended June 30, 2014

(in thousands)

	Howard Young Health Care Inc (Corporate)	Howard Young Medical Center Inc	Eagle River Memorial Hospital Inc	Howard Young Eliminations	**Total Howard Young Obligated Group**
Operating revenue					
Net patient service revenue	$ -	$ 57,868	$ 17,239	$ -	$ 75,107
Less provision for doubtful accounts	-	3,271	1,377	-	4,648
Net patient service revenue, less provision for doubtful accounts	-	54,597	15,862	-	70,459
Capitation revenue	-	-	-	-	-
Premium revenue	-	-	-	-	-
Other revenue	187	3,348	166	(292)	3,409
Income from unconsolidated entities	-	-	-	-	-
Net assets released from restrictions for operations	-	-	-	-	-
Total operating revenue	187	57,945	16,028	(292)	73,868
Operating expenses					
Salaries and wages	-	24,559	7,090	-	31,649
Employee benefits	-	7,486	2,135	-	9,621
Purchased services	-	3,426	1,068	(85)	4,409
Professional fees	-	2,526	1,116	-	3,642
Claims expense	-	-	-	-	-
Supplies	-	6,045	1,133	(93)	7,085
Insurance	-	276	79	-	355
Interest	-	481	308	-	789
Depreciation and amortization	63	3,379	1,203	-	4,645
Other	43	4,304	964	(114)	5,197
Total operating expenses before impairment, restructuring, and nonrecurring gains, net	106	52,482	15,096	(292)	67,392
Income from operations before impairment, restructuring, and nonrecurring gains, net	81	5,463	932	-	6,476
Impairment, restructuring, and nonrecurring gains, net	-	-	-	-	-
Income from operations	81	5,463	932	-	6,476
Nonoperating gains (losses)					
Investment return	-	7,640	1,143	-	8,783
Other	-	(71)	(75)	-	(146)
Total nonoperating gains, net	-	7,569	1,068	-	8,637
Excess of revenues and gains over expenses and losses	81	13,032	2,000	-	15,113
Less loss attributed to non-controlling interests	-	-	-	-	-
Excess of revenues and gains over expenses and losses attributable to controlling interest	$ 81	$ 13,032	$ 2,000	$ -	$ 15,113

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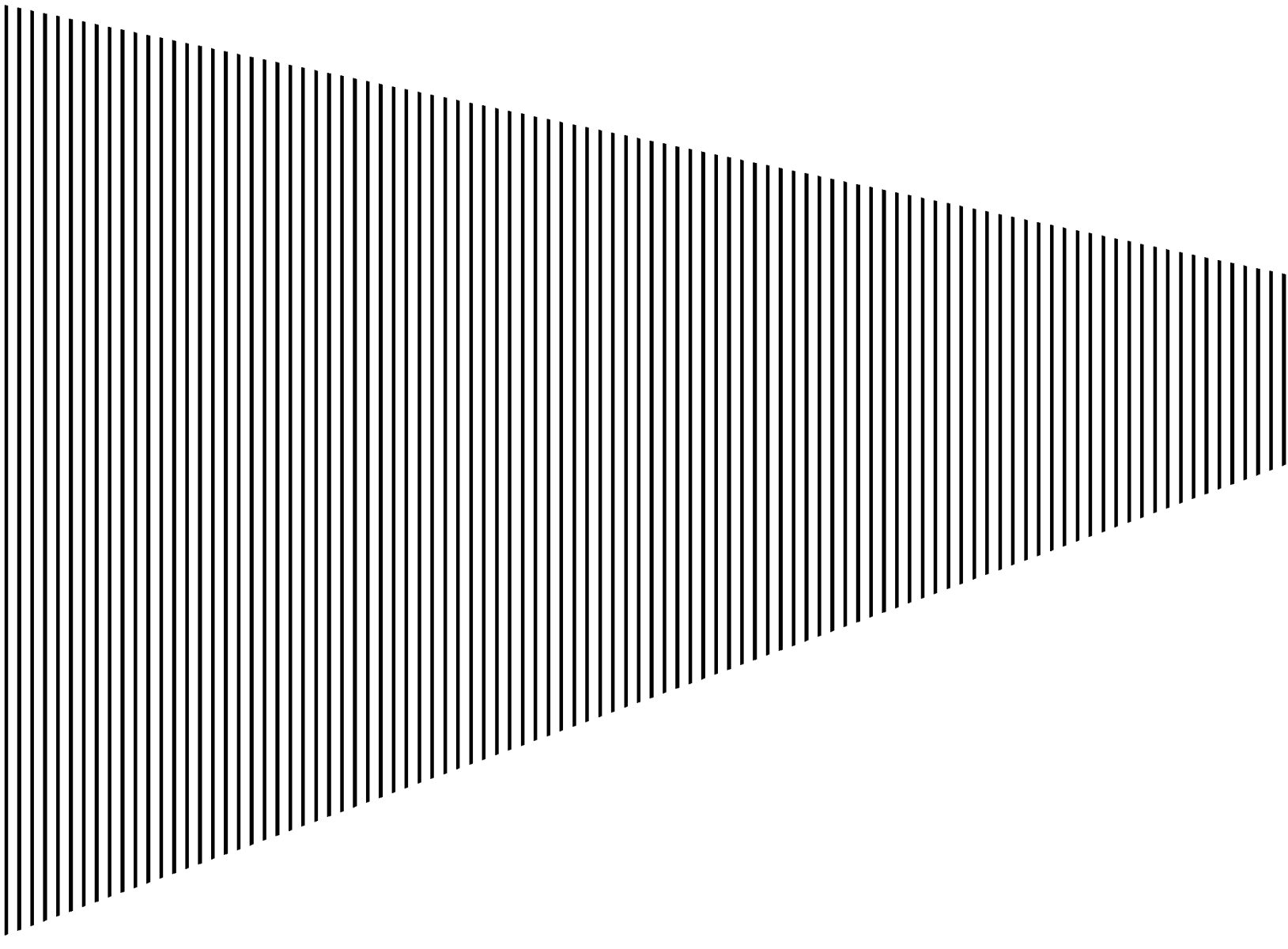
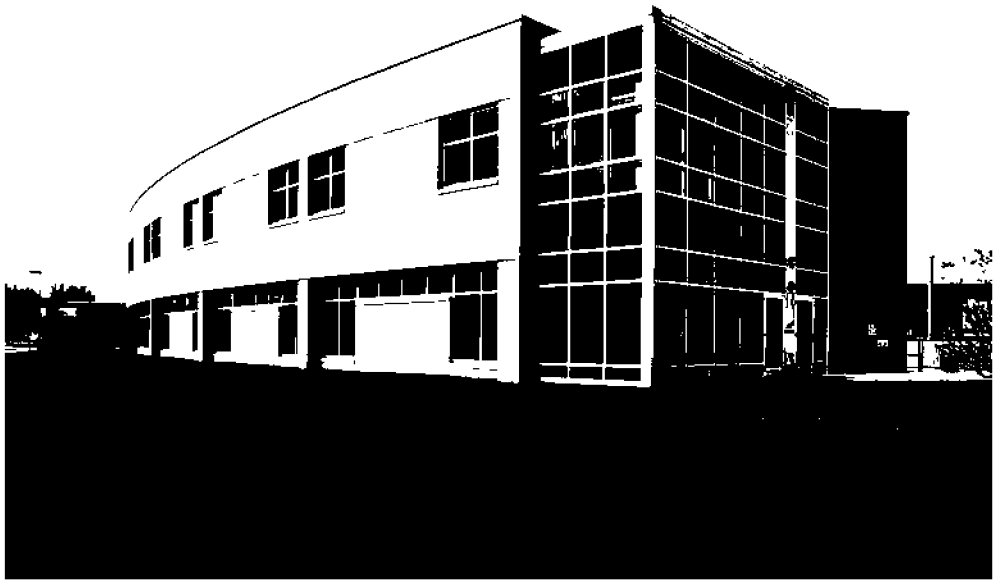


MINISTRY
Door County Medical Center



Communities We Serve

MINISTRY
Door County Medical Center

323 South 18th Avenue, Sturgeon Bay, Wisconsin 54235

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Ministry Door County Medical Center
Community Benefit Implementation Strategy

Fiscal Year 2013 - 2016

Ministry Door County Medical Center (MDCMC) has been meeting the health needs of Door County and northern Kewaunee County residents in its current location since 1963. Founded by the Sisters of the Sorrowful Mother to serve the poor and sick, MDCMC continues to carry out its mission to further the healing ministry of Jesus by improving the health and well-being of all people in our community.

MDCMC is a critical-access, 25-bed hospital located in Sturgeon Bay, Wisconsin, and a member of Ministry Health Care. Sturgeon Bay is the county seat and is the sole hospital in the county. This unique county is a 70-mile long and 10-mile wide peninsula that is surrounded by Lake Michigan on three sides. Mostly rural, nearly 90 percent of the land remains undeveloped.

This report summarizes the plans for MDCMC to sustain and develop new community benefit programs that: 1) address prioritized needs from the Fiscal Year 2013 Community Health Needs Assessment (CHNA) conducted by MDCMC, and 2) respond to other identified community health needs.

Target Areas and Populations

Ministry Door County Medical Center, the sole hospital in Door and Kewaunee counties, is located approximately 40 miles northeast of Green Bay The primary service area is defined as Door County, Wisconsin MDCMC's secondary service area is defined as the Algoma zip code, which covers part the southeastern corner of Door County and the northeastern corner of Kewaunee County Combined, residents from these communities make up more than 80 percent of the organization's patient population

When comparing the year 2000 to 2010, Door County (like other rural counties) is losing population to urban areas

- Door County Population, 2010 → -0 6 percent to 27,785
- Green Bay Population, 2010 → +1 7 percent to 104,057
- Wisconsin Population, 2010 → +6 0 percent to 5 7 million

Door County's population is also aging faster than that of the state The median age is 46 2 years compared to Wisconsin's median age of 36 years and the national median age of 36.4 years A higher percentage of residents are 65 years of age or older compared to 2010 state and national statistics (22 5 percent vs 13 7 percent WI) and has fewer individuals under the age of 18 years (18 3 percent vs 23 6 percent WI)

The population of Door County is predominantly white, non-Hispanic (96 6 percent) according to the 2010 census data compared to the state average of 86 2 percent Door County has experienced decrease in the American Indian/Alaska Native population and a slight increase in the Hispanic/Latino, Asian, and African American populations since 1995

Although the uninsured rate of 11 percent mirrors the Wisconsin average, the effects of the demographic and economic environment are felt by MDCMC In recent fiscal years, significant contributions have been made to serve those with no ability to pay for their health services and to cover the costs of bad debt and reimbursement shortfalls

How the Implementation Strategy Was Developed

It is the belief of MDCMC that everyone should contribute and share in responsibility for their community's health, protection and environment To that end, MDCMC and community/public health organizations have developed a partnership throughout the years out of a common need *To create and maintain healthy communities!*

Ministry Door County Medical Center's Implementation Strategy was developed based on the findings and priorities established by an assessment team comprised of private and public Door County organization members including hospital representatives, medical staff and administrators, public health nurses and educators, elementary, high school and post-high school educators, nurses and administrators, police and emergency personnel, child, women's, family and senior social services, as well as interested community members in the health needs assessment process

The public health department spent several months assembling secondary county and state demographic and health-related data and statistics in preparation for the Door County Community Needs Assessment forum held in October 2011

The *Healthiest Wisconsin 2020* twelve focus areas were provided as a framework for the presentation of data The *Healthiest Wisconsin 2020* framework focuses on improving conditions for health ("health determinants") that are primarily created in communities and institutions, and how their policies, practices and assets can be aligned to support health

The 12 Health Focus Areas from *Healthiest Wisconsin 2020* are

- Adequate, appropriate and safe food and nutrition
- Alcohol and other drug use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Injury and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

More information about the State Health Plan – Healthiest Wisconsin 2020 can be read at *http //www dhs wisconsin gov/hw2020/*

Another key piece of secondary information reviewed was the Door County Health Rankings compared to state averages The Wisconsin County Health Rankings Report from the University of Wisconsin School of Medicine and Public Health rank Wisconsin's 72 counties from 1(healthiest) to 72 (least healthy) based on

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures

- Health Factors - rankings are based on weighted scores of four types of factors
    - Health behaviors (6 measures)
    - Clinical care (5 measures)
    - Social and economic (7 measures)
    - Physical environment (4 measures)

Health outcomes represent how healthy a county is while health factors are what influences the health of the county In the 2012 Health Rankings, Door County ranks among the top 10 best in the state for Health Outcomes, however, ranked at number 21 for Health Factors, Door County has an opportunity to improve and MDCMC has multiple opportunities to affect positive change throughout our communities

Identified Major Needs and How Priorities Were Established

The diverse representation was beneficial as experts in each area of interest helped the group as a whole build on their knowledge of how local needs are currently being met or are unmet as well as identification of community assets and gaps to address health related issues. MDCMC leadership also recognized the importance of collecting primary data, including community market research, and additional secondary data to fully develop an implementation plan to address community needs. Through this process, the group was successful in narrowing the focus to address the highest unmet needs of the community

The Community Need Index (CNI) was reviewed to determine if there are any areas of vulnerable individuals residing within their service area The CNI was developed in 2005 to identify the severity of health disparity by zip code and demonstrates the link between community need, access to care, and preventable hospitalizations The CNI accounts for the underlying economic and structural barriers that affect overall health. These barriers are income, culture/language, education, insurance and housing Each barrier condition is assigned a score (with 1 representing less community need and 5 representing more community need) The scores are then aggregated and averaged for a final CNI score The overall mean CNI score for Door County is 1 6, and the city of Sturgeon Bay (2 2)

For purposes of accumulating primary data for the Community Needs Assessment, MDCMC commissioned Matousek & Associates in 2012 to conduct two community opinion surveys of residents from its service area Door County and the Algoma area in Kewaunee County

The Door County Public Health Department presented relevant county information at the Community Needs Assessment Meeting on October 21, 2011 At this meeting, community members discussed the 12 areas to address outlined in the State of Wisconsin's *Healthiest Wisconsin 2020 Plan* The assembled group reviewed the publication. *Healthiest Wisconsin 2020 Focus Areas* State and county demographic information, as well as health statistics relevant to these focus areas were shared, discussed and prioritized In addition, participants discussed available resources and identified the gaps that exist within our community as well as the barriers to addressing each of the focus areas

From these 12 focus areas and based on the information provided, assessment participants narrowed the health needs to the top three areas on which to focus their efforts over the next three to five years.

Mental Health

Mental health is a state of well-being where one feels they can cope with normal life stresses and work productively

- Door County has a higher rate of suicide than that of the state
- 50 percent of Door County middle school students feel bullied at school

Food, Nutrition and Exercise

Adequate, safe food and nutrition, as well as physical activity, can positively affect outcomes rated to chronic illnesses, such as cancer, diabetes, heart disease, stroke and obesity

- Obesity and overweight rates are significant in Door County
- 76 4 percent consume less than 5 servings of fruit/vegetables per day

Oral Health

Oral health is important to the overall health of the body.

- Access to fluoridated water in the county is only 34 percent of the total population
- Only 20 percent of Medicaid/BadgerCare members have a dental service
- No dentists in Door or Kewaunee counties accept new Medicaid patients This is due to low reimbursement rates

Description of What Ministry Door County Medical Center Will Do to Address Community Needs

Ministry Door County Medical Center leaders will continue their work with their community health partners to use the information learned from the needs assessment process to develop and implement an action plan for addressing the prioritized community health needs This plan of action will incorporate efforts already underway and address identified priorities, keeping in mind our poor and vulnerable populations The implementation phase of this process is intended to be a group effort rather than an individual endeavor

In addition, MDCMC will continue to meet community needs by providing charity care, covering the costs of bad debt and Medicaid/Medicare reimbursement shortfalls; continuing its ongoing commitment to community health educational programs, provision of nursing services and health and wellness offerings in the school and business environments; and sponsorship of silent sporting events and other health-related activities throughout the service area

It is our expectation and hope that everyone will contribute and share in the responsibility for our community's health and well-being MDCMC and community/public health organizations will continue to strengthen and nurture partnerships that have been developed over the years out of a common need *To create and maintain healthy communities!*

Action Plans

Ministry Door County Medical Center has a tradition of building strong connections to community organizations and supporting community events long before the current community needs assessment process was initiated This years-long tradition was based on the belief that partnerships between a hospital and its community are necessary to build and sustain health The development and continuation of integrated programs and community support strengthens the organization's ability to attain improved health and well being for the community

These efforts recognize medical center-initiated programs, as well as medical center support and sponsorship for community events, programs and organizations Under the umbrella of *Connecting to Community*, the medical center demonstrates proactive identification, creative response, active collaboration and successful fulfillment of community needs

Connecting to Community partnerships and innovative programs and services focus on the many diverse components that comprise a community Different population categories are targeted for health improvement, including women and children, the elderly, those with special needs or disabilities, and the indigent, as well as persons with cancer or chronic diseases

In addition, our online donation request process includes a question/field on how the sponsorship request addresses any or all of our three identified community health needs mental health, food, nutrition and exercise, and oral health Decisions to fund the request are made based primarily on meeting these criteria

Going forward, Actions Plans will continue to build on the programming MDCMC already has in place and has recently initiated regarding the three identified health priorities.

1) Mental Health and Well-being

When comparing all diseases, mental illnesses rank first in terms of causing disability in the United States One out of five people, or 20 percent of the population, will experience a mental health problem of some type during a one-year period Mental health disorders are an enormous social and economic burden to society by themselves, but are also associated with increases in the risk of physical illness, such as smoking, physical inactivity, obesity and substance abuse, factors that can lead to chronic disease, injury and disability

> **Goal** In partnership with the Door County Public Health Department and other organizations, develop a Mental Health Resource Guide by Q3 2013 to address lack of awareness and access to mental health services in the community

Door County Mental Health Committee

As members of the Door County Mental Health Committee, MDCMC representatives are part of the collaborative effort by numerous individuals and organizations to invest in the mental health of Door County residents Among the committee's many projects and activities is the creation of a Mental Health Resource Guide outlining all of the services and programs available to residents, the development of Mental Health Awareness Month activities for May 2013, and the support of the QPR (Question, Persuade, Refer) Suicide Prevention effort in our community

Art for Health (Children and Seniors)

The visual and performing arts have always been a source of enjoyment and rejuvenation Drama and storytelling programs engage the whole person, stimulating the mind, body, senses and psyche

MDCMC initiated on-site programming for children shortly after the opening of The Women's and Children's Health Center in 2007 One of the goals of the Center was to provide an optimal healing and nurturing environment for mental health and a feeling of well-being The Art for Health Program is an outreach effort that lends itself perfectly to that end The program features a multidisciplinary team effort, collaborating with the "Art of Music" Heart and Soul

project, in offering children and families that visit our clinic or are patients of MDCMC to engage in expressive, creative and diversionary activities to support healing and wellness through the performing and visual arts. This helps children, families and friends feel calm, connected, hopeful and at ease in the hospital and clinic setting.

Specifically, the children's Art for Health program is a series of six workshops designed to be held weekly for six weeks. The workshops are facilitated by staff and musicians from the Art of Music Heart and Soul Program, a local not-for-profit organization. Every workshop also features one or two local musicians, actors, actresses, dancers or painters. One workshop was recently taught by a local artist who makes drums. The workshops take a different theme each week – painting to live music, writing and then performing short improvisation pieces complete with costumes, creating musical instruments and learning various dance techniques. The classes are designed for children from the ages of 5–12 with parents encouraged to participate.

To date, Art for Health has served more than 2,500 children and community members. The most recent branch of this programming has been to develop a Ministry Door County Children's Choir, which has already had its first performance at the Door Community Auditorium.

A special series of Art for Health classes has also been designed for seniors in our community. As people live longer, they look for ways to enhance the quality of their lives. Performing keeps us young. Acting provides an exciting outlet for creative expression and social interaction. Studies show the benefits of stimulating the mind in helping to ward off Alzheimer's disease, dementia and depression. By encouraging older adults to be physically active and mentally imaginative, creative arts in drama and storytelling programs will improve their self-esteem, mental fitness, social ease, mood barometers and their overall well-being.

The Healing Project

Cancer patients in Door and Kewaunee counties now have a new means of support for facing the challenge of this difficult diagnosis. Men and women of any income level who are living with cancer can take advantage of free integrative health care services through a new program sponsored by MDCMC and the Community Clinic of Door County. The Healing Project provides services including mental health counseling, massage, therapeutic yoga, acupuncture and healing touch therapy. The Healing Project's services complement the regimen of conventional western medicine to help people who are facing cancer at any stage. Outcomes include boosting the immune system, supporting self-regulation of pain, managing the side effects of radiation and chemotherapy, and coping with the anxiety and depression that often accompany the diagnosis. The Healing Project is funded by the Cancer Healing Fund maintained by MDCMC.

School Outreach – Anti-bullying Program

MDCMC has built strong connections and relationships with the local school systems. Every year, the Foundation's Women's Auxiliary organizes hospital-wide tours for all of the first-grade students from schools in all three school districts. Tours are also offered regularly to high school students considering careers in health care. In addition to regular tours, special events are regularly planned and offered at middle and high schools throughout the year.

Planning in collaboration with a local theater group is also in the works to create an anti-bullying program to take to schools around the country. This programming will utilize the

characteristics of engagement, interaction, comedy, storytelling, and research-validated education, along with the addition of age-appropriate music video elements

Athletic trainers are a visible and important part of all of the school sports programs in Door County These trainers – part of our rehabilitation services clinical staff – work with students to prepare them for their athletic involvement, prevent injuries, provide therapy and exercise after injuries, and attend all sporting events that place in the county Our Sports Medicine program also work extensively with school athletic programs; our family medicine providers and pediatricians provide consultative and educational services to coaches and players

The imPACT program was brought to Door County schools by the Sports Medicine program at MDCMC imPACT stands for Immediate Post-concussion Assessment and Cognitive Testing All members of MDCMC's sports medical staff are certified in imPACT, which is a computer program used by high schools across the nation, as well as professional sports, such as the NFL, NBA and NASCAR This program is a 20 minute test used to measure aspects of brain function sensitive to concussion The test is taken preseason and when a suspected injury occurs Numerous middle- and high-school athletes have seen the benefits of this program

Parkinson's Support Group

Through a collaborative effort between MDCMC Rehab Services (MDCMCRS) and the YMCA and the Door County Parkinson's Support Group provides special exercise classes at local Y program centers For the participants in the program, they are able to see and feel positive results Parkinson's disease affects about 1 in 100 Americans older than 60, the average age of onset, and affects men and women in almost equal numbers According to the Wisconsin Parkinson Association, it is a slowly progressive neurodegenerative disorder that occurs when nerve cells in the midbrain area die or become impaired and affect dopamine production The disease disrupts the smooth, coordinated function of the body's muscles and movement and can cause tremors, slowness of movement, rigidity of limbs and trunk and impaired balance. Parkinson's disease is a chronic condition that persists over a long period of time, in which the symptoms gradually worsen over time While its cause is unknown, exercise clearly slows the speed of the disease's progression The innovative class began in March 2011 and is one of only a dozen like it in Wisconsin

The Memory Clinic

The Ministry Memory Clinic Door County was established in 2011 with assistance from the Wisconsin Alzheimer's Institute and the support of Ministry Health Care Its mission is to provide a center of excellence in the early diagnosis and treatment of dementia It serves as a diagnostic service for patients with memory impairment and a resource of information and care management for families dealing with dementia

- The Ministry Memory Clinic Door County is located within Ministry Door County Medical Center in Sturgeon Bay
- The first visit to the clinic is a two-hour appointment
- The return visits, generally about a month after the first visit and again at three- and six-month intervals, is typically one hour and scheduled as appropriate
- The clinic provides diagnosis and treatment plans for persons experiencing memory impairment, and information and referral for families dealing with dementia.
- The clinic staff includes a physician, occupational therapist and outreach coordinator
- The emphasis of the clinic is on early diagnosis and treatment of dementia

- The clinic does not provide primary medical care but will communicate with the patient's primary care provider

2. Food, Nutrition & Exercise

Adequate, appropriate and safe food and nutrition means the regular and sufficient consumption of nutritious foods across the lifespan, including breastfeeding, to support normal growth and development of children and promote physical, emotional and social well-being for all people Adequate exercise is also vital to a healthy lifestyle and maintenance of a healthy body weight

Goal By year 2016 Door County residents will have a five percent decrease in the number of persons categorized as overweight or obese

- **Objective #1** By 2014, we will increase Door County residents' awareness of what a healthy nutritional choice is by utilizing visual indicators in 20 percent of community establishments that provide food (i e restaurants, schools, grocery stores)
- **Objective #2**. By 2015, we will increase healthier nutritional options in schools by providing 20 percent healthier options on the menu.
- **Objective #3** By Q3 2013, we will determine the feasibility of proceeding with the Algoma Wellness Center Project – an initiative that will not only bring a community wellness facility to an area with an identified need, but will also broaden MDCMC's health care reach toward addressing population health in order to gain a competitive edge in the Algoma/Southern Door market

Food for Health

Food for Health is a series of 12 classes for parents and their children ages 8-15 These classes take families through the steps of planting a garden from seed to preparing a meal from the harvested vegetables Taught by an array of community educators, gardeners and chefs, the classes also include information from registered dietitians The classes not only teach children and parents about plants, nature and the outdoors, but result in increased access to fresh produce, increased physical activity, as well as improved understanding of food systems. Family participation is recommended as gardening forms a greater child/parent and community connection

FoodShare Acceptance Program

FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health in our communities FoodShare helps people with limited money buy the food they need for good health Each month, people across Wisconsin get help from FoodShare They are people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, retired or are disabled and not able to work Ministry Door County Medical Center financially supports the Sturgeon Bay Farmers Market FoodShare Acceptance Program each year allowing FoodShare recipients to redeem their benefits at the Saturday market for eligible locally grown produce and food items This program is part of MDCMC's mission to support a healthier community with a special focus on the poor and vulnerable populations in Door County

Healthy Door County 2020

Through collaboration with YMCA of the USA our community was funded to convene high-level representatives from the local government, public health, and private sectors to focus on changing the environment in a way that reduces community barriers for healthy living Healthy Door County 2020 involvement spans multiple sectors, settings, and disciplines, including representation from government agencies, health care organizations, transportation agencies, food service systems, faith-based entities, parks and recreation departments, foundations, and health-related nonprofit organizations Through the assistance of expert advisors, we receive access to evidence-based tools and resources, as well as technical assistance on implementing successful community action plans with the hopes that impactful change happens and is sustained

Healthy Door County 2020 – a taskforce of 10 community stakeholders and in which Ministry is very visible, is working to implement worksite wellness programs and provide access to and education about nutritious food options were deemed avenues to address many of the growing concerns about the county's health

Wellness Works

While most people view Door County as a vacation or retirement destination, the day-to-day lifestyle in Door County is anything but relaxing and the health statistics in regard to chronic disease bring this to light. 32% of adults are obese, 24% drink excessively; and 22% are physically inactive (www countyhealthrankings org) With 63 4% of employers citing lack of resources as a barrier to implementing a comprehensive wellness program, Wellness Works, a partnership between Ministry and the Door County YMCA, wants to ensure that all of our businesses – most of which are characterized as small businesses with fewer than 500 employees – have the resources, tools and support they need to implement a comprehensive wellness program for their employees With only a handful of businesses displaying progressive ideas when it comes to wellness, Wellness Works aims to engage people in the workforce and create momentum towards all employers in the area recognizing the benefit of a worksite wellness program, leading to the creation of a diverse, sufficient and competent workforce that promotes and protects health

The Community's Garden

The Community's Garden is an eight-acre park located across from and on land owned by MDCMC in Sturgeon Bay. Other committed partners in this project are the City of Sturgeon Bay, the UW Extension in Door County, the Door County YMCA and Crossroads at Big Creek The mission of The Community's Garden is to showcase the connection between a community's well-being and nature The garden is a laboratory for learning that will provide access to gardening, a place for healing and camaraderie, an opportunity for education, and a way for the community to work together to be good stewards of our land Benefits of a community garden include. reduces family food budgets, produces nutritious food for use by the hospital for patients and visitors and for area food pantries, provides an environment for education and physical exercise, and preserves green space

Door Weigh to Family Health

This is another program that is presented in conjunction with the local YMCA This program is an educational program for children either currently overweight or at risk for obesity Elements of the program include nutrition education and physical exercise The course is taught by MDCMC nutritionists, as well as physical education instructors from the YMCA

The Algoma Wellness Center Project

Creating a medical wellness center not only addresses population health, but it also can help a hospital gain a competitive edge With quality reporting measures including population health measures such as weight, blood pressure, cholesterol and blood glucose, wellness is becoming a core competency Creating a facility centered on health and wellness came directly from our organization's Must Do, Can't Fail Population-Based Health & Wellness strategy to move the hospital beyond acute care and create more a meaningful impact on the Algoma community

Throughout the last few months, the Algoma area has been identified as a community with an opportunity to impact health and wellness Market research was conducted for Algoma and surrounding zipcodes in Fall 2012 as part of an effort for gathering primary data to use in our Community Needs Assessment The primary health care need identified for the Algoma community through this research was for a health and wellness facility, as none exists One of our wellness physician champions, Dr Nate Hayes, transitioned his practice from Sturgeon Bay to Algoma in October 2012 providing us a compelling opportunity to explore and expand our reach and influence in the Algoma area Local wellness organizations have been approached as possible partners in helping us deliver wellness options to this community This project is both proactive and defensive in nature as Bellin has announced plans to build a brand new clinic in the community with a wellness center A business plan is in beginning stages of development

3. Oral Health

Oral health is a component of general health throughout a person's life As well as health risks posed by oral conditions, some of these conditions can reveal the existence of other ailments of the body Oral health also has great social impacts Difficulty chewing or swallowing can affect one's diet or nutrition by limiting food selection and may lead to overall poor nutrition and health

Goal Increase access to oral health care or prevention for Door County residents and increase awareness of, or education about, oral health issues in Door County

By year 2016, Door County will have

- An increase in the number of different fluoride varnish clinics offered to children in Door County to more than four
- Documented educational presentations or publicity messages that address oral health issues in Door County
- Initiated a program to provide dental care to underserved adults of Door County
- Maintained the Ministry Door County Medical Center Dental Clinic

Ministry Door County Dental Clinic

The MDCMC Dental Clinic is a non-profit facility that has been providing free oral health care to the youth of Door and Kewaunee Counties since 1999 As the only free dental facility in the area, the clinic is staffed by two general dentists and one volunteer dentist with clinic costs underwritten by MDCMC and grant funding In total, more than 1,000 children and 100 adults in need were served by the MDCMC Dental Clinic in 2012 alone

The clinic provides a dental home to a very diverse group of young patients between the ages 2-18 from throughout the region and is connected to many local organizations The facility receives referrals from the Hispanic Resource Center, Door County Department of Social Services and the Door County Health Department Although only 1 4 percent of the people residing in Door and Kewanee counties are Hispanic, nearly 20 percent of all clinic visits come from the area's large Hispanic population, many of whom speak little or no English The clinic uses an interpreter from the Hispanic Resource Center or an ESL teacher to assist when there is a language barrier MDCMC also assists adults in the community who need emergency dental care through resources made available from employees and other donors to its Ministry Fund

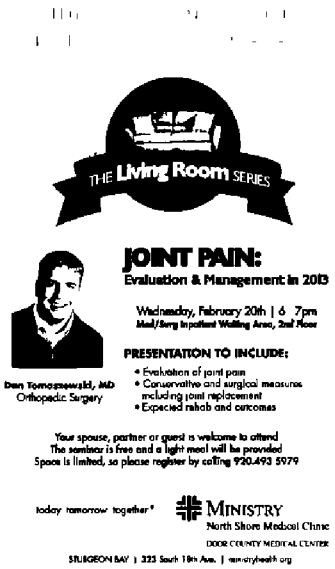
Ministry Fund for Uninsured Adults

The Ministry Fund has been able to fulfill more than 1,900 requests for assistance and more than $200,000 has been gifted since the fund was created in 1999 This year alone, the fund has gifted $16,000 for uninsured adults needing emergency dental care

4.Other Community Initiatives

Physician Outreach

Providers at MDCMC are very active in the community, serving on numerous boards and participating in many community events Traditionally, they have been available to speak to organizations and community groups on a variety of topics The *Physicians for Health* program is in development to provide a more structured method for groups to request a physician and/or other clinical provider to speak at meetings, events or other functions, including the organization's very successful "Living Room Series" educational seminars held in locations throughout the hospital, highlighting different service lines and physician speakers each month



Cancer Support

LIVESTRONG

MDCMC partners with the local Y to present LIVESTRONG Held at the local Y, LIVESTRONG is a small-group exercise and movement program for the adult cancer survivor that empowers the participants to improve their health and quality of life while diminishing the adverse affects of cancer or various cancer treatments Each 12-week session is comprised of classes that meet for two times a week All program participants receive a family membership to the YMCA for the session's duration with options to extend membership beyond the end of the program cycle

Event Organization and Sponsorship

Arts Events

- *A Celebration of Community* – a free concert/event held at the Door County Auditorium
- *The Peg Eagan Concert Series* – free outdoor summer concerts sponsored by MDCMC
- *The Music Heals Winter and Summer Concert Series* – a series of concerts held at local venues and featuring national touring artists The purpose of these concerts is to raise awareness and funds for The Healing Project, a collaboration with The Community Clinic which provides free health care services to the poor and vulnerable members of our community
- Arts programming presented by the Peninsula Players of Door County including sponsorship of the Door County Big Read and playwriting seminars for high school students

Sporting Events & Sponsorships

- MDCDC sponsors almost every sporting event in the county that gets people up and moving! MDCMC is the lead sponsor for many athletic events that take place in the County including the Door County Triathalon, half marathon, Blossum Run, Running Green for Crossroads Trail Run and Walk, Fall Fifty, as well as other smaller runs and races
- MDCMC is also the primary funding source for the community walking trail at Southern Door Schools and for trail construction and maintenance at Crossroads at Big Creek

Health Fairs

- MDCMC is the primary sponsor for the various health fairs held semi-annually at the YMCA at both its Sturgeon Bay and Fish Creek locations A health fair is being planned for the residents of Washington Island in May 2013

Ministry Door County Health & Wellness Center - Proposed

In order to support local population-based prevention and wellness efforts and align with the Patient Protection and Affordable Care Act, it is recommended that MDCMC purchases the building across the street from its campus on 18th Avenue in order to consolidate existing and proposed community benefit programs into one central location as a community-based Ministry Door County Health & Wellness Center

Programs that would be home to the Ministry Door County Health & Wellness Center include

Ministry Door County Dental Clinic

The MDCMC Dental Clinic is a non-profit facility that has been providing free oral health care to the youth of Door and Kewaunee counties since 1999. The only free dental facility in the area, the clinic is staffed by two general dentists and one volunteer dentist with clinic costs underwritten by MDCMC and grant funding In total, more than 1,000 children and 100 adults in need were served by the MDCMC Dental Clinic in 2012 alone

Occupational Health & Wellness Clinic

An occupational health and wellness program not only addresses population health, but it also helps a hospital gain a competitive edge by driving primary care visits With quality reporting metrics including population health measures such as weight, blood pressure, cholesterol and blood glucose, wellness is fast becoming a core competency for businesses Creating an

occupational health facility centered on wellness will move MDCMC beyond acute care and create more a meaningful impact for the business community and the health of their employees

Provider Community Outreach & Education

Providers at MDCMC are very active in the community, serving on numerous boards and participating in many community events They have traditionally been available to speak to organizations and community groups on a variety of topics This center would provide a wonderful community setting for our successful "Living Room Series" educational seminars that highlight different service lines and showcase different provider speakers each month, as well as other offerings relating to topics such as diabetes and benefits of nutrition and physical exercise

Integrative Medicine Department

Our community is asking MDCMC to provide integrative medicine services not within a clinic, but in a more 'spa-like' setting similar to our Women's Health Center More and more patients are demanding integrative medicine services as a complement to the regimen of conventional western medicine Integrative medicine modalities are offered through Dr Chona Antonio and other affiliated providers, including acupuncture, reflexology, aromatherapy, behavioral sleep therapy, integrative massage, integrative nutrition, meditative yoga and mindfulness-based stress reduction Outcomes of such therapies include boosting the immune system, supporting self-regulation of pain, managing the side effects of radiation and chemotherapy, and coping with the anxiety and depression that often accompany illness

Proposed: Mental Health Clinic

Mental health disorders are an enormous social and economic burden to society by themselves, but are also associated with increases in the risk of physical illness such as smoking, physical inactivity, obesity and substance abuse, factors that can lead to chronic disease, injury and disability Door County has only one psychiatrist for the entire local population of nearly 30,000 people The suicide rate in Door County is higher than the state rate (17 3 versus 11 8) MDCMC has an opportunity to address CHNA-identified health care need by developing a mental health clinic as part of its commitment to community mental health and well-being.

Next Step for Priorities

For each of the priority areas listed above, Ministry Door County Medical Center will work with Door County Public Health Department, school districts and other community partners to

- Develop a steering committee comprised of MDCMC and community representatives
- Define the problem being addressed and the goals/objectives for each focus area
- Determine the target population for each focus area
- Determine resources, timeframe and monitoring for each focus area
- Develop an evaluation plan for outcomes for each focus area
- Engage MDCMC's Senior Leadership Team, Department Director/Leadership Team and Advisory Board throughout process.
- Continue to build on the programming MDCMC already has in place regarding the three identified health priorities mental health, food, nutrition and exercise, and oral health

Priority Needs Not Being Addressed and the Reasons

At the Community Needs Assessment meeting in October 2011, community members discussed the 12 areas to address outlined in the State of Wisconsin's *Healthiest Wisconsin 2020 Plan*

The assembled group also reviewed the publication *Healthiest Wisconsin 2020 Focus Areas* State and county demographic information, as well as health statistics relevant to these focus areas were shared, discussed and prioritized In addition, participants discussed available resources and identified the gaps that exist within our community, as well as the barriers to addressing each of the focus areas

From these 12 focus areas and based on the information provided, assessment participants narrowed the health needs to the top three areas on which to focus their efforts over the next three to five years mental health, food, nutrition and exercise, and oral health

MDCMC is addressing each of these three priority needs through existing and planned programming and services and by continued participation as part of Pioneering Healthier Communities and Door County Public Health Department committees

Approval

The Ministry Door County Medical Center Board of Directors, which includes representatives from Door County and the surrounding community, will annually review the prior fiscal year's Community Benefit Report and approve the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment and other plans for community benefit This report was prepared for the May 2013 meeting of the Board of Directors

Ministry Door County Medical Center Board of Directors Approval

By Name and Title

Date