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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
LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

Doing Business As
LANGLADE HOSPITAL

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

City or town, state or province, country, and ZIP or foreign postal code
ANTIGO, WI 54409

**D Employer identification number**
39-0806429

E Telephone number
(715)623-2331

**G** Gross receipts $ 89,940,759

**F** Name and address of principal officer
PAT TINCHER
112 EAST FIFTH AVENUE
ANTIGO,WI 54409

**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 ▶

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

**J Website:** ▶ WWW LANGLADEHOSPITAL ORG

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

**L** Year of formation 1933

**M** State of legal domicile WI

## Part I Summary

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

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 18 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 16 |
| **5** | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | **5** | 558 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 203 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 308,314 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -18,965 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 541,221 | 119,806 |
| **9** | Program service revenue (Part VIII, line 2g) | 82,933,352 | 85,957,576 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 384,788 | 1,426,324 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,097 | 22,456 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,872,458 | 87,526,162 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 0 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 39,324,140 | 41,896,110 |
| **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) | 32,203,253 | 36,007,638 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 71,527,393 | 77,903,748 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 12,345,065 | 9,622,414 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 126,777,539 | 137,550,554 |
| **21** | Total liabilities (Part X, line 26) | 38,307,537 | 37,398,232 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 88,470,002 | 100,152,322 |

## 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**

****** | 2015-02-11
Signature of officer | Date

PAT TINCHER CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| KATHLEEN J LABRAKE CPA | | 2015-02-11 | | P00164006 |

Firm's name ▶ WIPFLI LLP | Firm's EIN ▶ 39-0758449

Firm's address ▶ PO BOX 8010
WAUSAU, WI 544028010 | Phone no (715) 832-3407

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

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

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 42,988,337 including grants of $ ) (Revenue $ 68,968,865 )

ACUTE GENERAL CARE HOSPITAL WITH BOTH INPATIENT AND OUTPATIENT RELATED SERVICES AND SUPPORTIVE HOMECARE SERVICES FOR ELDERLY CLIENTS - INPATIENTS - 829 ADMISSIONS WITH 3,359 PATIENT DAYS AND 220 BIRTHS - OUTPATIENTS - 54,593 OUTPATIENT VISITS, INCLUDING 10,936 EMERGENCY VISITS, 26,826 IMAGING PROCEDURES - SURGICAL SERVICES - 1,308 TOTAL PATIENTS TREATED

**4b** (Code ) (Expenses $ 16,898,689 including grants of $ ) (Revenue $ 14,505,936 )

PHYSICIAN CLINIC SERVICES - URGENT CARE, PRIMARY CARE, AND VARIOUS SPECIALTIES - CLINIC VISITS - 76,134

**4c** (Code ) (Expenses $ 1,430,395 including grants of $ ) (Revenue $ 1,104,589 )

ELDERLY HOUSING AND SUPPORT SERVICES- INDEPENDENT LIVING - 12,111 RESIDENT DAYS- ASSISTED LIVING - 5,535 RESIDENT DAYS- ADULT DAY CARE - 1,048 TREATMENT DAYS- HOSPICE - 3,261 PATIENT DAYS

(Code ) (Expenses $ 823,331 including grants of $ ) (Revenue $ 296,212 )

PROVIDING DAYCARE, PATHOLOGY SERVICES, AND MEALS

**4d** Other program services (Describe in Schedule O )

(Expenses $ 823,331 including grants of $ ) (Revenue $ 296,212 )

**4e** **Total program service expenses** ▶ 62,140,752

## 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| 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 | | No |
| 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** | | No |
| **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** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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** | | No |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 | 739 | | |
| 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 | | | |
| 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 | 558 | | |
| 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 | | Yes | |
| 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 | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible 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** | 18 | | |
| | 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** | 16 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | **3** | | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | **5** | | | No |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | Yes | |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | **7a** | | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | **7b** | | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? . . . . . | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | **9** | | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | **11a** | Yes | |
| **b** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | Yes | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | **16a** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | | |

## Section C. Disclosure

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

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

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

Check if Schedule O contains a response 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) MIKE WINTER<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (2) LYNNE HENRICKS<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (3) SISTER JEAN BRICCO<br>BOARD MEMBER | 10 00 | X | | | | | | 40,994 | 0 | 0 |
| (4) JOE SVEDA<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (5) CHARLES HEUSS MD<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) DAWN OFSTHUN<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) RICHARD HIGLEY<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) SID SCZYGELSKI<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) F DEAN DANNER JR<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) SCOTT GARAVET<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) SISTER ROSE-MARIE DUFAULT<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) RENEE M SMITH MD<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) DENNIS MCFADDEN DO<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) NOEL DEEP MD<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) KRISTINE FLOWERS MD<br>BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) MIKE TURNEY<br>CHAIRMAN | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (17) TOM BRADLEY<br>VICE CHAIRMAN | 1 00 | X | | 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) SISTER DOLORES DEMULLING<br>SECRETARY/TREASURER | 1 00 | X | | X | | | | 67,356 | 0 | 0 |
| (19) DAVID SCHNEIDER<br>CEO | 40 00 | | | X | | | | 350,382 | 0 | 40,578 |
| (20) PATRICK TINCHER<br>CFO | 40 00 | | | X | | | | 208,593 | 0 | 42,139 |
| (21) MARK SZMANDA DO<br>PHYSICIAN | 40 00 | | | | | X | | 257,442 | 0 | 44,874 |
| (22) RUTH RISLEY-GRAY<br>DIRECTOR - PATIENT SERVICE | 40 00 | | | | | X | | 163,760 | 0 | 39,881 |
| (23) DOUGLAS ARMATO MD<br>PHYSICIAN | 40 00 | | | | | X | | 196,755 | 0 | 20,726 |
| (24) KENNETH BOWMAN MD<br>PHYSICIAN | 40 00 | | | | | X | | 201,377 | 0 | 22,462 |
| (25) MICHAEL OLSON MD<br>PHYSICIAN | 40 00 | | | | | X | | 203,528 | 0 | 20,165 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 1,690,187 | 0 | 230,825 |

**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 ▶14

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 |
|---|---|---|
| ASPIRUS CLINICS INC 425 PINE RIDGE BLVD WAUSAU WI 54401 | CLINICAL SERVICES | 9,552,920 |
| MIRON CONSTRUCTION INC 500 1ST STREET WAUSAU WI 54403 | CONSTRUCTION | 4,695,028 |
| ASPIRUS WAUSAU HOSPITAL 333 PINE RIDGE BLVD WAUSAU WI 54401 | CLINICAL SERVICES | 3,979,908 |
| MCKESSON DRUG CO 12748 COLLECTION CENTER DRIVE CHICAGO IL 60693 | PHARMACEUTICALS | 3,715,227 |
| ADVANTAGE PURCHASING LLC 500 1ST STREET WAUSAU WI 54403 | CONSTRUCTION MANAGEMENT | 2,023,834 |

**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 ▶41

**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 | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d | 33,680 | | | |
| | e | Government grants (contributions) | 1e | 47,262 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 38,864 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 119,806 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | ACUTE HOSPITAL SERVICES-INPATIENT | 621990 | 68,413,606 | 68,413,606 | | |
| | b | PHYSICIAN CLINICS | 621110 | 14,505,936 | 14,505,936 | | |
| | c | MISCELLANEOUS | 621990 | 1,069,872 | | | 1,069,872 |
| | d | ROSALIA GARDENS | 623990 | 640,583 | 640,583 | | |
| | e | CONGREGATE HOUSING | 623990 | 464,006 | 464,006 | | |
| | f | All other program service revenue | | 863,573 | 555,259 | 308,314 | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 85,957,576 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 692,373 | | | 692,373 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties . . . . . ▶ | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | 112,433 | | | | |
| | b | Less rental expenses | 89,977 | | | | |
| | c | Rental income or (loss) | 22,456 | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | 22,456 | | | 22,456 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 3,058,571 | | | | |
| | b | Less cost or other basis and sales expenses | 2,324,620 | | | | |
| | c | Gain or (loss) | 733,951 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 733,951 | | | 733,951 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 87,526,162 | 84,579,390 | 308,314 | 2,518,652 |

## 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 | | | | |
| 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 . . . . | 641,693 | | 641,693 | |
| 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 | 31,834,262 | 27,324,875 | 4,509,387 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | 1,408,939 | 1,209,360 | 199,579 | |
| 9 Other employee benefits . . . . . | 5,964,466 | 5,119,587 | 844,879 | |
| 10 Payroll taxes . . . . . | 2,046,750 | 1,756,824 | 289,926 | |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | | | | |
| b Legal . . . . . | 53,544 | | 53,544 | |
| c Accounting . . . . . | 75,798 | | 75,798 | |
| d Lobbying . . . . . | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees . . . . . | 22,269 | 22,235 | 34 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . . | 12,607,237 | 9,372,307 | 3,234,930 | |
| 12 Advertising and promotion . . . . | 148,731 | | 148,731 | |
| 13 Office expenses . . . . . | 849 | 787 | 62 | |
| 14 Information technology . . . . . | 898,118 | 141,715 | 756,403 | |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . | 988,174 | 766,200 | 221,974 | |
| 17 Travel . . . . . | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 302,102 | 168,269 | 133,833 | |
| 20 Interest . . . . . | | | | |
| 21 Payments to affiliates . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . | 6,567,461 | 2,868,670 | 3,698,791 | |
| 23 Insurance . . . . . | 469,676 | 161,792 | 307,884 | |
| 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 MEDICAL/PROFESSIONAL | 8,826,914 | 8,794,684 | 32,230 | |
| b BAD DEBT EXPENSE | 2,369,483 | 2,369,483 | | |
| c MAINTENANCE AND REPAIR | 1,357,632 | 1,287,849 | 69,783 | |
| d MINOR EQUIPMENT | 895,781 | 639,592 | 256,189 | |
| e All other expenses | 423,869 | 136,523 | 287,346 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 77,903,748 | 62,140,752 | 15,762,996 | 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 | | 6,087,148 | 1 | 9,441,260 |
| | 2 | Savings and temporary cash investments | | 18,884,477 | 2 | 10,857,063 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 13,017,396 | 4 | 14,287,116 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 1,245,322 | 8 | 1,579,513 |
| | 9 | Prepaid expenses and deferred charges | | 723,949 | 9 | 893,897 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 87,646,927 | | | |
| | b | Less accumulated depreciation | 10b 30,149,808 | 60,654,254 | 10c | 57,497,119 |
| | 11 | Investments—publicly traded securities | | 22,851,016 | 11 | 40,376,564 |
| | 12 | Investments—other securities See Part IV, line 11 | | 366,334 | 12 | 355,520 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 2,947,643 | 15 | 2,262,502 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 126,777,539 | 16 | 137,550,554 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 10,363,064 | 17 | 9,878,010 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 26,130,000 | 20 | 25,720,000 |
| | 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 | | 951,136 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 863,337 | 25 | 1,800,222 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 38,307,537 | 26 | 37,398,232 |
| 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 | | 88,048,448 | 27 | 99,755,835 |
| | 28 | Temporarily restricted net assets | | 421,554 | 28 | 396,487 |
| | 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 | | 88,470,002 | 33 | 100,152,322 |
| | 34 | Total liabilities and net assets/fund balances | | 126,777,539 | 34 | 137,550,554 |

## 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 | 87,526,162 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 77,903,748 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 9,622,414 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 88,470,002 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,008,653 |
| 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 | 51,253 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 100,152,322 |

## 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**
LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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 |
|---|---|
| LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN | 39-0806429 |

## 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 | | 5,654 |
| j | Total Add lines 1c through 1i | | | 5,654 |
| 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 | LANGLADE HOSPITAL PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE WISCONSIN HOSPITAL ASSOCIATION (WHA) THESE DUES ARE PRIMARILY TO ACCESS EDUCATIONAL MATERIALS AND FOR STAFF TRAINING AND MATERIALS THE WHA HAS NOTIFIED LANGLADE HOSPITAL THAT APPROXIMATELY $3,141 OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE OVERALL HEALTH CARE ENVIRONMENT LANGLADE HOSPITAL IS ALSO A MEMBER OF THE RURAL WISCONSIN HEALTH COOPERATIVE (RWHC) EACH YEAR, LANGLADE HOSPITAL PAYS MEMBERSHIP FEES TO THE RWHC THE RWHC PROVIDES SUPPORT SERVICES FOR A NUMBER OF ITS MEMBER HOSPITALS THROUGHOUT THE STATE OF WISCONSIN SOME OF THE MANY SERVICES PROVIDED TO MEMBER HOSPITALS INCLUDE PROVIDING ASSISTANCE TO ORGANIZATIONS IN FINDING GRANT FUNDING FOR NEW PROGRAMS, LEGAL SERVICES, REIMBURSEMENT REVIEW SERVICES, ACCOUNTING ASSISTANCE, CONTRACTING FOR THERAPIST AND EMERGENCY ROOM PATIENT CARE COVERAGE, AND ADMINISTRATIVE CONSULTING SERVICES AS A PART OF THESE SERVICES, THE RWHC ALSO PROVIDES ANALYSIS ON CURRENT HEALTH CARE ISSUES IN AN EFFORT TO PROMOTE AND IMPROVE HEALTH CARE FOR HOSPITALS IN RURAL COMMUNITIES THROUGHOUT WISCONSIN ONE OF THESE EFFORTS ALSO INCLUDES SOME LOBBYING ON THE PART OF MEMBER ORGANIZATIONS THE RWHC DETERMINED THAT APPROXIMATELY $2,513 OF THE FEES PAID BY LANGLADE HOSPITAL IN FY2014 RELATED TO LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE HEALTH CARE ENVIRONMENT IN THE STATE OF WISCONSIN |
| | |
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**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**
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 | | 894,171 | | 894,171 |
| b Buildings | | 51,801,370 | 10,908,896 | 40,892,474 |
| c Leasehold improvements | | 4,559,100 | 1,317,117 | 3,241,983 |
| d Equipment | | 30,324,454 | 17,923,795 | 12,400,659 |
| e Other | | 67,832 | | 67,832 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 57,497,119 |

**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 | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| **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 |
|---|---|---|
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| | | |
| **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 |
|---|---|
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**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 | |
| UNAMORTIZED BOND PREMIUM | 834,317 |
| DEFERRED COMPENSATION | 793,163 |
| OTHER LONG-TERM LIABILITIES | 172,742 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 1,800,222 |

**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 | 89,591,112 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 2,008,653 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 89,977 | | |
| e | Add lines **2a** through **2d** | | | 2e | 2,098,630 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 87,492,482 |
| 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 | 33,680 | | |
| c | Add lines **4a** and **4b** | | | 4c | 33,680 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 87,526,162 |

**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 | 77,993,725 |
| 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 | 89,977 | | |
| e | Add lines **2a** through **2d** | | | 2e | 89,977 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 77,903,748 |
| 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 | 0 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 77,903,748 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2 | IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, LANGLADE HOSPITAL DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS LANGLADE HOSPITAL HAS NOT RECORDED ANY ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2014 OR 2013 FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2011, AND BEYOND, REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | RENTAL EXPENSES NET AGAINST REVENUE ON FORM 990 89,977 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | FOUNDATION CONTRIBUTION 33,680 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RENTAL EXPENSES NET AGAINST REVENUE ON FORM 990 89,977 |
| | |
| | |
| | |

**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**
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," 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<br>☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ 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<br>☐ 100% ☑ 150% ☐ 200% ☐ Other _____ % | 3a | Yes | |
| 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<br>☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ % | 3b | Yes | |
| 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 | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 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) | | | 1,763,834 | | 1,763,834 | 2 340 % |
| b Medicaid (from Worksheet 3, column a) | | | 11,184,998 | 7,949,059 | 3,235,939 | 4 280 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 12,948,832 | 7,949,059 | 4,999,773 | 6 620 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,264,399 | 874,822 | 389,577 | 0 520 % |
| f Health professions education (from Worksheet 5) | | | 29,788 | 500 | 29,288 | 0 040 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 17,690 | | 17,690 | 0 020 % |
| j **Total.** Other Benefits | | | 1,311,877 | 875,322 | 436,555 | 0 580 % |
| k **Total.** Add lines 7d and 7j | | | 14,260,709 | 8,824,381 | 5,436,328 | 7 200 % |

**Part II Community Building Activities** Complete this 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 | | | 399,723 | 301,990 | 97,733 | 0 130 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 **Total** | | | 399,723 | 301,990 | 97,733 | 0 130 % |

**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 | 1,172,426 | | |
| 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 | 586,213 | | |
| 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 | 20,372,029 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 21,015,825 | | |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -643,796 | | |
| 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 | | | | | |
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| 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 | | | | | | | | | | |
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## 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** LANGLADE 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) HTTP //ASPIRUS ORG/UPLOADS/PUBLIC/DOCUMEN | | | |
| **b** | ☐ Other website (list url) | | | |
| **c** | ☑ Available upon request from the hospital facility | | | |
| **d** | ☑ Other (describe in Part VI) | | | |
| **6** | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year) | | | |
| **a** | ☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | | |
| **b** | ☑ Execution of the implementation strategy | | | |
| **c** | ☑ Participation in the development of a community-wide plan | | | |
| **d** | ☐ Participation in the execution of a community-wide plan | | | |
| **e** | ☑ Inclusion of a community benefit section in operational plans | | | |
| **f** | ☑ Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| **g** | ☑ Prioritization of health needs in its community | | | |
| **h** | ☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| **i** | ☐ Other (describe in Part VI) | | | |
| **7** | Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs | **7** | | No |
| **8a** | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | **8a** | | No |
| **b** | If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? | **8b** | | |
| **c** | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

## 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 150 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** | Yes | |
| 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 | |
| | |
| | |
| | |
| | |
| | |
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| | |

**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? **5**

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | ASPIRUS GENERAL CLINIC<br>110 E 5TH AVE<br>ANTIGO,WI 54409 | CLINIC PROVIDING A WIDE RANGE OF OUTPATIENT SERVICES |
| 2 | ASPIRUS GENERAL CLINIC<br>400 RAILROAD<br>BIRNAMWOOD,WI 54414 | CLINIC PROVIDING A WIDE RANGE OF OUTPATIENT SERVICES |
| 3 | ASPIRUS GENERAL CLINIC<br>W10618 CLINIC ST<br>ELCHO,WI 54428 | CLINIC PROVIDING A WIDE RANGE OF OUTPATIENT SERVICES |
| 4 | PINE MEADOWS RETIREMENT COMMUNITY<br>525 FLIGHT RD<br>ANTIGO,WI 54409 | SENIOR HOUSING |
| 5 | ROSALIA GARDENS ASSISTED LIVING<br>525 FLIGHT RD<br>ANTIGO,WI 54409 | ASSISTED LIVING |
| 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 7 | THE COSTING METHODOLOGY USED ON FORM 990, SCHEDULE H IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBTS DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS COST TO CHARGE RATIO IS APPLIED AGAINST VARIOUS REVENUE AND EXPENSE CATEGORIES TO COMPUTE THE ESTIMATED COMMUNITY BENEFIT EXPENSE UNDER IRS SUGGESTED COSTING METHODS FOR FORM 990 |

| Form and Line Reference | Explanation |
| --- | --- |
| PART I, LINE 7, COLUMN (F) | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 2,369,483 |

| Form and Line Reference | Explanation |
| --- | --- |
| PART II, COMMUNITY BUILDING ACTIVITIES | WHILE THERE IS A GROWING ARGUMENT IN THE UNITED STATES ABOUT WHAT CONSTITUTES A NON-PROFIT HOSPITAL'S "COMMUNITY BENEFIT," THESE EFFORTS CONTINUE TO BE A WORK IN PROGRESS LANGLADE HOSPITAL PROVIDES SIGNIFICANT CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS AND IN ADDITION, THE HOSPITAL BELIEVES THAT IT PROVIDES A CRITICALLY IMPORTANT COMMUNITY BENEFIT WHICH IS NOT QUANTIFIED LANGLADE HOSPITAL, LIKE MOST COMMUNITY HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY WHICH WITHOUT THE HOSPITAL, WOULD NOT BE AVAILABLE LOCALLY BEYOND INPATIENT HOSPITALIZATIONS, THE HOSPITAL PROVIDES LOCAL ACCESS TO MANY OTHER HEALTH SERVICES THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES FOCUS ON EFFORTS TO ENRICH THE LIVES OF COMMUNITY MEMBERS WHO ARE STRUGGLING WITH ISSUES THAT MAY HAVE A NEGATIVE IMPACT ON THEIR HEALTH |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 2 | THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST TO CHARGE RATIO WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES, EXCLUDING THE PROVISION FOR BAD DEBTS, DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS COST TO CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE FISCAL YEAR TO ESTIMATE THE COST OF THE CARE OF PATIENTS THAT HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO THE HOSPITAL THE HOSPITAL ALSO PROVIDES DISCOUNTS TO ELIGIBLE UNINSURED OR UNDERINSURED PATIENTS UNDER ITS CHARITABLE CARE POLICY THESE AMOUNTS ARE INCLUDED IN THE CONTRACTUAL ADJUSTMENTS ON THE FINANCIAL STATEMENTS AND ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990 IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED OR UNDERINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE AMOUNT ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO THE HOSPITAL |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 3 | MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY REPONSIBLE FOR, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION LIKELIHOOD AND THE CURRENT STATUS OF INDIVIDUAL PATIENT ACCOUNTS BALANCES THAT ARE STILL OUTSTANDING AFTER THE HOSPITAL HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A CREDIT TO PATIENT ACCOUNTS RECEIVABLE MANY TIMES PATIENTS ARE UNABLE TO COMPLETE THE REQUIRED CHARITY CARE APPLICATION AND ARE TRANSFERRED TO COLLECTION SERVICES EVEN THOUGH THE HOSPITAL PROVIDES THIS INFORMATION TO ALL PATIENTS AND PROVIDES ASSISTANCE WITH THE APPLICATIONS DUE TO NO RESPONSES FROM SOME PATIENTS, A SIGNIFICANT AMOUNT OF BAD DEBTS COULD BE CONSIDERED AS CHARITY CARE |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 4 | PATIENT ACCOUNTS RECEIVABLE AND CREDIT POLICY IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, LANGLADE HOSPITAL ANALYZES PAST RESULTS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS SPECIFICALLY, FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, LANGLADE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE AMOUNTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS AND PATIENTS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), LANGLADE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A SEPARATE FOOTNOTE REGARDING BAD DEBT EXPENSE |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 8 | WHETHER THERE IS A SHORTFALL OR SURPLUS ON SERVICES PROVIDED TO MEDICARE BENEFICIARIES, THESE PEOPLE, WHICH ARE TYPICALLY ELDERLY OR DISABLED MEMBERS OF THE COMMUNITY, ARE AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH ACCESS TO HEALTH CARE SERVICES WITHOUT TAX-EXEMPT HOSPITALS PROVIDING MEDICARE PATIENT SERVICES, THE CENTERS FOR MEDICARE AND MEDICAID (CMS) WOULD BEAR THE BURDEN OF DIRECTLY PROVIDING SERVICES TO THE ELDERLY AND DISABLED MEMBERS OF THE COMMUNITY ANY SHORTFALL IS TREATED AS A COMMUNITY BENEFIT SINCE THE HOSPITAL IS PROVIDING SERVICES AT A LOSS WHICH ARE ESSENTIAL TO THE COMMUNITY THE AMOUNTS OF MEDICARE ALLOWANCE COSTS ARE DETERMINED USING THE PRINCIPLES OF MEDICARE REIMBURSEMENT |

| Form and Line Reference | Explanation |
| --- | --- |
| PART III, LINE 9B | UNDER THE HOSPITAL'S CREDIT AND COLLECTION POLICY, LANGLADE HOSPITAL MAKES EVERY ATTEMPT TO IDENTIFY AND PROMOTE CHARITY CARE TO PATIENTS INCLUDED IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IT IS NOTED THAT PATIENTS MAY QUALIFY FOR CHARITY CARE EITHER PRIOR TO ADMISSION OR FOLLOWING DISCHARGE ALL INPATIENT SELF-PAY ADMISSIONS ARE SCREENED BY THE HOSPITAL'S FINANCIAL COUNSELOR TO ALLOW THESE PATIENTS THE ABILITY TO COMPLETE THEIR APPLICATION DURING THEIR STAY AT THE HOSPITAL, DEPENDING UPON THE PATIENT'S CONDITION, OR THE PATIENT'S RESPONSIBLE PARTY MAY BE CONTACTED TO COMPLETE AND RETURN THE FORMS AT A LATER TIME WHEN THEIR CARE ALLOWS THIS COMPLETION DURING THE PATIENT ACCOUNT COLLECTION PROCESS, SELF-PAY PATIENTS ARE ALSO INFORMED OF THE HOSPITAL'S COLLECTION POLICIES AS WELL AS THE FINANCIAL ASSISTANCE PROGRAM TO ALLOW PATIENTS THE OPPORTUNITY TO COMPLETE THE APPROPRIATE FORMS AND QUALIFY UNDER THE PROGRAM INCLUDED IN THE POLICY, IT IS ALSO NOTED THAT THE HOSPITAL RESERVES THE RIGHT TO MAKE OR GRANT ADDITIONAL CHARITY CARE EVEN BEYOND THE INCOME AND ASSET GUIDELINES BASED ON CIRCUMSTANCES OR EVENTS IN A PARTICULAR PATIENT'S LIFE DURING DIFFICULT TIMES |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 2 | MANAGEMENT REVIEWS HEALTH AND SOCIAL DATA AND TRENDS TO DETERMINE WHETHER THERE IS AN UNMET NEED WITHIN THE COMMUNITY |

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

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

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

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 6 | LANGLADE HOSPITAL IS A PARTNER WITH ASPIRUS, INC (ASPIRUS) A MULTI-SPECIALTY HEALTH SYSTEM WITH A BASE LOCATION IN WAUSAU, WISCONSIN LANGLADE HOSPITAL WORKS WITH ASPIRUS TO PROMOTE HEALTH AND WELLNESS INITIATIVES IN THE COMMUNITIES THEY SERVE A NUMBER OF REPRESENTATIVES FROM ASPIRUS HAVE ROLES ON THE BOARD OF DIRECTORS OF LANGLADE HOSPITAL AND TOGETHER PROMOTE THE MISSION OF ASPIRUS ASPIRUS IS AN INTEGRATED, COMMUNITY-GOVERNED HEALTH CARE SYSTEM, WHICH LEADS BY ADVANCING INITIATIVES TO IMPROVING THE HEALTH OF ALL IT SERVES ASPIRUS WORKS COLLABORATIVELY WITH OTHERS WHO SHARE ITS PASSION FOR EXCELLENCE AND COMPASSION FOR PEOPLE ASPIRUS AND LANGLADE HOSPITAL WORK COLLABORATIVELY TO STREAMLINE PROCESSES TO CONTINUE TO PROVIDE HIGH QUALITY CARE TO MEMBERS OF COMMUNITIES WHICH OTHERWISE WITHOUT THE EFFORTS OF A COMBINED PARTNERSHIP MAY NOT HAVE ACCESS TO THIS CARE LOCALLY |

| Form and Line Reference | Explanation |
| --- | --- |
| PART VI, LINE 7, REPORTS FILED WITH STATES | WI |

## Additional Data

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

### 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 |
|---|---|
| LANGLADE HOSPITAL | |
| LANGLADE HOSPITAL | PART V, SECTION B, LINE 5D A COPY OF THE CHNA AND IMPLEMENTATION STRATEGY IS ATTACHED TO THE FORM 990 |
| LANGLADE HOSPITAL | PART V, SECTION B, LINE 7 LANGLADE HOSPITAL REVIEWED THE NEEDS OUTLINED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND DETERMINED WHICH OF THESE NEEDS WERE APPLICABLE TO THE COMMUNITIES AND AREAS SERVED BY LANGLADE HOSPITAL AND THEN REVIEWED THE ITEMS TO ENSURE TH AT THEY WERE FEASIBLE AT THE PRESENT TIME FOR THE HOSPITAL TO PROVIDE TO PATIENTS IN THE C OMMUNITY A KEY FACTOR IN THIS REVIEW WAS DETERMINING HOW TO ALLOCATE THE FINANCIAL DOLLAR S AVAILABLE TO MEET ADDITIONAL NEEDS IN THE COMMUNITY, WHICH WOULD PROVIDE THE GREATEST BE NEFIT TO THE MOST INDIVIDUALS LANGLADE HOSPITAL ALSO CONSIDERED STAFFING RESOURCES IN ADD ITION TO FINANCIAL CONSIDERATIONS TO ENSURE THAT THERE ARE ENOUGH PERSONNEL RESOURCES AVAI LABLE FOR ANY PROGRAMS THAT MAY NOT CURRENTLY BE OFFERED BY THE HOSPITAL DUE TO THE FINAN CIAL AND STAFFING CONSTRAINTS, THE HOSPITAL HAS DETERMINED THE TOP FOUR PRIORITIES THAT TH EY WILL FOCUS THEIR ATTENTION ON, AS THESE ISSUES WERE THE MOST CRITICAL AND SIGNIFICANT W ORK NEEDS TO BE DONE IN THESE AREAS OVER THE NEXT THREE YEARS AS THE IMPLEMENTATION STRAT EGY IS IMPLEMENTED, THE HOSPITAL PLANS TO CONTINUALLY EVALUATE THE BENEFITS PROVIDED TO CO MMUNITY MEMBERS TO ENSURE THAT HEALTH NEEDS ARE MET WHENEVER POSSIBLE |
| LANGLADE HOSPITAL | PART V, SECTION B, LINE 14G REFERRAL MAY BE MADE BY ANY MEMBER OF THE HOSPITAL STAFF, MED ICAL STAFF, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND/OR RELIGIOUS SPONSORS REQUESTS MAY ALSO BE MADE BY THE PATIENT, A FAMILY MEMBER OF THE PATIE NT, A CLOSE FRIEND OR ASSOCIATE OF THE PATIENT, SUBJECT TO THE APPLICABLE PRIVACY LAWS |
| LANGLADE HOSPITAL | PART V, SECTION B, LINE 20D STANDARD CHARGES ARE BILLED LESS A PRE-ESTABLISHED DISCOUNT P ERCENTAGE PATIENTS MEETING THE FAP ELIGIBILITY GUIDELINES IN THE COMMUNITY CARE POLICY CA N ALSO RECEIVE A SLIDING SCALE DISCOUNT IN ADDITION TO THE STANDARD SELF-PAY DISCOUNT RATE OF 8% |

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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
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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 | | | | |
| (1)DAVID SCHNEIDER CEO | (i) | 319,643 | 26,779 | 3,960 | 12,734 | 27,844 | 390,960 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2)PATRICK TINCHER CFO | (i) | 201,679 | 6,247 | 667 | 10,180 | 31,959 | 250,732 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3)MARK SZMANDA DO PHYSICIAN | (i) | 254,922 | 69 | 2,451 | 12,250 | 32,624 | 302,316 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4)RUTH RISLEY-GRAY DIRECTOR - PATIENT SERVICE | (i) | 152,887 | 8,695 | 2,178 | 8,120 | 31,761 | 203,641 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (5)DOUGLAS ARMATO MD PHYSICIAN | (i) | 171,224 | 25,000 | 531 | 8,769 | 11,957 | 217,481 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (6)KENNETH BOWMAN MD PHYSICIAN | (i) | 175,385 | 25,000 | 992 | 8,769 | 13,693 | 223,839 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (7)MICHAEL OLSON MD PHYSICIAN | (i) | 178,343 | 25,000 | 185 | 6,731 | 13,434 | 223,693 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 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 |
|---|---|

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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
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

## 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 | WI HEALTH & EDUCATION FACILITIES AUTHORITY | 39-1337855 | | 04-12-2013 | 26,130,000 | CONSTRUCT, RENOVATE, AND EQUIP FACILITIES | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 410,000 | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 27,000,592 | | | |
| 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 | 27,000,592 | | | |
| 11 | Other spent proceeds | | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2012 | | | |

| | | 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? | | | | | | | | |
| 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).

| 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
LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | |
| FORM 990, PART VI, SECTION A, LINE 7A | THE HOSPITAL OPERATES UNDER THE CONTROL AND DIRECTION OF THE RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH CORPORATION (RHSJ), A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH A ND ASPIRUS, INC EACH OF WHICH APPOINT 3 BOARD MEMBERS AND JOINTLY APPROVE THE REMAINING M EMBERS |
| FORM 990, PART VI, SECTION A, LINE 7B | SEE EXPLANATION FOR FORM 990, PART VI, LINE 7A |
| FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE BOARD CHAIR AND VICE-CHAIR PRIOR TO SUBMISSION IN ADDITION, THE FORM 990 IS MADE AVAILABLE TO ALL BO ARD MEMBERS FOR THEIR REVIEW |
| FORM 990, PART VI, SECTION B, LINE 12C | BOARD MEMBERS AND MANAGEMENT COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND ABSTAIN FROM VOTING ON ANY MATTERS THAT PRESENT A CONFLICT OF INTEREST |
| FORM 990, PART VI, SECTION B, LINE 15 | AN INDEPENDENT HUMAN RESOURCES/COMPENSATION CONSULTING FIRM IS UTILIZED TO CONDUCT A BENEF IT AND COMPENSATION ANALYSIS THE BOARD OF TRUSTEES' EXECUTIVE PERFORMANCE AND COMPENSATIO N COMMITTEE MEMBERS RELY UPON THIS INDEPENDENT COMPARABILITY DATA TO SUPPORT ANY WAGE ADJU STMENTS AWARDED SENIOR LEADERSHIP THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF T RUSTEES, WHO ARE INDEPENDENT OF HOSPITAL MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMP ENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE CO MPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH L ANGLADE HOSPITAL EXECUTIVE PERFORMANCE & COMPENSATION COMMITTEE MANDATE 1 DETERMINE THE COMPENSATION LEVEL FOR ALL EXECUTIVES AND OTHER DISQUALIFIED PERSONS BASED ON THESE REVIEW S A REVIEW AND APPROVE EXECUTIVE COMPENSATION CHANGES AND TRANSACTIONS IN A MANNER THAT Q UALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS B REVIEW AND APPROVE COMPENSATI ON CHANGES (INCENTIVE COMPENSATION PLANS, EXECUTIVE BASE SALARIES AND RANGES, EXECUTIVE WE LFARE AND RETIREMENT BENEFIT PLANS) AND OTHER EXECUTIVE FRINGE BENEFITS 2 ENGAGE INDEPEND ENT, OUTSIDE ADVISORS (E G , ATTORNEYS, COMPENSATION CONSULTANTS, ETC ) TO PROVIDE OBJECTI VE AND IMPARTIAL COMPENSATION DATA AND EXPRESS AN OPINION ON THE REASONABLENESS OF TOTAL C OMPENSATION A REVIEW PERIODICALLY THE COMPONENTS OF THE EXECUTIVES' TOTAL COMPENSATION PR OGRAM TO DETERMINE WHETHER THEY ARE PROPERLY COORDINATED 3 DISCLOSURE AND REPORTING A RE PORT REGULARLY TO THE FULL BOARD ON EXECUTIVE COMPENSATION B VERIFY THAT COMPENSATION INF ORMATION IS APPROPRIATELY AND FULLY DISCLOSED |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION BELIEVES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A PA RT OF THE ORGANIZATION AND ARE NOT AVAILABLE TO THE PUBLIC |
| FORM 990, PART VI, LINE 1B, COMPENSATION AND VOW OF POVERTY | BOTH SISTER DOLORES DEMULLING AND SISTER JEAN BRICCO HAVE A VOW OF POVERTY ALL OF THE COM PENSATION PAID TO THEM GOES DIRECTLY TO THEIR ORDER, THE RELIGIOUS HOSPITALLERS OF ST JOS EPH |
| FORM 990, PART IX, LINE 11G | HOSPITAL PURCHASED SERVICES PROGRAM SERVICE EXPENSES 6,280,880 MANAGEMENT AND GENERAL EX PENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,280,880 CLINIC PURCHASED SERVICES PRO GRAM SERVICE EXPENSES 2,555,146 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,555,146 ELDERLY & SUPPORT PURCHASED SERVICES PROGRAM SERVICE EXPENSES 511,581 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 511,58 1 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 24,700 MANAGEMENT AND GENERAL EXPEN SES 15,496 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40,196 SUPPORT PURCHASED SERVICES PRO GRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,219,434 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,219,434 |
| FORM 990, PART XI, LINE 9 | CHANGE IN INTEREST IN FOUNDATION -125,067 FORGIVENESS OF NOTE BY AFFILIATED ORGANIZATION 210,000 NET ASSETS RELEASED FROM RESTRICTIONS -33,680 |
| FORM 990, PART XII, LINE 2C, AUDIT PROCESS | THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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
LANGLADE HOSPITAL - HOTEL DIEU OF
ST JOSEPH OF ANTIGO WISCONSIN

**Employer identification number**
39-0806429

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

| (a) Name, address, and EIN (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 |
|---|---|---|---|---|---|
| | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|
| **(1)** RELIGIOUS HOSPITALLERS OF ST JOSEPH HEALTH CORP<br>C/O VAN BRIESEN ROPER 411 E WIS AVE<br>MILWAUKEE, WI 53202<br>27-1341591 | HEALTH CARE | WI | 501(C)(3) | LINE 1 | N/A | | No |
| **(2)** MEMORIAL HOSPITAL AND COMMUNITY HEALTH FOUNDATION INC<br>112 EAST FIFTH AVENUE<br>ANTIGO, WI 54409<br>39-1304761 | HEALTH CARE | WI | 501(C)(3) | LINE 7 | N/A | | No |
| **(3)** ASPIRUS GENERAL CLINIC<br>112 EAST FIFTH AVENUE<br>ANTIGO, WI 54409<br>38-3741338 | HEALTH CARE | WI | 501(C)(3) | LINE 7 | LANGLADE HOSPITAL - HOTEL DIEU OF ST JOSEPH OF ANTIGO WISCONSIN | Yes | |
| | | | | | | | |
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**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? | | (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 | |
| | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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**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 | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **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 | Yes | |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **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 | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| **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 | Yes | |
| **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 | Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| | | | |
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**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 | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
|---|---|

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

Antigo, Wisconsin

## Financial Statements

Years Ended June 30, 2014 and 2013

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

**Financial Statements**
Years Ended June 30, 2014 and 2013

## Table of Contents

WIPFLi LLP

## Independent Auditor's Report

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

We have audited the accompanying financial statements of Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin, which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

**Auditor's Responsibility** (Continued)

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 financial position of Langlade Hospital - Hotel Dieu of St. Joseph of Antigo, Wisconsin as of June 30, 2014 and 2013, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Wipfli LLP

Wipfli LLP

September 11, 2014
Wausau, Wisconsin

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

## Balance Sheets

June 30, 2014 and 2013

| *Assets* | 2014 | 2013 |
|---|---|---|
| Current assets | | |
| Cash and cash equivalents | $ 11,011,192 | $ 14,290,775 |
| Short-term investments | 1,335,921 | 500,268 |
| Patient accounts receivable - Net | 14,287,116 | 14,312,033 |
| Inventory | 1,579,513 | 1,245,322 |
| Prepaid expenses and other current assets | 893,897 | 926,175 |
| Estimated third-party payor settlements | 1,455,233 | 30,704 |
| Total current assets | 30,562,872 | 31,305,277 |
| Investments | 21,562,430 | 9,177,772 |
| Assets limited as to use | 26,765,344 | 24,432,220 |
| Property and equipment - Net | 57,497,119 | 60,654,254 |
| Other assets | | |
| Interest in net assets of Community Foundation | 396,487 | 421,554 |
| Investments in unconsolidated affiliates | 355,520 | 366,334 |
| Deferred bond issuance costs - Net | 304,793 | 314,139 |
| Other | 105,989 | 105,989 |
| Total other assets | 1,162,789 | 1,208,016 |
| TOTAL ASSETS | $ 137,550,554 | $ 126,777,539 |

| *Liabilities and Net Assets* | 2014 | 2013 |
|---|---|---|
| Current liabilities | | |
| Current maturities of bonds and notes payable | $ 425,000 | $ 610,000 |
| Accounts payable. | | |
| Trade | 3,577,676 | 4,066,067 |
| Construction | 6,824 | 1,136,306 |
| Accrued salaries and wages | 4,090,750 | 3,868,607 |
| Accrued interest payable | 427,495 | 243,016 |
| Other accrued liabilities | 1,775,265 | 1,049,068 |
| Total current liabilities | 10,303,010 | 10,973,064 |
| Long-term liabilities. | | |
| Bonds payable | 26,129,317 | 26,583,337 |
| Deferred compensation | 793,163 | 578,394 |
| Other long-term liabilities | 172,742 | 172,742 |
| Total long-term liabilities | 27,095,222 | 27,334,473 |
| Total liabilities | 37,398,232 | 38,307,537 |
| Net assets | | |
| Unrestricted | 99,755,835 | 88,048,448 |
| Temporarily restricted | 396,487 | 421,554 |
| Total net assets | 100,152,322 | 88,470,002 |
| TOTAL LIABILITIES AND NET ASSETS | $ 137,550,554 | $ 126,777,539 |

See accompanying notes to financial statements.

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

## Statements of Operations and Changes in Net Assets

Years Ended June 30, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Revenue. | | |
| Patient service revenue - Net of contractual adjustments and discounts | $ 82,884,530 | $ 80,543,894 |
| Provision for bad debts | (2,369,483) | (2,417,589) |
| Net patient service revenue, less provision for bad debts | 80,515,047 | 78,126,305 |
| Other revenue | 3,218,112 | 2,523,096 |
| Total revenue | 83,733,159 | 80,649,401 |
| Expenses | | |
| Salaries and wages | 32,395,303 | 30,057,334 |
| Employee benefits | 9,482,603 | 9,243,153 |
| Medical fees | 3,760,075 | 4,089,021 |
| Supplies | 8,825,699 | 7,555,162 |
| Purchased services and other | 13,203,526 | 11,657,629 |
| Insurance and utilities | 1,373,863 | 1,271,767 |
| Depreciation and amortization | 5,512,910 | 5,085,214 |
| Interest | 1,070,263 | 236,830 |
| Total expenses | 75,624,242 | 69,196,110 |
| Income from operations | 8,108,917 | 11,453,291 |
| Nonoperating income | | |
| Investment income | 3,434,977 | 655,828 |
| Contributions, grants, and other | 53,493 | 89,413 |
| Total nonoperating income | 3,488,470 | 745,241 |
| Revenue in excess of expenses | 11,597,387 | 12,198,532 |

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

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

Years Ended June 30, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Unrestricted net assets | | |
| Revenue in excess of expenses (brought forward) | $ 11,597,387 | $ 12,198,532 |
| Forgiveness of note by affiliated organization | 210,000 | 329,430 |
| Contributions (to) from affiliate for property and equipment | (100,000) | 100,000 |
| Net assets released from restrictions | - | 317,573 |
| Increase in unrestricted net assets | 11,707,387 | 12,945,535 |
| Temporarily restricted net assets | | |
| Net change in interest in net assets of Community Foundation | 8,613 | (518) |
| Net assets released from restrictions | (33,680) | (317,573) |
| Decrease in temporarily restricted net assets | (25,067) | (318,091) |
| Increase in net assets | 11,682,320 | 12,627,444 |
| Net assets at beginning | 88,470,002 | 75,842,558 |
| Net assets at end | $ 100,152,322 | $ 88,470,002 |

See accompanying notes to financial statements.

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

## Statements of Cash Flows

Years Ended June 30, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Increase (decrease) in cash and cash equivalents | | |
| Cash flows from operating activities. | | |
| Increase in net assets | $ 11,682,320 | $ 12,627,444 |
| Adjustments to reconcile increase in net assets to net cash and cash equivalents provided by (used in) operating activities. | | |
| Net change in interest in net assets of Community Foundation | (8,613) | 518 |
| Depreciation and amortization | 5,642,170 | 5,101,553 |
| Amortization of bond premium | (29,020) | (7,255) |
| Provision for bad debts | 2,369,483 | 2,417,589 |
| Change in net unrealized gain on trading securities | (2,008,653) | (271,040) |
| Gain on disposal of property and equipment | (129,260) | (16,339) |
| Increase in equity in investments in unconsolidated affiliates | 10,814 | (22,762) |
| Forgiveness of principal on note payable from affiliated organization | (200,000) | (300,000) |
| Changes in operating assets and liabilities | | |
| Patient accounts receivable | (2,344,566) | (5,364,952) |
| Inventory | (334,191) | (52,111) |
| Prepaid expenses and other current assets | 32,278 | (1,381,901) |
| Estimated third-party payor settlements | (1,424,529) | 1,900,161 |
| Other assets | - | 67,000 |
| Investments and assets limited as to use, including net realized gain | (13,544,782) | (24,425,794) |
| Accounts payable | (488,391) | 1,019,444 |
| Other accrued liabilities | 1,324,419 | 693,577 |
| Total adjustments | (11,132,841) | (20,642,312) |
| Net cash provided by (used in) operating activities | 549,479 | (8,014,868) |

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

## Statements of Cash Flows (Continued)

Years Ended June 30, 2014 and 2013

| | 2014 | 2013 |
|---|---|---|
| Cash flows from investing activities | | |
| Capital expenditures | $ (3,451,138) | $ (11,322,786) |
| Proceeds from sale of property and equipment | - | 53,521 |
| Distributions from Community Foundation | 33,680 | 317,573 |
| Net cash used in investing activities | (3,417,458) | (10,951,692) |
| Cash flows from financing activities | | |
| Proceeds from issuance of bonds and note payable | - | 26,130,000 |
| Original issue premium | - | 870,592 |
| Principal payments on long-term debt | (410,000) | (9,000,000) |
| Payments for deferred issuance costs | (1,604) | (316,333) |
| Transfer from affiliated organization | - | 500,000 |
| Net cash provided by (used in) financing activities | (411,604) | 18,184,259 |
| Net decrease in cash and cash equivalents | (3,279,583) | (782,301) |
| Cash and cash equivalents at beginning | 14,290,775 | 15,073,076 |
| Cash and cash equivalents at end | $ 11,011,192 | $ 14,290,775 |
| **Supplemental cash flow information:** | | |
| Cash paid for interest including amounts capitalized | $ 927,973 | $ 42,346 |
| Property and equipment included in accounts payable | 6,824 | 1,136,306 |
| Accrued interest payable included in property and equipment | 23,169 | 70,707 |

During 2012, the minority interest in the subsidiary was purchased through a cash payment of $304,000 and issuance of a note payable for $900,000. During the year ended June 30, 2013, $300,000 of the note and $29,430 of interest expense was forgiven. During the year ended June 30, 2014, $200,000 of the note and $10,000 of interest expense was forgiven.

As of June 30, 2014 and 2013, Langlade Hospital recorded a gross up of insurance receivables and liabilities of $175,650. (Note 14)

During 2012, Langlade Hospital received a donation for property and equipment of $1,000,000 of which $500,000 was a receivable as of June 30, 2012, and was received by Langlade Hospital during 2013.

## Note 1 Summary of Significant Accounting Policies

### Principal Business Activity

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

The corporate members of Langlade Hospital are the Religious Hospitallers of St. Joseph Health Corporation ("RHSJHC") and Aspirus, a nonprofit health care system in Wausau, Wisconsin. Langlade Hospital also operates under the Canonical Sponsorship of Catholic Health International. RHSJHC and Aspirus appoint Langlade Hospital's Board of Trustees and delegate operational responsibility to Langlade Hospital's Board of Trustees. RHSJHC has a 55% interest in Langlade Hospital and Aspirus has a 45% interest in Langlade Hospital as of June 30, 2014 and 2013.

### Financial Statement Presentation

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

### Use of Estimates in Preparation of Financial Statements

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

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

### Cash Equivalents

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

### Investments, Assets Limited as to Use, and Investment Income

Investments are classified as trading securities and, accordingly, investments, including investments designated as assets limited as to use, are recorded at fair value in the accompanying balance sheets, with the changes in fair value during the period included in revenue in excess of expenses in the accompanying statements of operations and changes in net assets.

Assets limited as to use represents investments designated by the Board of Trustees for future capital improvements, funds held for deferred compensation plan use, and assets held to fund donor restricted purposes. The funds designated by the Board of Trustees and assets held to fund donor restricted purposes remain under the control of the Board and may, at their discretion, be subsequently used for other purposes.

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

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

### Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

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

### Patient Accounts Receivable and Credit Policy

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

Patient accounts receivable are recorded in the accompanying balance sheets net of contractual adjustments and an allowance for uncollectible accounts which reflect management's best estimate of the amounts that won't be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable.

In evaluating the collectability of patient accounts receivable, Langlade Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, Langlade Hospital analyzes contractually due amounts and provides an allowance for uncollectible amounts on accounts for which the third-party payor has not yet paid, or for payors and patients who are known to be having financial difficulties that make the realization of amounts due unlikely.

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

### Patient Accounts Receivable and Credit Policy (Continued)

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Langlade Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for uncollectible accounts.

### Inventory

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

### Property, Equipment, and Depreciation

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

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

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

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

### Property, Equipment, and Depreciation (Continued)

Langlade Hospital periodically evaluates whether events and circumstances have occurred that may affect the carrying value of the property and equipment. If such events or circumstances indicate the carrying values may not be recoverable, impairment is determined by comparing the carrying value with the estimated future net discounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future net cash flows be less than the carrying value, Langlade Hospital would recognize an impairment loss. No impairment loss was recognized in 2014 or 2013.

### Interest in Net Assets of Community Foundation

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

### Investments in Affiliates

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

### Deferred Bond Issuance Costs and Bond Premium

Bond issue costs and original issue premium related to issuance of long-term debt are being amortized on a straight-line basis over the term of the related indebtedness. Amortization of bond issue costs is included with depreciation and amortization and amortization of original issue premium is included with interest expense in the accompanying statements of operations and changes in net assets.

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

### Net Assets

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

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

### Revenue in Excess of Expenses

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

### Patient Service Revenue – Net of Contractual Adjustments and Discounts

Langlade Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Certain third-party payor reimbursement agreements are subject to audit and retrospective adjustments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

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

### Patient Service Revenue – Net of Contractual Adjustments and Discounts (Continued)

For uninsured patients who do not qualify for community care, Langlade Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). The provision for bad debts is offset by recoveries that are received on prior year bad debts from patient payments as well as amounts returned from the collection agency where a determination was made during the collection process that the patient would qualify under Langlade Hospital's community care policy.

### Community Care

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

### Electronic Health Record Incentive Funding

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

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

### Electronic Health Record Incentive Funding (Continued)

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

Amounts recognized under the Medicare and Medicaid EHR incentive programs are based on management's best estimates. Management uses EHR incentive program guidelines to calculate estimates which may include cost report data that is subject to audit by fiscal intermediaries. Accordingly, amounts recognized are subject to change. In addition, Langlade Hospital's attestation of its compliance with the meaningful use criteria and costs submitted for reimbursement are subject to audit by the federal government or its designee.

### Donor-Restricted Contributions

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

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

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

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

### Advertising Costs

Advertising costs are expensed as incurred.

### Unemployment Compensation

Langlade Hospital has elected reimbursement financing under provisions of the Wisconsin unemployment compensation laws. Langlade Hospital has obtained a letter of credit of $291,156, which expires December 31, 2017, to meet state funding requirements as of June 30, 2014 and 2013.

### Income Taxes

Langlade Hospital is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Langlade Hospital is also exempt from state income taxes on related income. Langlade Hospital is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income (UBI). Income taxes on UBI are not significant.

In order to account for any uncertain tax positions, Langlade Hospital determines whether it is more likely than not that a tax position will be sustained upon examination of the technical merits of the position, assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more-likely-than-not recognition threshold, the benefit of the tax position is not recognized in the financial statements. Langlade Hospital has not recorded any assets or liabilities related to uncertain tax positions or unrecognized tax benefits as of June 30, 2014 or 2013.

Federal returns for the years ended June 30, 2011, and beyond, remain subject to examination by the Internal Revenue Service (IRS).

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

### New Accounting Pronouncement

In April 2013, the FASB issued ASU No. 2013-06, *Not-for-Profit Entities, Services Received From Personnel of an Affiliate*. This ASU amends ASC Topic 958 and requires not-for-profit entities, including business-oriented health care entities, who receive services from personnel of an affiliate that directly benefit the not-for-profit organization to measure and recognize these services in the receiving organization's financial statements at the cost of fair value of the services received if the receiving organization does not compensate the affiliate at the cost or fair value of the services. The guidance in this ASU is effective for Langlade Hospital's year ended June 30, 2015, with early adoption permitted.

### Subsequent Events

Subsequent events have been evaluated through September 11, 2014, which is the date the financial statements were issued.

## Note 2 Reimbursement Arrangements With Third-Party Payors

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

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

  *Hospital - Medicaid* - Through June 30, 2010, Langlade Hospital was reimbursed for cost-based services at tentative rates received during the year. Under legislation enacted by the State of Wisconsin (the "State"), eligible CAHs, including Langlade Hospital, are required to pay the State an annual assessment effective July 1, 2010. The assessment period is the State's fiscal year, which runs from July to June. The assessment is based on each hospital's gross inpatient revenue, as defined. The revenue generated from the assessment is to be used, in part, to increase overall reimbursement under the Wisconsin Medicaid program through the development of an access payment system. Under the new CAH payment system as of July 1, 2010, the Wisconsin Medicaid program will pay a hospital-specific amount per discharge for inpatient and outpatient services, determined based on prior hospital cost reports, plus an additional access payment.

  The final settlement of reimbursable amounts was retrospectively determined by the State, using cost reports that were filed annually and subsequently audited by the Medicare program (in conjunction with its audits of both Medicare and Medicaid reimbursable amounts). Retrospective cost report settlements to CAHs have been eliminated by the State effective July 1, 2010.

  Since the inception of the Medicare and Medicaid CAH programs, the State had completed relatively few Medicaid settlements with CAHs. During 2014, the State did not complete any open cost report settlements for Langlade Hospital. During 2013, Langlade Hospital appealed the results of the settlements for the years 2006 to 2008 with the State and, as a result, received an additional settlement of $610,275 from the State which increased net patient service revenue in 2013. Langlade Hospital's Medicaid cost reports have been audited through December 31, 2008.

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

- *Hospital - Medicaid* (Continued)

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

- *Clinic* - Medicare and Medicaid - Certain professional services provided by physicians and other clinicians are reimbursed based on prospectively determined fee schedules.

- *Others* - Langlade Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to Langlade Hospital under these agreements includes negotiated rates which are most commonly discounts from established charges. Langlade Hospital has policies to provide a discount from established charges to uninsured patients. The discount offered to uninsured patients was 8% for the years ended June 30, 2014 and 2013.

### Accounting for Medicare Contractual Arrangements

Langlade Hospital is paid for cost-reimbursable items at an interim rate with final settlements determined by the Medicare fiscal intermediary after their review of Langlade Hospital's related annual cost reports and the application of cost limits prescribed by the program. Estimated provisions to approximate the final expected settlements after review by the intermediary are included in the accompanying financial statements. Langlade Hospital's cost report has been audited by the Medicare intermediary through June 30, 2011.

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

### Accounting for Medicare Contractual Arrangements (Continued)

Medicare and Medicaid reimbursement is determined in part based on annual cost reports filed with the fiscal intermediary. Reimbursement guidelines for preparing annual cost reports can be complex and are subject to interpretation by Langlade Hospital and fiscal intermediaries. Estimates for cost report settlements and contractual allowances can differ from actual reimbursement based on the results of subsequent reviews and cost report audits. Changes in estimated third-party valuation allowances that relate to prior years are reported in revenue in excess of expenses in the accompanying statements of operations and changes in net assets. The impact of such items on revenue in excess of expenses was an increase of approximately $860,000 and $3,831,000 for the years ended June 30, 2014 and 2013, respectively.

### Electronic Health Record Incentive Funding

*Provider EHR Incentive Program - Medicare*

During 2014, Langlade Hospital applied for and was entitled to funding from CMS under the eligible provider Medicare EHR Incentive Program. The funding period under this program is based on providers submitting applications to the Medicare program for the respective calendar year. It was determined by Medicare that Langlade Hospital was entitled to $58,800 in funding for three eligible providers in 2014 and has recognized this amount in other revenue in the accompanying financial statements in 2014 based on when the attestation occurred.

*Provider EHR Incentive Program - Medicaid*

During 2014, Langlade Hospital applied for and was entitled to additional funding from the Wisconsin Department of Health Services under the eligible provider EHR Incentive Program. The funding period for the Medicaid EHR Incentive Program is based on providers submitting applications to the Medicaid program for the respective calendar year. It was determined by the Wisconsin Department of Health Services that Langlade Hospital was entitled to $212,500 for ten eligible providers in 2014 and has recognized these amounts in other revenue in the accompanying financial statements based on when the attestation occurred.

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

### Compliance

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

CMS uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The provider has the ability to appeal these adjustments. As of June 30, 2014, Langlade Hospital has not been notified by the RAC of any potential significant reimbursement adjustments.

## Note 3 Patient Accounts Receivable

Patient accounts receivable consisted of the following at June 30

| | 2014 | 2013 |
|---|---|---|
| Patient accounts receivable | $ 24,979,510 | $ 24,292,733 |
| Less | | |
| Contractual adjustments and discounts | 7,737,722 | 8,023,075 |
| Allowance for uncollectible accounts | 2,954,672 | 1,957,625 |
| Patient accounts receivable - Net | $ 14,287,116 | $ 14,312,033 |

Langlade Hospital's allowance for uncollectible accounts increased from 38.4% of self-pay accounts receivable at June 30, 2013, to 57.7% of self-pay accounts receivable at June 30, 2014. Langlade Hospital's write-offs of patient accounts receivable, net of recoveries, decreased from $3,117,519 in 2013 to $1,774,714 in 2014. These decreases were the result of increased community care write-offs, in addition to IRS Section 501(r) requirements which allow more time for collection prior to writing off accounts as collectible.

Self-pay accounts decreased approximately $252,830 from June 30, 2013 to June 30, 2014. Management anticipates that there will still be negative trends experienced in the collection of amounts from self-pay patients in 2015 related to patient accounts receivable at June 30, 2014. Langlade Hospital has experienced a trend of patients with high deductible and high copay plans. It is difficult for many patients to meet these higher obligations. Due to economic conditions, many patients are also without health insurance coverage. Patients often do not respond to collection efforts by Langlade Hospital or request to apply for community care under the Langlade Hospital policy. Due to these trends, the allowance for uncollectible accounts as of percentage of patient accounts receivable increased as of June 30, 2014.

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

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

| | 2014 | 2013 |
|---|---|---|
| Gross patient service revenue | | |
| Inpatient services | $ 16,848,389 | $ 15,637,921 |
| Outpatient services | 126,879,305 | 122,533,270 |
| Totals | 143,727,694 | 138,171,191 |
| Deductions - Primarily contractual adjustments and discounts under third-party reimbursement agreements | 60,843,164 | 57,627,297 |
| Patient service revenue - Net of contractual adjustments and discounts | $ 82,884,530 | $ 80,543,894 |

Langlade Hospital's percent of gross patient service revenue by payor is as follows for the years ended June 30.

| | 2014 | 2013 |
|---|---|---|
| Medicare and Medicare Advantage plans | 47% | 50% |
| Medicaid and Medicaid managed care plans | 16% | 16% |
| Other third-party payors | 33% | 29% |
| Uninsured patients | 4% | 5% |
| Totals | 100% | 100% |

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

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

| | 2014 | 2013 |
|---|---|---|
| Medicare and Medicare Advantage plans | $ 33,908,799 | $ 36,043,630 |
| Medicaid and Medicaid managed care plans | 7,949,059 | 7,774,186 |
| Other third-party payors | 39,058,691 | 32,192,164 |
| Uninsured patients | 1,967,981 | 4,533,914 |
| Patient service revenue - Net of contractual adjustments and discounts | $ 82,884,530 | $ 80,543,894 |

## Note 5 Community Care

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

Langlade Hospital has a community care policy which is generally based on federal poverty guidelines, and applications can be completed by patients and/or their families. Patients who meet the criteria for community care are provided care without charge or at a reduced rate.

The estimated cost of providing care to patients under Langlade Hospital's community care policy aggregated approximately $1,835,000 and $1,221,000 in 2014 and 2013, respectively. The cost was calculated by multiplying the ratio of cost to gross charges for Langlade Hospital times the gross uncompensated charges associated with providing community care.

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

## Note 6 Investments and Assets Limited as to Use

### Short-Term Investments

Short-term investments consisted of the following at June 30

| | 2014 | 2013 |
|---|---|---|
| Certificates of deposit | $ 1,335,921 | $ 500,268 |

### Long-Term Investments

Long-term investments consisted of the following at June 30

| | 2014 | 2013 |
|---|---|---|
| Cash equivalents | $ 7,220,170 | $ 107,810 |
| Certificates of deposit | 508,333 | 1,302,171 |
| Mutual funds invested in fixed income securities | 8,392,529 | 3,372,253 |
| Mutual funds invested in equity securities | 2,232,289 | - |
| Marketable equity securities | 3,209,109 | 4,395,538 |
| Total investments | $ 21,562,430 | $ 9,177,772 |

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

### Assets Limited as to Use

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

| | 2014 | 2013 |
|---|---|---|
| By Board for future capital improvements | | |
| Cash equivalents and money market funds | $ 222,707 | $ 8,770,601 |
| Mutual funds invested in equity securities | 13,243,435 | 4,164,831 |
| Mutual funds invested in fixed income securities | 11,304,519 | 10,918,394 |
| Marketable equity securities | 1,201,520 | - |
| Total by Board for future capital improvements | 25,972,181 | 23,853,826 |
| For deferred compensation plan use - Mutual funds invested in equity and fixed income securities | 793,163 | 578,394 |
| Total assets limited as to use | $ 26,765,344 | $ 24,432,220 |

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

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

| | 2014 | 2013 |
|---|---|---|
| Interest and dividend income | $ 692,373 | $ 346,719 |
| Net realized gain on sale of investments | 733,951 | 38,069 |
| Net change in unrealized gains on trading securities | 2,008,653 | 271,040 |
| Total investment income | $ 3,434,977 | $ 655,828 |

## Note 7 Fair Value Measurements

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

Cash equivalents consist primarily of money market funds that are valued using a net asset value (NAV) of $1.00. Certificates of deposit which are traded under CUSIP numbers are valued at cost, plus accrued interest, which approximates fair value. Quoted market prices are used to determine the fair value in marketable equity securities which consist primarily of traded common stock. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds invested in equity securities held by Langlade Hospital are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by Langlade Hospital are deemed to be actively traded.

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

## Note 7 Fair Value Measurements (Continued)

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

| | 2014 | | | |
|---|---|---|---|---|
| | Fair Value Measurements Using | | | Total Assets at |
| | Level 1 | Level 2 | Level 3 | Fair Value |
| Assets | | | | |
| Cash equivalents and money market funds | $ 7,442,877 | $ - | $ - | $ 7,442,877 |
| Certificates of deposit | 1,844,254 | - | - | 1,844,254 |
| Marketable equity securities | 4,410,629 | - | - | 4,410,629 |
| Mutual funds invested in equity securities | | | | |
| Small cap funds | 2,457,495 | - | - | 2,457,495 |
| Mid cap funds | 1,150,724 | - | - | 1,150,724 |
| Large cap funds | 6,389,523 | - | - | 6,389,523 |
| International funds | 3,940,651 | - | - | 3,940,651 |
| Other funds | 1,537,331 | - | - | 1,537,331 |
| Total mutual funds invested in equity securities | 15,475,724 | - | - | 15,475,724 |
| Mutual funds invested in fixed income securities | | | | |
| Short-term bond funds | 1,692,266 | - | - | 1,692,266 |
| Intermediate-term bond funds | 15,368,616 | - | - | 15,368,616 |
| Other funds | 2,636,166 | - | - | 2,636,166 |
| Total mutual funds invested in fixed income securities | 19,697,048 | - | - | 19,697,048 |
| Mutual funds - Equity securities and fixed income securities held for deferred compensation plan | 793,163 | - | - | 793,163 |
| Total assets | $ 49,663,695 | $ - | $ - | $ 49,663,695 |

## Note 7 Fair Value Measurements (Continued)

| | 2013 | | | |
|---|---|---|---|---|
| | Fair Value Measurements Using | | | Total Assets at |
| | Level 1 | Level 2 | Level 3 | Fair Value |
| Assets: | | | | |
| Cash equivalents and money market funds | $ 8,878,411 | $ - | $ - | $ 8,878,411 |
| Certificates of Deposit | 1,802,439 | - | - | 1,802,439 |
| Marketable equity securities | 4,395,538 | - | - | 4,395,538 |
| Mutual funds invested in equity securities: | | | | |
| Small cap funds | 527,603 | - | - | 527,603 |
| Large cap funds | 646,429 | - | - | 646,429 |
| Growth funds | 802,961 | - | - | 802,961 |
| Balanced funds | 600,000 | - | - | 600,000 |
| International funds | 632,525 | - | - | 632,525 |
| Other funds | 955,313 | - | - | 955,313 |
| Total mutual funds invested in equity securities | 4,164,831 | - | - | 4,164,831 |
| Mutual funds invested in fixed income securities: | | | | |
| Short-term bond funds | 301,063 | - | - | 301,063 |
| Intermediate-term bond funds | 13,989,584 | - | - | 13,989,584 |
| Total mutual funds invested in fixed income securities | 14,290,647 | - | - | 14,290,647 |
| Mutual funds - Equity securities and fixed income securities held for deferred compensation plan | 578,394 | - | - | 578,394 |
| Total assets | $ 34,110,260 | $ - | $ - | $ 34,110,260 |

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

Based on the borrowing rates currently available to Langlade Hospital for bonds with similar terms and maturities, the recorded value of the bonds payable approximated the fair value at June 30, 2014.

## Note 8 Property and Equipment

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

| | 2014 | 2013 |
|---|---|---|
| Land | $ 894,171 | $ 894,171 |
| Land improvements | 3,909,903 | 3,615,415 |
| Buildings and fixed equipment | 56,604,595 | 47,786,813 |
| Movable equipment | 25,959,404 | 24,723,714 |
| Vehicles | 211,022 | 211,022 |
| Total property and equipment | 87,579,095 | 77,231,135 |
| Less - Accumulated depreciation | 30,149,808 | 24,833,565 |
| Net depreciated value | 57,429,287 | 52,397,570 |
| Construction in progress | 67,832 | 8,256,684 |
| Property and equipment - Net | $ 57,497,119 | $ 60,654,254 |

Construction in progress at June 30, 2013, primarily relates to construction and renovation projects of the clinic, therapy, and wellness center facilities. The projects were completed in 2014 and were funded by the general operating cash and investments of Langlade Hospital.

## Note 9 Interest in Net Assets of Community Foundation

The Community Foundation was created to facilitate contributions, investments, and distribution of funds to be used toward the improvement of the health care facility and services provided by Langlade Hospital. Distributions of $33,680 and $317,573 were made by the Community Foundation to Langlade Hospital for the years ended June 30, 2014 and 2013, respectively, from the funds designated for the benefit of Langlade Hospital. The Community Foundation also distributed an additional $100,000 to Langlade Hospital in 2013 from its undesignated funds to assist with the costs of construction projects at Langlade Hospital.

Langlade Hospital's interest in net assets of the Community Foundation of $396,487 and $421,554 as of June 30, 2014 and 2013, respectively, are reported in the accompanying balance sheets.

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

| | 2014 | 2013 |
|---|---|---|
| Assets | $ 2,664,747 | $ 2,341,961 |
| Net assets | $ 2,664,747 | $ 2,341,961 |
| Change in net assets before contributions to Langlade Hospital | $ 356,466 | $ 207,045 |
| Less - Contributions to Langlade Hospital | 33,680 | 417,573 |
| Increase (decrease) in net assets | 322,786 | (210,528) |
| Net assets at beginning | 2,341,961 | 2,552,489 |
| Net assets at end | $ 2,664,747 | $ 2,341,961 |

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

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

## Note 10 Investments in Affiliates

Langlade Hospital has a 25% interest in Wisconsin Valley Health Network (WVHN). This investment is accounted for under the equity method.

Langlade Hospital also has an 9.23% interest in Aspirus VNA Home Health, Inc. (AVNA). This investment is accounted for under the cost method.

The operating results of the investment recorded under the equity method is included in the accompanying statements of operations and changes in net assets under the classification purchased services and other.

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

| | 2014 | | 2013 | |
|---|---|---|---|---|
| | Investments | Change | Investments | Change |
| WVHN | $ 214,278 | $ (10,814) | $ 225,092 | $ 22,762 |
| AVNA | 141,242 | - | 141,242 | - |
| Totals | $ 355,520 | $ (10,814) | $ 366,334 | $ 22,762 |

## Note 10 Investments in Affiliates (Continued)

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

| | Unaudited | |
|---|---|---|
| | 2014 | 2013 |
| Assets | $ 908,017 | $ 1,027,908 |
| Liabilities | $ 133,392 | $ 201,016 |
| Equity | $ 774,625 | $ 826,892 |

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

## Note 11 Notes Payable

On March 22, 2012, Langlade Hospital entered into a $15,000,000 loan agreement with BMO Harris Bank, N.A., a national bank association. The loan was drawable on demand by Langlade Hospital, and $9,000,000 was drawn as of June 30, 2012, with no additional draws in 2013. The loan was secured by Langlade Hospital's assets and guaranteed by Aspirus. The loan was repaid in full in 2013 with proceeds from the Series 2013 Bonds. See Note 12 for additional information on the Series 2013 Bonds.

As part of the acquisition of the Aspirus General Clinic, LLC, Langlade Hospital paid cash of approximately $304,000 and entered into a $900,000 loan agreement on July 1, 2011, with Aspirus Clinics, Inc., payable over a three-year period, with a 5% interest rate. This note and the interest associated with it was forgiven on an annual basis, based on Langlade Hospital meeting certain criteria related to the operation of the Clinic and the continued development of the medical practice. On June 30, 2014 and 2013, Aspirus Clinics, Inc. forgave the remaining principal of $200,000 and accrued interest of $10,000 and principal of $300,000 and $29,430 of accrued interest, respectively, on the loan because Langlade Hospital met additional forgiveness criteria as defined in the loan agreement. This forgiveness is reflected in other changes in unrestricted net assets in the accompanying statements of operations and changes in net assets.

## Note 12 Bonds Payable

Bonds payable consisted of the following as of June 30

| | 2014 | 2013 |
|---|---|---|
| Wisconsin Health and Educational Facilities Authority (WHEFA) Revenue Bonds, Series 2013, maturing in 2044, with payments varying from $425,000 in 2015 to $1,490,000 in 2044, fixed interest rates ranging from 2% to 5% | $ 25,720,000 | $ 26,130,000 |
| Add - Unamortized original issue premium | 834,317 | 863,337 |
| Less - Current maturities | 425,000 | 410,000 |
| Totals | $ 26,129,317 | $ 26,583,337 |

## Note 12 Bonds Payable (Continued)

Required payments of principal for the next five years and thereafter on the bonds payable, including current maturities, are as follows

| | |
|---|---|
| 2015 | $ 425,000 |
| 2016 | 440,000 |
| 2017 | 450,000 |
| 2018 | 470,000 |
| 2019 | 490,000 |
| Thereafter | 23,445,000 |
| Total | $ 25,720,000 |

In April 2013, WHEFA issued $90,560,000 of Revenue Bonds, Series 2013, for the benefit of Langlade Hospital and certain affiliates of Aspirus, who collectively are known as the "Aspirus, Inc. Obligated Group." Langlade Hospital joined the Aspirus, Inc. Obligated Group as a member simultaneously with the issuance of the Series 2013 Bonds. The proceeds from the Series 2013 Bonds were shared among the members of the Aspirus, Inc. Obligated Group including $26,130,000 for Langlade Hospital to reimburse itself for the construction and equipping of the replacement hospital facility which opened in May 2012, to refinance the bank note described in Note 11, and to pay certain expenses incurred in connection with the issuance. Langlade Hospital was also allocated a portion of the bond premium related to the debt in the amount of $870,592.

The Series 2013 Bonds were issued pursuant to, and secured by, a Master Trust Indenture dated February 29, 2012, between WHEFA and the existing members of the Aspirus, Inc. Obligated Group which was amended to include Langlade Hospital as well as other certain affiliates of Aspirus through a Supplemental Master Trust Indenture dated April 1, 2013.

Langlade Hospital and other members of the Aspirus, Inc. Obligated Group are jointly and severally liable for payment obligations under the Supplemental Master Trust Indenture including prior existing debt of the Aspirus, Inc. Obligated Group pursuant to the loan agreements between the obligors and the Aspirus, Inc. Obligated Group.

## Note 12 Bonds Payable (Continued)

Management has determined that the credit risk is minimal, at this point, but Langlade Hospital would be responsible for repayment of any additional debt of the other obligors if they were unable to pay beyond what is recorded on Langlade Hospital's financial statements. The total Aspirus, Inc. Obligated Group debt was $158,220,000 as of June 30, 2014. The Series 2013 Bonds are payable solely from loan payments to be made by Langlade Hospital and other Aspirus, Inc. Obligated Group members pursuant to the loan agreements between WHEFA and the Aspirus, Inc. Obligated Group. The bond agreements of the Aspirus, Inc. Obligated Group provide for various restrictive covenants. Management believes that the Aspirus, Inc. Obligated Group is in compliance with these covenants as of June 30, 2014.

## Note 13 Temporarily Restricted Net Assets

Temporarily restricted net assets relate to the interest in net assets of the Community Foundation at June 30, 2014 and 2013.

## Note 14 Malpractice Insurance

Langlade Hospital's professional liability insurance for claim losses of less than $1,000,000 per claim and $3,000,000 per year covers professional liability claims reported during a policy year ("claims made" coverage). Langlade Hospital is covered against losses in excess of these amounts through its mandatory participation in the Patients' Compensation Fund of the State of Wisconsin. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to February 1, 2015.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with Langlade Hospital. There exists the possibility of claims arising from services provided to patients through June 30, 2014 and 2013, which have not yet been asserted. Langlade Hospital has recorded liabilities at June 30, 2014 and 2013, to cover claims, including unasserted claims, using historical experience and other relevant industry and hospital-specific factors. Langlade Hospital has also recorded insurance receivables for estimated expected recoveries from insurance related to these claims as of June 30, 2014 and 2013.

## Note 14 Malpractice Insurance (Continued)

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

| | 2014 | 2013 |
|---|---|---|
| Receivables | | |
| Prepaid expenses and other | $ 69,661 | $ 69,661 |
| Other assets | 105,989 | 105,989 |
| Total receivables | $ 175,650 | $ 175,650 |
| Liabilities | | |
| Other accrued liabilities | $ 59,635 | $ 75,699 |
| Other long-term liabilities | 172,742 | 172,742 |
| Total liabilities | $ 232,377 | $ 248,441 |

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

## Note 15 Self-Funded Insurance

As of January 1, 2014, Langlade Hospital began a self-funded health and insurance plan in addition to its self-funded dental plan, which provide benefits to employees, retirees, and their dependents. Health and dental costs are expensed as incurred. Health and dental expenses are based upon claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end. The health plan buys reinsurance to cover catastrophic individual claims over $150,000.

Self-funded health expense for the six-month period ended June 30, 2014, was approximately $2,778,000. A liability of approximately $650,000 for self-funded health claims outstanding has been recorded at June 30, 2014. Self-funded dental expense for 2014 and 2013 was approximately $256,000 and $259,000, respectively. Management believes these liabilities, which are recorded in other accrued liabilities on the accompanying balance sheets, are sufficient to cover estimated claims, including claims incurred but not yet reported.

## Note 16 Retirement Plan

Langlade Hospital maintains a contributory defined contribution retirement plan for substantially all of its employees. Langlade Hospital matches each participant's contribution up to a maximum of 5% of covered earnings. Langlade Hospital's total retirement expense under the plan totaled approximately $1,432,000 and $1,408,000 in 2014 and 2013, respectively.

## Note 17 Deferred Compensation Plan

Langlade Hospital offers certain employees a deferred compensation plan created in accordance with Internal Revenue Code 457(b) (the "Plan"). The Plan, available to highly compensated employees, permits these employees to defer a portion of their salary until future years. Participation in the Plan is optional. The deferred compensation is not available to employees until separation of service or unforeseeable emergency. Any amounts of compensation deferred under the Plan and all income attributable to those amounts are to remain the property of Langlade Hospital until paid to the employee or beneficiary. Investments are managed by the Plan's administrator and are included in assets limited as to use in the balance sheets. A corresponding liability of $793,163 and $578,394 at June 30, 2014 and 2013, respectively, is recorded in other long-term liabilities in the balance sheets and includes all unrealized gains and losses on the investments held for the Plan, net of withdrawals.

## Note 18 Leases

Langlade Hospital leases various items of equipment under leases classified as operating leases. Rental expense on these cancelable leases amounted to approximately $122,000 and $105,000 in 2014 and 2013, respectively.

## Note 19 Functional Expenses

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

| | 2014 | 2013 |
|---|---|---|
| Health care and related services | $ 68,383,747 | $ 61,660,276 |
| General and administrative | 7,240,495 | 7,535,834 |
| Total expenses | $ 75,624,242 | $ 69,196,110 |

## Note 20 Related Parties

Langlade Hospital had the following related-party transactions for the years ended June 30, 2014 and 2013.

### Aspirus, Inc.

Langlade Hospital purchased information technology services and other contracted services from Aspirus totaling approximately $3,794,000 and $764,000 for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, approximately $2,145,000 and $690,000, respectively, was due to Aspirus.

### Aspirus Wausau Hospital, Inc.

Langlade Hospital purchased insurance, supplies, reference lab, information technology services, and other services from Aspirus Wausau Hospital, Inc. (AWH) totaling approximately $1,841,000 and $1,871,000 for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, approximately $54,000 and $172,000, respectively, was due to AWH. Aspirus is the sole corporate member of AWH.

## Note 20 Related Parties (Continued)

### Aspirus Clinics, Inc.

Langlade Hospital purchased insurance, recruitment, physician, lab, and Employee Assistance Program services from Aspirus Clinics, Inc. Aspirus is the sole corporate member of Aspirus Clinics, Inc. The services provided by Aspirus Clinics, Inc. totaled approximately $294,000 and $316,000 for the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, approximately $716,000 and $672,000, respectively, was due to Aspirus Clinics, Inc.

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

From time to time, Langlade Hospital may enter into various business transactions with members of the Board of Directors, members of various board committees, or organizations that employ board and/or committee members. Transactions are provided at fair value and follow Langlade Hospital's conflict of interest policies.

## Note 21 Concentration of Risk

Financial instruments that subject Langlade Hospital to possible credit risk consist principally of accounts receivable, cash deposits in excess of insured limits, and investments.

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

| | 2014 | 2013 |
|---|---|---|
| Medicare and Medicare Advantage plans | 40% | 40% |
| Medicaid and Medicaid managed care plans | 12% | 10% |
| Other third-party payors | 24% | 26% |
| Uninsured patients | 24% | 24% |
| Totals | 100% | 100% |

## Note 21 Concentration of Risk (Continued)

Langlade Hospital maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation (FDIC) insured institutions. Depository accounts at these institutions are insured by the FDIC up to $250,000. At June 30, 2014, approximately $10,511,000 of Langlade Hospital's deposits with financial institutions exceeded FDIC limits.

In addition, management has entered into irrevocable standby letters of credit for its short- and long-term investments related to deposits in excess of these limits at one of these financial institutions. After considering the letters of credit, the amount of Langlade Hospital's cash and cash equivalents and investments that are uninsured of the $10,511,000 totaled approximately $9,244,000 at June 30, 2014. In addition, Langlade Hospital's other investments are uninsured.

### Collective Bargaining by Employees

Langlade Hospital is subjective to a collective bargaining agreement with certain employees. The agreement expires on June 30, 2015, and represents approximately 26% of employees.

## Note 22 Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform with the 2014 classifications.

# LANGLADE COUNTY
# COMMUNITY HEALTH NEEDS ASSESSMENT
# LANGLADE HOSPITAL/CHNA COALITION

**JUNE 2013**

# REPORT TO THE COMMUNITY

# Langlade County Community Health Needs Assessment
# June 2013

## Table of Contents

# Langlade County Community Health Needs Assessment

**June 2013**

## Executive Summary Report

# I. Langlade County Community Health Needs Assessment
# Executive Summary
# June 2013

## Purpose and Method

The Langlade County Community Health Needs Assessment (CHNA) was a collaborative effort led by Langlade Hospital and involving community partners including health organizations, social service agencies, schools and other educational organizations, law enforcement as well as county and local government and other local partners. Members of these groups and organizations served in an advisory capacity on the Community Health Needs Assessment Coalition which was formed to provide oversight and ongoing evaluation of the process.

The overarching long term goal of the CHNA is to improve the health of the people living in the hospital's primary patient service area which includes Langlade County and contiguous areas of the surrounding five counties. In an effort to support achievement of the overarching goal, a CHNA was completed to determine the most serious health problems in Langlade County at the present time and to develop an effective action plan that, when implemented, will begin to positively impact those problems over the next three years.

## Research and Findings

The CHNA utilized recently published state and federal quantitative health and quality-of-life research including demographic data, health indicators, health risk factors, access to healthcare, social determinants of health, environmental factors and other health indicators. In addition, primary qualitative research was gathered locally from several sources including key informant interviews with 62 community leaders, four town hall meetings and an online/mail-in survey completed by over 600 persons. These research efforts included data from Langlade County, the surrounding area, and regional Native American communities. Data comparisons were made with other Wisconsin counties as well as state and national measures and benchmarks to ascertain the relative gravity of the measure or issue. A subgroup of the coalition called the Action Planning Task Force was formed to rank prioritize the health problems and to develop an action plan to address those issues determined to be the most serious and amenable to corrective influence.

## Top Priorities

The prioritization and action planning process was undertaken by the Action Planning Task Force (APTF) which utilized specific methods to identify and rank the most serious health problems identified from the research. The process of reviewing the data included considerable discussion and consultation among the coalition members as each priority was selected. After the APTF reached agreement on the top four selected health issues, they validated them by means of review and discussion with the coalition and other community leaders. The following health issues were identified as the top priorities:

1. Wellness & Prevention Services

2. Obesity

3. Substance Abuse

4. Affordability of Healthcare/Prescription Medication Costs

## Action Planning

After defining each of the health priority areas, the APTF developed a decision matrix to evaluate possible actions that could be undertaken to positively influence the four priority health issues. The decision matrix listed 24 criteria that were considered for each proposed action step. Each criterion was assigned a numerical weight based upon its perceived impact upon effective action planning. A numerical scoring system was created to determine the "fit" of a particular action plan with each of the weighted decision criteria that were created.

A number of possible action steps to positively influence each priority issue were brainstormed and discussed by the APTF. Other evidence-based action plans that communities had successfully implemented were also reviewed. Each proposed action step was evaluated against the decision matrix. A numerical score, which represented the sum of the "fit" of each action step against each weighted criterion, was calculated for each action step. The action steps were rank ordered on the basis of the numerical score obtained through the application of the decision matrix.

Action plans will be implemented over the next three years, based upon the extent to which resources are available, and will be monitored to determine their effectiveness in positively impacting the health priorities identified. Adjustments to the plan will be made over time as necessary to enhance the effectiveness of the action plans accordingly.

## Wellness & Prevention Services

Wellness and prevention services can have a significant impact on many of the health issues identified in the research completed by the coalition. The issues of obesity, substance abuse and access to healthcare can all be favorably affected by targeted wellness and prevention efforts. Increasing one's knowledge regarding successfully maintaining a healthy lifestyle can, over the long term, dramatically improve one's health and reduce both the personal and societal economic impact related to increased healthcare utilization.

Action plan:

1. To reformulate the Building a Healthier Langlade County organization, a group formed by The Langlade County Health Department and Langlade Hospital in 1996, to become a forum or "think tank" for the promotion of wellness and prevention activities as well as engaging community leaders in promotion of the action plans associated with the Hospital's *Community Health Needs Assessment* and the Health Department's *Community Health Improvement Plan.*
2. Through the Building a Healthier Langlade County, engage local businesses in health, wellness and prevention activities for their employees to promote healthy lifestyles and reduce group health plan costs.
3. Utilize the Building a Healthier Langlade County to plan, schedule and promote regular community education events directed at wellness topics related to the CHNA and CHIP plans. This will be done to also provide meaningful and relevant information to the people of Langlade County and the surrounding area to increase healthy lifestyle practices. Langlade Hospital will provide sponsorship and financial support of these events and will assist in promoting them.

## Obesity

The most recent data published by the University of Wisconsin Population Health Institute shows that obesity (measured by body mass index (BMI)) in Langlade County is above state averages for the 72 state counties. Obesity is one of the leading preventable causes of morbidity and mortality in the United States. Obesity can, over time, produce profound

deleterious health effects on the body increasing the risk of heart disease, (the leading cause of death in Langlade County), as well as diabetes, stroke and other serious health conditions. Losing weight and maintaining a healthy weight helps prevent and control these diseases. A recent RAND Corporation study found that obesity is linked to higher rates of chronic conditions than smoking, drinking or poverty. The economic impact on healthcare and related services as well as lost earnings can be significant.

Action Plan:

1. Enhance nutrition education in the Langlade County schools for all age levels through the provision of hospital expertise and resources to assist the schools in expanding related curricula to increase the nutrition knowledge base of children living in Langlade County.
2. Improve access to fruits and vegetables for people living in outlying areas of Langlade County to increase the consumption of fruits and vegetables for people in these areas.
3. Develop a system for "creatively" funding wellness and healthy lifestyle counseling services for individuals and families in Langlade County to provide needed support for those who wish to seek additional information to live healthier lives.
4. Provide expertise and guidance to individuals at rural exercise facilities regarding appropriate and effective exercise and fitness practices to encourage, improve the effectiveness and enhance safety for people utilizing these facilities.
5. Actively promote and support farm-to-school initiatives for food produce grown in Langlade County to increase consumption of locally grown food by children.

## Substance Abuse

Substance abuse and chemical dependency from the use of alcohol and other drugs can impact mortality, morbidity and criminal behaviors. Abuse of these substances is one of the most serious problems facing the United States, Wisconsin and Langlade County. According to the *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use*[1] published by the Wisconsin Department of Health Services, "Wisconsin rates of alcohol use and misuse have been among the highest – if not the highest – in the nation." The report further states: "Data for the years 2002 – 2010 consistently show that Wisconsin women of childbearing age are more likely to drink – and to binge drink – than their national counterparts." This has been the finding in Langlade County as well.

The report states that consumption patterns of illicit drug use in Wisconsin mirror national trends and the misuse of prescription drugs for non-medical purposes continues to be a serious problem in the state especially among young adults. Finally, the report states that the rates of underage drinking and underage binge drinking in Wisconsin are both higher than national rates. As noted above, binge drinking among adults in Langlade County ranks above both state and national averages. According to the report: "The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses."

Action Plan:

1. Upon reviewing the research concerning this health problem, the APTF was concerned about the daunting enormity and complexity of this problem with respect to action planning to effectively address it. Because the issue of substance abuse is broad in scope and multi-faceted in its definition and measurement, the APTF will create a work group that will be charged with the following responsibilities:

    A. Actively research the problem of substance abuse in Langlade County and the surrounding area with respect to all forms of abuse.

    B. Review what organizations and groups such as Action Alliance and Law Enforcement in Langlade County are currently doing to address the various aspects of this problem.

    C. Determine existing county assets and resources which could be brought to bear on action plans related to addressing this problem.

    D. Determine the scope of the action plan to ascertain the aspect(s) of this problem the hospital and community leaders could most effectively impact, e.g. the misuse of prescription medications.

    E. Research evidence-based actions that communities have found to be effective in addressing the identified problem(s) and related issues.

    F. Develop a specific multi-year action plan to directly impact the aspect of this health problem which the work group determines can most effectively be impacted through the use of hospital and other available resources.

**Affordability of Healthcare/Prescription Medication Costs**

The cost of healthcare services including prescription medications in Langlade County is an important economic issue. Per capita income in Langlade County is substantially lower than state and national averages. Most recent income data indicates that 14.2% of the people living in Langlade County are living in poverty and that number has nearly doubled between 2007 and 2011. Currently, 12% of the population of Langlade County is uninsured, a level that is above the state level. In addition, as employers increase the size of deductibles and co-pays for employer-based group health plans, more employees find it difficult to cover their balance of these cost sharing plans. Finally, unemployment rates in Langlade County are consistently above both state and national averages oftentimes rendering people uninsured or under insured for a period of time between jobs after COBRA limits are reached or the cost of insurance exceeds the capacity of the person to cover the costs. All of the above issues make it difficult for many persons living in Langlade County to afford the cost of their healthcare and prescription medications. In fact, oftentimes, personal healthcare needs are foregone because disposable income is not available to cover the cost or other personal needs are more pressing. This increases the likelihood that, left untreated, a personal illnesses may become more severe and require more costly healthcare intervention at a later date.

Action Plan:

1. Develop a centralized medication review resource available to people on multiple prescription medications to assist them and their providers with potential medically appropriate options to reduce ongoing medication costs.
2. Create a nurse navigator position in the Aspirus General Clinic to assist patients with the coordination of their healthcare services and identification of available resources to reduce the cost of care for the patient when possible.
3. Develop a mobile clinic to provide basic primary care medical services to people living in rural areas at a reduced cost to improve access to healthcare and health equity for persons of limited financial means or without a health coverage plan.
4. Utilize hospital and community resources such to establish a grant program to assist patients with the cost of prescription medications based upon financial status and need to improve health equity for patients without a health coverage plan.

5. Increase consumer education in Langlade County regarding health insurance access, healthcare exchanges and related issues to improve access to health coverage plans that are available.

## Implementation

Following final approval by the Langlade Hospital Board, the CHNA will be widely disseminated throughout the area and will be accessible on the hospital web site and available free-of-charge to anyone that requests a copy. The CHNA will be presented to county and city government as well as other groups and organizations. Implementation of action plans will begin in 2013 and will be carried out and monitored for effectiveness over the next three years.

## Additional Actions

The coalition is seeking to generate ongoing interest and discussion regarding these priority health issues among the people living in Langlade County and the surrounding area. To this end, the coalition will be seeking a formal proclamation from county and city government announcing the CHNA results and calling upon a county-wide effort to discuss, support and promote efforts to address the priority health problems identified.

In addition, a subgroup of seven members of the APTF has been formed as a team to make application to the Healthy Wisconsin Leadership Institute's Community Teams Program developed by the Wisconsin Medical College and the University of Wisconsin School of Medicine & Public Health. If accepted, the team will be engaged in a year-long training program to learn skills needed to lead community health improvement initiatives. The team will utilize the skills acquired to provide leadership in ongoing and future community health improvement efforts in Langlade County.

# Langlade County Community Health Needs Assessment

**June 2013**

**Complete Report**

# II. Langlade County Community Health Needs Assessment
# Complete Report
# June 2013

## Purpose

In September, 2012, Langlade Hospital began efforts to undertake a Community Health Needs Assessment (CHNA). The purpose of the CHNA was four-fold: First and foremost, the purpose of the CHNA is to improve the health of the people living in Langlade County. As a not-for-profit and tax-exempt Catholic hospital, responding to the health needs of the people living in Langlade County and the surrounding area, especially those who are most at risk, it is central to the mission of Langlade Hospital. Indeed, for more than two decades, the hospital has focused its resources on addressing significant health needs in the hospital's patient service area and has responded with, in addition to a comprehensive array of acute care services, senior housing facilities, an adult day care program, a child day care service, a hospice service, home health care, a mobile rural dental clinic, and a medically directed exercise and wellness facility. Secondly, as a not-for-profit organization, the hospital is required under new IRS regulations legislated as part of the Patient Protection and Affordable Care Act enacted in March of 2010 to conduct a CHNA every three years. Thirdly, the CHNA will provide a foundation of current, reliable and well documented information that will be available to other groups and organizations who are also concerned about community health improvement. Finally, the collaborative efforts of this multiple organization partnership will have a symbiotic effect that will enhance discussion, strengthen resolve and build upon the existing relationships (intangibles) to have an even greater collective impact upon the health of the population of people living in this area of northern Wisconsin.

## Process

A group of 57 representatives of various groups and organizations throughout Langlade County were invited to participate in an advisory capacity. This group included representation from every health, public health and social service organization in Langlade County as well as representatives from the various school districts, law enforcement, City and County government, as well as Emergency Medical Services (See complete listing in Appendix A). This group was called the Community Health Needs Assessment Coalition. The coalition provided guidance and oversight throughout the CHNA. A smaller sub group of the coalition called the Action Planning Task Group went through a process of evaluating the research, setting priorities and developing action plans to address the priorities.

The CHNA process included an extensive review of the population characteristics of Langlade County and surrounding area including Native American communities. This effort included research and review of quantitative demographic data. The data was obtained from various state, federal, hospital and county sources and included general demographics such as age, income and race; health indicators including leading causes of death and hospitalization, mortality, morbidity and premature deaths; health risk factors including tobacco use, excessive drinking, substance abuse, obesity, motor vehicle crash death rate, sexually transmitted infections and teen birth rate; access to healthcare including rates of uninsured population, availability of primary care providers, federal health personnel shortage designations, preventable hospital stays and health screenings; social determinants of health including unemployment, education, housing, environmental quality and crime statistics.

In addition to the above mentioned research, the coalition employed additional qualitative research methods, over a six month period, to collect community input to ascertain the perceived health issues and needs from people living in the hospital service area. These methods included key informant interviews, town hall meetings and community opinion surveys (see appendices D through G). A total of 62 key informant interviews were conducted with community leaders and people whose occupations or professional positions enable them to speak authoritatively about the health issues facing people living in Langlade County and the surrounding area. In addition, four town hall meetings were conducted throughout the county to provide an opportunity for people to speak directly to coalition members about what they believe are the most significant health needs. Finally, an online and mail-in survey was distributed throughout the area. Over 600 surveys were returned by people both young and old throughout the area. A summary of these additional research methods and their results is presented in appendix B. Comparisons with community standards and benchmarks as well as historical trends were utilized when reliable and valid data was available.

Also, recent prior assessments completed in Langlade County were reviewed. These included the Langlade County Community Health Improvement Plan 2010 – 2015 which was led by the Langlade County Health Department in partnership with many county organizations. The Unified School District of Antigo's 2008 Youth Risk Behavior Survey as well as preliminary results from the district's 2013 Youth Risk Behavior Survey were also reviewed.

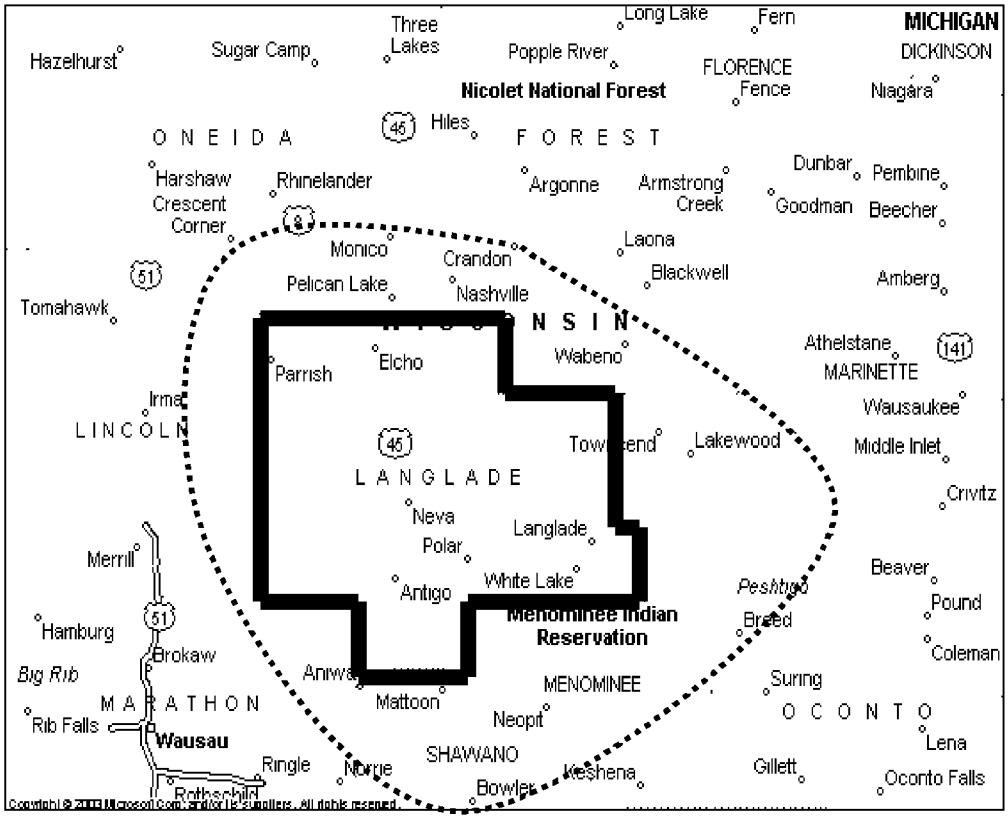
Finally, The CHNA included a process for identifying potential community resources or assets available to respond to the health needs of the county. An extensive catalogue of identified community assets and resources by category was developed and utilized in discussion regarding action steps that could be taken to address the most serious health issues. A copy of the list is available in Appendix C.

## Scope

The coalition determined that the scope of the CHNA would include all of Langlade Hospital's primary service areas including Langlade County as well as local Native American communities and areas contiguous with Langlade County including western Oconto County and northern Shawano County (see Map 1 below). Because this was the hospital's inaugural CHNA, no specific priority population was identified and the focus of the assessment was placed on the general population of the area. However, significant information was collected regarding low income and vulnerable populations including children, uninsured persons, and seniors.

The coalition examined a range of health issues for the area as well as social determinants or factors which are known to impact the health of a population such as socioeconomic, environmental and cultural conditions.

**Map 1 – Langlade Hospital Primary & Secondary Service Areas**



## III. The Demographics of Langlade County

### Community Overview – Population Demographics

Based upon the United States Census Bureau reports, the population of Langlade County has declined from 20,740 in 2000 to 19,977 in 2010. This is a decrease in population of 763 people or 3.7 percent. The population is essentially equally split between females and males. The current median age of the population is 45.7 years which has risen by more than five percent following predicted trends of an aging population as outlined below (see Table 1).

**Table 1**
**Population of Langlade County – US Census Bureau**

**-Population-**

| | Census 2000 | Census 2010 | Change |
|---|---|---|---|
| Total | 20,740 | 19,977 | -763 /-3.7% |
| Female | 10,449 | 9,945 | -504/-4.8% |
| Male | 10,291 | 10,032 | -259/-2.5% |

**-Median Age-**

| | | | |
|---|---|---|---|
| Overall | 40.5 | 45.7 | +5.2/+12.8% |
| Female | 41.6 | 46.8 | +5.2/+12.5% |
| Male | 39.4 | 44.4 | +5.0/+12.7% |

While the county population between the ages of 0 and 44 has declined by 2944 people or 23% since 2000, the population aged 45 and older has significantly increased by 2181 people or 27%. The age cohort 55 to 64 showed the greatest percent increase since the 2000 census as the number of people in this age group increased by 653 or 29% in the 10 year period. The population of Langlade County age 55 and older represented 29.6% of the total population in 2000 and now represents 34.4% of the population. This represents a total increase of nearly 12% in the age 55 and older cohort during this same time period. This shift in age demographics with declining population under age 45 and increasing population over that age is expected to continue for at least the next 20 years (see Table 2 and Chart 1 below).

**Table 2**
**Breakdown of Langlade County Population by Age Cohort**
**(US Census Bureau)**

| Age | Census 2000 | Census 2010 | Change |
|---|---|---|---|
| 0 - 14 | 4,094 | 3,386 | -708/-17% |
| 15 – 29 | 3,322 | 3,143 | -179/-5.4% |
| 30 - 44 | 4,381 | 3,252 | -1,129/-25.8% |
| 45 - 54 | 2,808 | 3,330 | +522/+18.6% |
| 55 – 64 | 2,227 | 2,880 | +653/+29.3% |
| 65 – 74 | 1,956 | 2,112 | +156/+8% |
| 75+ | 1,952 | 1,874 | -548/-35% |
| Total | 20,740 | 19,977 | -763/-3.7% |

**Chart 1**
**Comparison of Age Groups in Langlade County by Census**
**(US Census Bureau)**

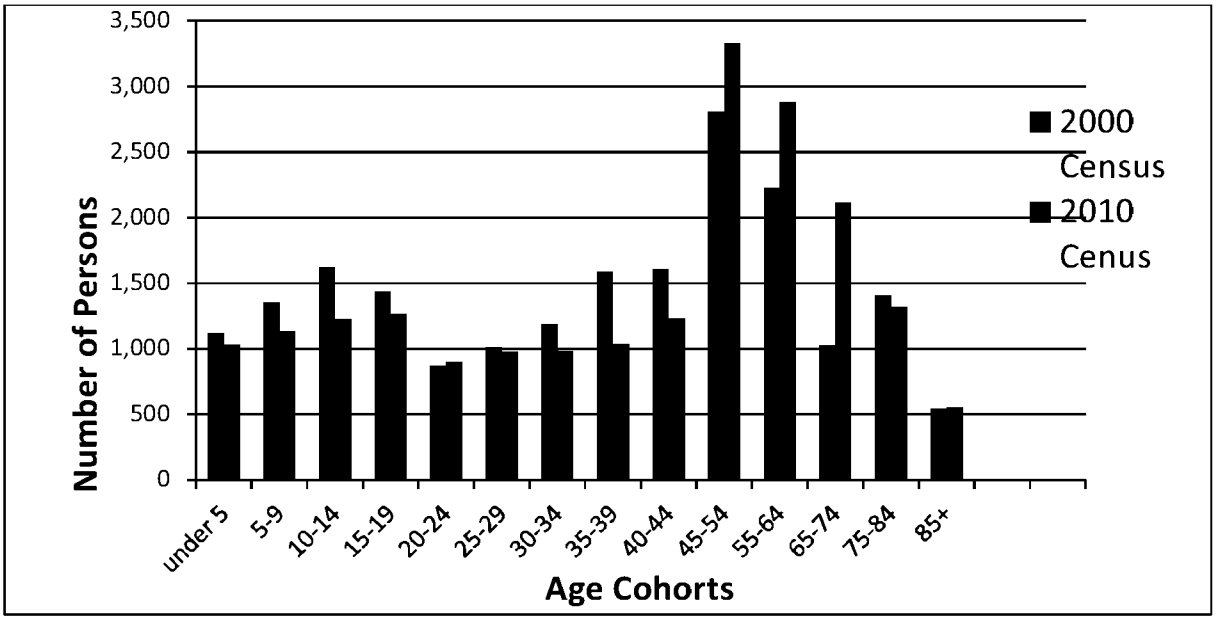


Table 3 below shows the breakdown of the Langlade County population by race. The majority of the population in Langlade County is white (96.5%). The American Indian population is the largest minority population in the county and represents 1% of the total population. The remaining minority groups, each representing less than one percent of the total population, include Asian, African American and Hispanic/Latino.

**Table 3**
**Breakdown of Langlade County Population by Race**
**(US Census Bureau)**

| Race | 2000 Census | 2010 Census | Change |
|---|---|---|---|
| White | 20,311(98%) | 19,267(96.5%) | -1,044/-5.1% |
| American Indian | 113(<1%) | 191(1%) | +78/+69% |
| Asian | 57(<1%) | 62(<1%) | +5/+8% |
| Black/African American | 31(<1%) | 72(<1%) | +41/+132% |
| Other | 42(<1%) | 100(<1%) | +58/+138% |
| Hispanic/Latino Origin | 171(1%) | 324(1.6%) | +153/+89.5% |

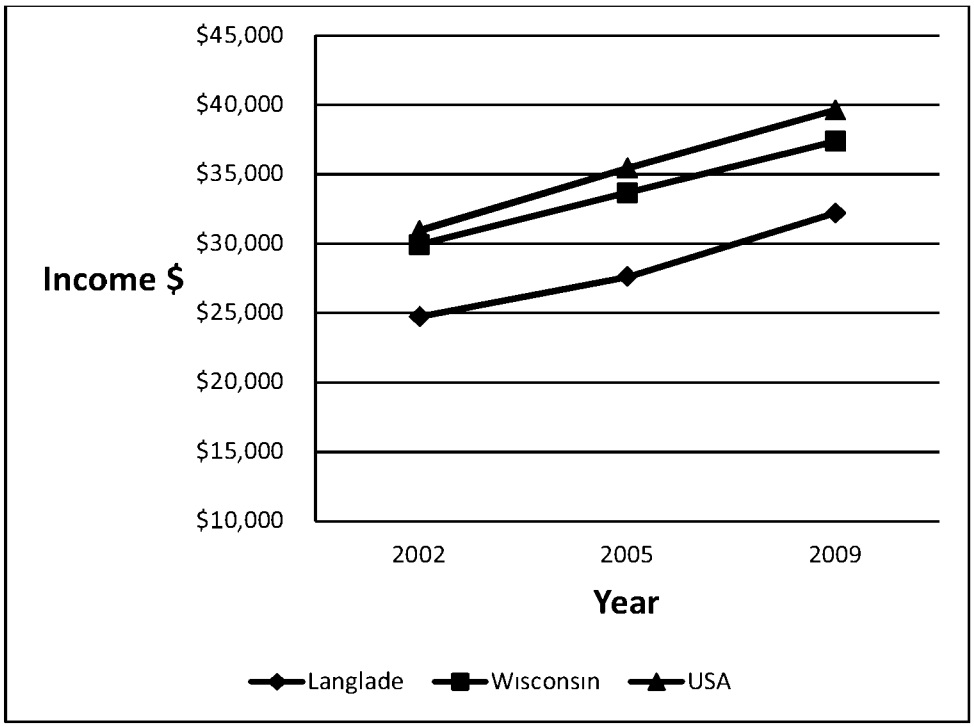
According to the Wisconsin Department of Workforce Development 2011 report[2], Langlade County has seen a negative natural increase in population due in part to the "…county's comparatively high median years of age (the 15th highest in the state) and low crude birth rate (66$^{th}$ highest among the state's 72 counties)." Historically, according to the Wisconsin Department of Health Services, Langlade County population increases resulted from net in-migration of people as the county death rate has usually exceeded the birth rate. A review of county in-flows versus out-flows of population for the years 2006 to 2010 in the same report shows that, "…on an average annual basis, the largest portion of in-flow was concentrated among individuals, ages 30 to 64 and the largest portion of out-flow was concentrated among individuals under the age of 30."

## Income – Poverty

Based on the most recent information provided by the United States Department of Health & Social Services (USDHSS), per capita personal income in Langlade County as of 2009 was $32,196 which was below Wisconsin ($37,373) and US ($39,635) figures. This continues a historical trend which has consistently shown per capita income in Langlade County to be significantly below both state and national income levels (see Chart 2 below).

**Chart 2**

**Per Capita Income Comparison in Langlade County – US Dept. of Health & Human Services**




As of 2011, approximately 2,759 people or 14.2% of the county population was living below the federal poverty guideline according to the USDHSS and US Census. The number of people living in poverty in Langlade County has risen every year since 2007. In the years from 2007 to 2011 the number of people living in poverty nearly doubled (95% increase) from 1,414 people in 2007 (see Chart 3 below). Table 4 shows the number of children in Langlade County on the school-based Free and Reduced Lunch program by year in comparison to Wisconsin state averages. For the year 2008, 46% of the children in school in Langlade County were on the school based Free and Reduced Lunch program according to the Wisconsin Council on Children and Families. As of 2012, that percentage rose to 55%. This compares to an overall Wisconsin percentage of 34% in 2008 and 40% in 2012.

**Chart3**

**Percent of Langlade County Persons Living Below Federal Poverty Guidelines**

**(US Dept. of Health & Human Services)**

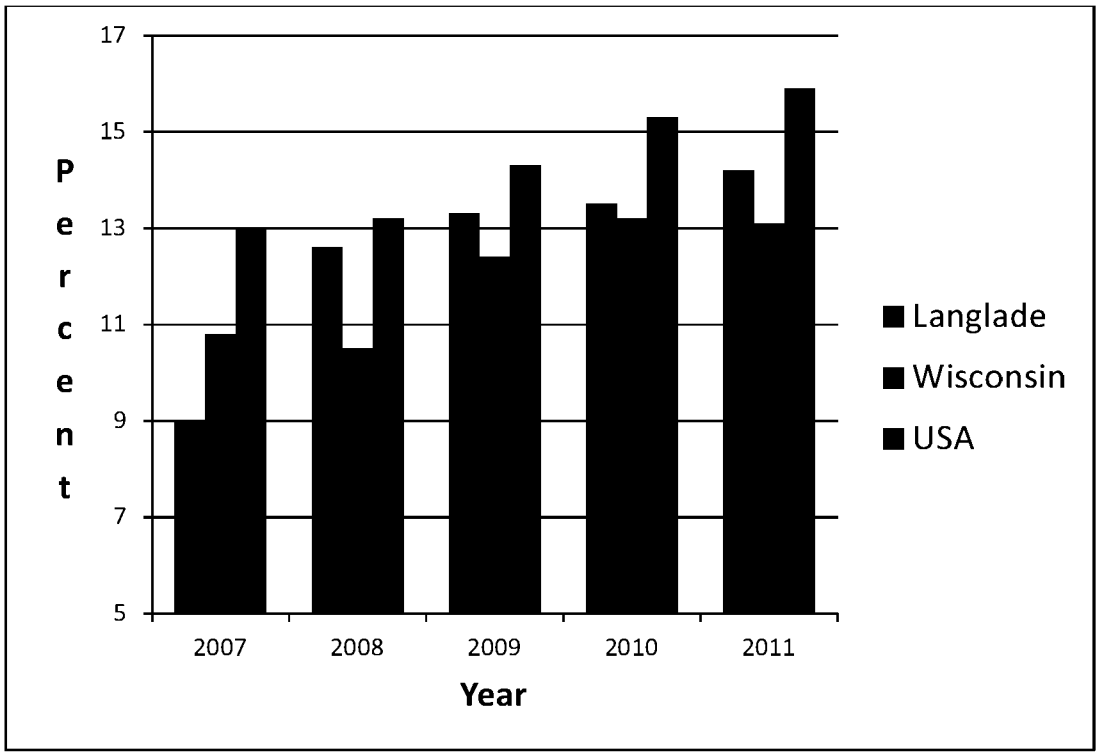



**Table 4**

**Percent of School Children in Langlade County Free & Reduced Lunch by Year**

**(Wisconsin Council on Children and Families)**

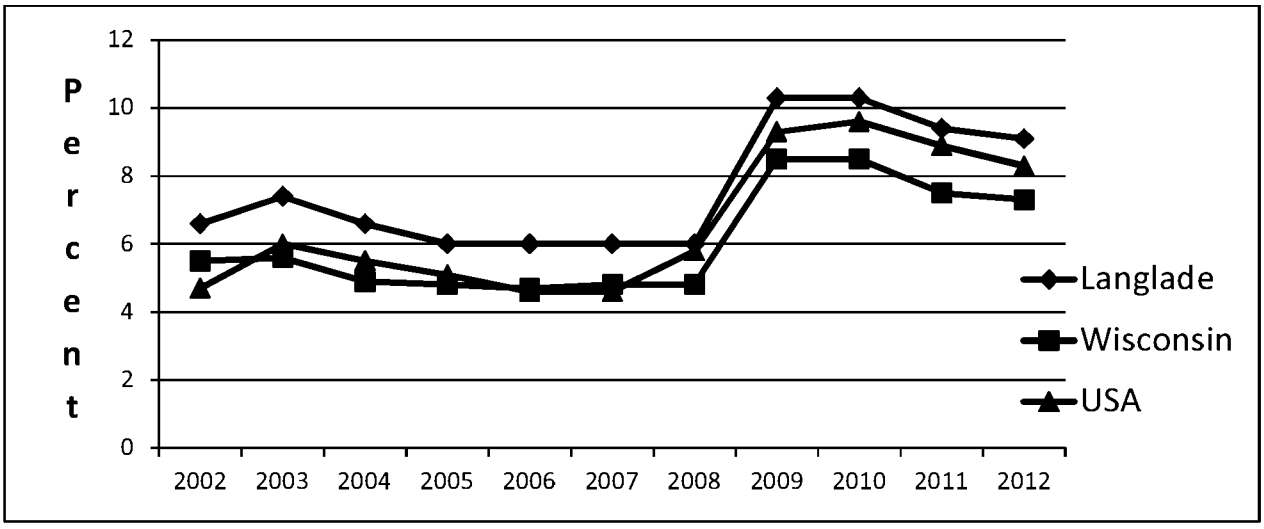
| Year | Langlade County | Wisconsin |
|---|---|---|
| 2008 | 46% | 34% |
| 2009 | 49% | 34% |
| 2010 | 47% | 37% |
| 2011 | 47% | 39% |
| 2012 | 55% | 40% |
| | | |

Wage rates for most industries in Langlade County are consistently less than the state of Wisconsin averages according to information released by the Wisconsin Department of Workforce Development (DWD) (see table 5 below). Median household income in Langlade County based on the US Census Bureau was $42,045 in 2011 compared to $52,374 in Wisconsin and $52,762 in the United States. Langlade County has consistently ranked well below state and national median household income levels. Chart 4 displays the average annual unemployment rate in Langlade County from 2002 to 2011 based on the US Bureau of Labor Statistics and Wisconsin Department of Workforce Development. The unemployment rate has been consistently higher than both the state and national figures.

**Table 5**
**Average Wage Rate by Industry in Langlade County vs. State**
**(Wisconsin Department of Workforce Development)**

| | Langlade County | Wisconsin | % of WI |
|---|---|---|---|
| All Industries | $29,122 | $39,985 | 72.8% |
| Construction | $39,249 | $49,135 | 79.9% |
| Manufacturing | $36,736 | $50,183 | 73.2% |
| Professional/Bus. | $29,370 | $46,516 | 63.1% |
| Education/Health | $34,633 | $42,464 | 81.6% |
| Leisure/Hospitality | $10,356 | $14,597 | 70.9% |

**Chart 4**
**Langlade County Average Unemployment by Year vs. State and National**
**(Wisconsin Department of Workforce Development)**



## Health Status

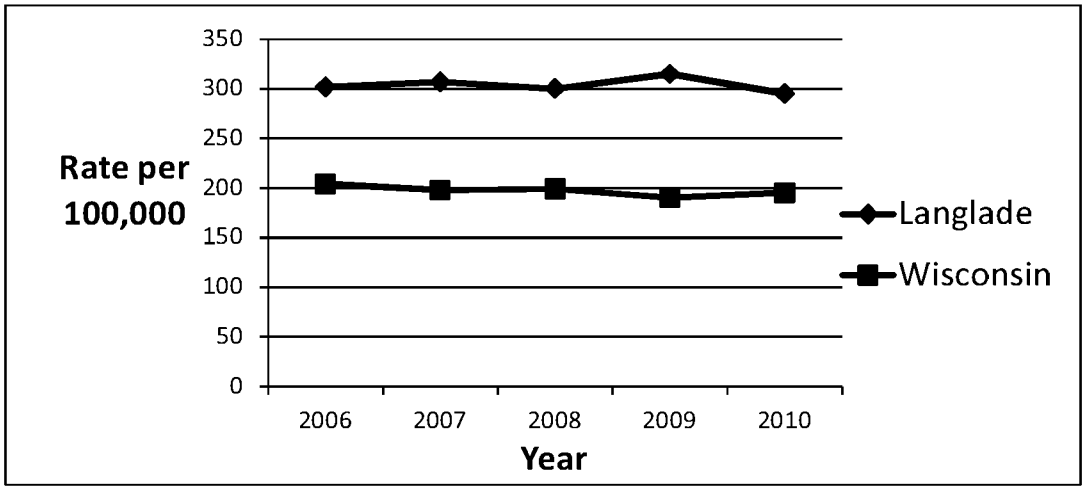
According to the Wisconsin Department of Health Services, for the years 2006 – 2010 heart disease has been the leading cause of death in Langlade County followed by cancer, cerebro-vascular disease, lower respiratory disease and accidents (see table 6). Chart 5 shows that, for the same time period 2006 - 2010, the rate of death from heart disease per 100,000 population has been consistently higher in Langlade County than for the state.

**Table 6**
**Leading Causes of Death per 100,000 Population in Langlade County 2006 – 2010**
**(Wisconsin Department of Health Services)**

| Cause of Death Langlade County | 2010 | 2009 | 2008 | 2007 | 2006 |
|---|---|---|---|---|---|
| Heart Disease | 59/295 | 67/315 | 64/300 | 65/307 | 64/302 |
| Cancer | 42/210 | 58/273 | 54/253 | 63/298 | 58/273 |
| Cerebrovascular Disease | 8/** | 12/88 | 16/** | 21/99 | 10/** |
| Lower Respiratory Disease | 14/** | 17/** | 20/94 | 11/** | 10/** |
| Accidents | 9/** | 11/** | 16/** | 13/** | 13/** |

**low rate per 100,000 population

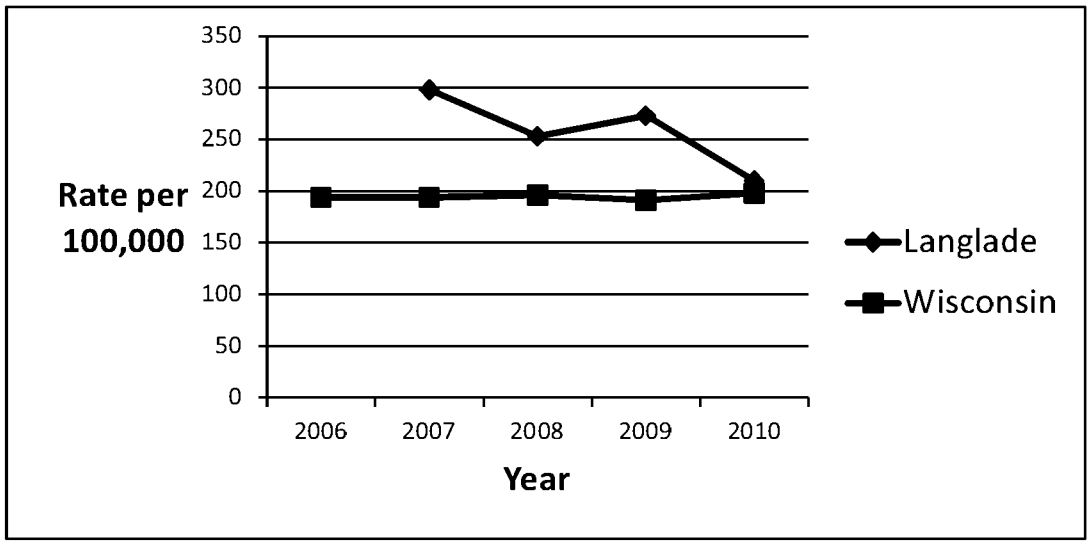
**Chart 5**
**Heart Disease Death Rate (per 100,000 population) by Year in Langlade County vs. Wisconsin**
**(Wisconsin Department of Health Services)**



Based on a 2011 American Cancer Society report entitled *Wisconsin Cancer Facts & Figures 2011* published by the State of Wisconsin Department of Health Services, between the years 2003 – 2007 in Wisconsin, the leading causes of death from cancer for females in order of frequency were: lung cancer (24%), breast cancer (14%) and cancers of the colon and rectum (10%). For Wisconsin males during the same period, the most frequent causes of death from cancer were: lung cancer (28%), prostate (11%) and cancers of the colon and rectum (9%). The report also shows cancer mortality rate by county for the State of Wisconsin. According to the report, the cancer mortality rate in Langlade County for the same period was higher than the state average.

More recent data reported by the Wisconsin Department of Health Services for the years 2007 to 2010 show the death rate from cancer in Langlade County above the state average but declining to near the state average for the year 2010 (see Chart 6).

**Chart 6**
**Cancer Death Rate (per 100,000 population) in Langlade County vs. Wisconsin**
**(Wisconsin Department of Health Services)**




The American Cancer Society report *Wisconsin Cancer Facts & Figures 2011* indicates that for the same period 2003 – 2007 the incidence rate of cancer in Langlade County was less than the state average. More recent state-wide statistics from the Wisconsin Department of Health Services show that the incidence rate (per 100,000 population) of new cancers in Langlade County for the years 2006 – 2009 was highest for prostate cancer followed by breast cancer,

lung cancer and colorectal cancer except for the year 2009 when lung cancer ranked second followed by breast cancer and colorectal cancer (see Table 7).

**Table 7**
**Rate of New Cases of Cancer (per 100,000 population) by Year**
**(Wisconsin Department of Health Services)**

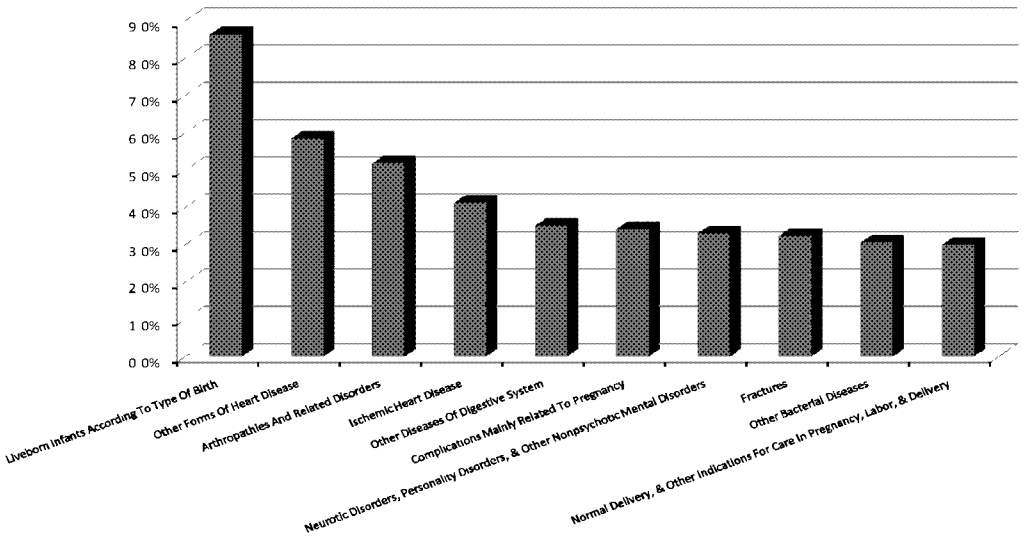
| Primary Site | Year | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2006 | | 2007 | | 2008 | | 2009 | |
| | Langlade | WI | Langlade | WI | Langlade | WI | Langlade | WI |
| Breast | 104 | 128 | 104 | 131 | 133 | 133 | 75 | 136 |
| Cervical | 0 | 7 | 19 | 6 | 28 | 6 | 9 | 6 |
| Colorectal | 52 | 50 | 57 | 47 | 24 | 44 | 47 | 47 |
| Lung/ Bronchus | 99 | 65 | 52 | 66 | 85 | 63 | 136 | 67 |
| Prostate | 123 | 142 | 104 | 140 | 141 | 144 | 215 | 139 |
| Other Sites | 359 | 218 | 236 | 230 | 208 | 225 | 300 | 249 |
| | | | | | | | | |
| Total | 623 | 471 | 457 | 481 | 468 | 473 | 633 | 503 |
| | | | | | | | | |

The 10 most frequent inpatient diagnoses for patients from Langlade County who were hospitalized from April 2011 to March 2012 are presented in Chart 7. The birth of a live born infant represented 8% of patients and was the most frequent reason for an inpatient admission followed by "other" heart disease, 6%, arthropathies (diseases of the joint), 5%, and ischemic heart disease, 4%.

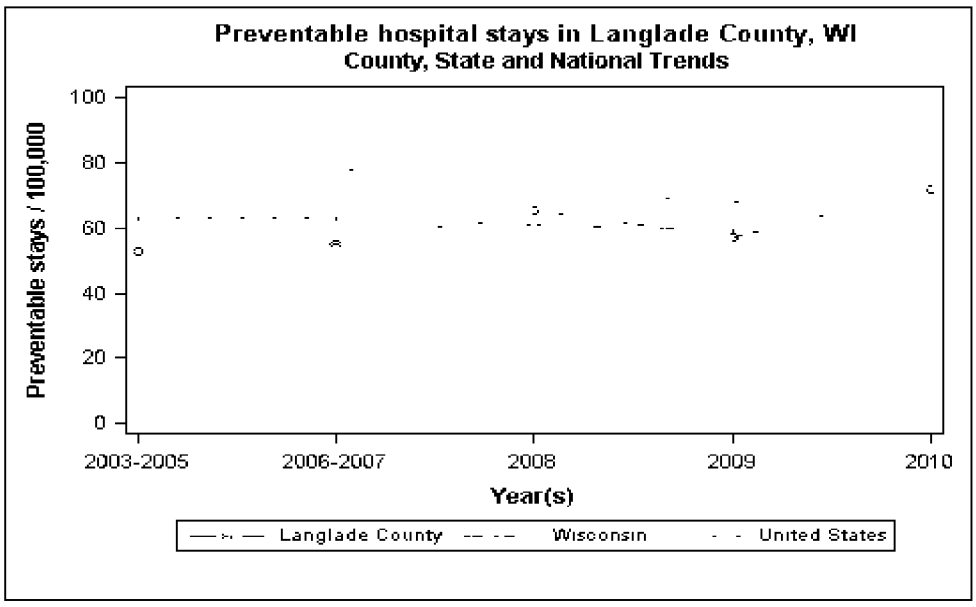
The University of Wisconsin Population Health Institute began publishing an annual report which ranks health outcomes and health factors for each of the Wisconsin counties. Included in the report is the rate of preventable hospitalizations for diagnoses such as congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease and pneumonia. Chart 7 shows the rate of preventable hospitalizations in Langlade County for the years 2003 – 2010. For the year 2012, the Institute reported that the number of preventable hospitalizations for Langlade County for the year was 72 which was below the state average.

## Chart7

## Inpatient Diagnoses for Langlade County Patients (April 2011 – March 2012) (Intellimed)

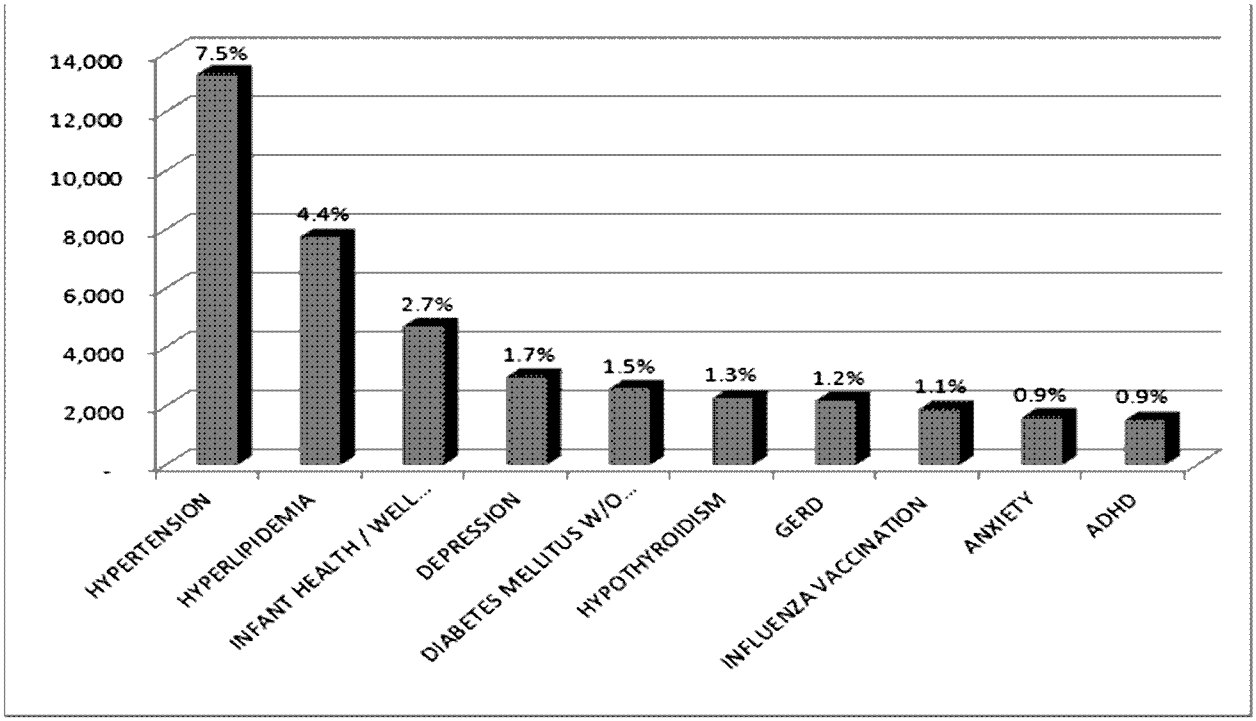



## Chart 8



The top 10 reasons for patient visits to the Aspirus General Clinic, the largest primary care clinic in Langlade County, is presented in Chart 9 below. Hypertension was the number 1 reason for patients to visit the clinic representing 7.5% of the visits followed by hyperlipidemia (4.4%) and infant health/well child check (2.7%).

**Chart 9**
**10 Most Frequent Reasons for Patient Clinic Visits October 2011 – October 2012**
**Aspirus General Clinic Antigo, Elcho & Birnamwood**




Sexually transmitted diseases reported in Langlade County have been consistently below state averages. Table 8 shows the frequency of sexually transmitted diseases for Langlade County as reported by The Wisconsin Department of Health Services for the most recent years available 2006 - 2010. Chlamydia was the most frequently reported sexually transmitted disease in Langlade County as the number of cases has ranged from 15 to 20 per year during that time period.

The incidence of HIV in Langlade County is low in comparison to state-wide averages. According to the State of Wisconsin Department of Health Services AIDS/HIV Surveillance

Summary, there have been a total of seven cases of HIV infection (less than 1% of state total) reported in Langlade County between 1983 and 2012 compared to a state-wide total of 10,246 cases. According to the Department of Health Services, the overall rate of HIV infection in Wisconsin is 4.8 per 100,000 population which is less than one third of the national rate (15.8 per 100,000).

**Table 8**
**Sexually Transmitted Diseases in Langlade County by Year**
**(Wisconsin Department of Health Services)**

| Disease | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|---|---|---|---|---|
| Chlamydia | 20 | 15 | 16 | 18 | 19 |
| Gonorrhea | <5 | <5 | <5 | <5 | <5 |
| Syphilis | 0 | 0 | 0 | 0 | 0 |
| Genital Herpes | 10 | 6 | - | - | - |
| | | | | | |

## Health Risk Factors

Each year, the University of Wisconsin Population Health Institute within the University of Wisconsin-Madison School of Medicine and Public Health releases its *Wisconsin County Health Rankings.* The rankings are compiled through the assistance of the Centers for Disease Control and Prevention as well as Dartmouth College. The rankings are based upon a model of population health improvement that describes the current health status of a county using specific measures of health outcomes such as morbidity. These health outcomes are influenced by a number of health factors or determinants of health such as specific health behaviors and socioeconomic factors. The rankings are presented in using these two broad categories of measures: Health Outcomes and Health Factors. The two categories are broken down by specific measures below:

A. Health Outcomes:
    1. Mortality:
        a. Premature death

    2. Morbidity:
        b. Poor or fair health

c. Poor physical health days
d. Poor mental health days
e. Low birth weight

B. Health Factors:
    1. Health Behaviors:
        a. Adult smoking
        b. Adult obesity
        c. Physical inactivity
        d. Excessive drinking
        e. Motor vehicle crash death rate
        f. Sexually transmitted infections
        g. Teen birth rate

    2. Clinical Care:
        a. Uninsured adults
        b. Primary care provider rate
        c. Preventable hospital stays
        d. Diabetic screening
        e. Mammography screening

    3. Social & Economic Factors:
        a. High school graduation
        b. Some college
        c. Unemployment
        d. Children in poverty
        e. Inadequate social support
        f. Children in single parent households
        g. Violent crime rate

    4. Physical Environment:
        a. Air pollution – particulate matter days
        b. Daily fine particulate matter
        c. Drinking water safety
        d. Air pollution – ozone days
        e. Access to healthy foods
        f. Limited access to healthy foods
        g. Access to recreational facilities

h. Fast food restaurants

The purpose of the annual *County Health Rankings* is to give each county a "snapshot" of the overall health of their respective population as a "call to action" to improve the health of communities through development and implementation of programs and policies that address health factors. A large portion of the research which the CHNA Coalition undertook included a careful review and consideration of these rankings published by the Population Health Institute for the years 2010 – 2013 (see table 9).

**Table 9**
**Wisconsin County Health Rankings 2010 - 2013**
**University of Wisconsin Population Health Institute**

| Measure | 2010 | 2010 State Rank | 2011 | 2011 State Rank | 2012 | 2012 State Rank | 2013 | 2013 State Rank |
|---|---|---|---|---|---|---|---|---|
| **Health Outcomes:** | | **64** | | **67** | | **66** | | **58** |
| **1. Mortality:** | | **38** | | **51** | | **57** | | **34** |
| Premature Death | 6,149 | | *6,971 | | *7,121 | | 5,795 | |
| | | | | | | | | |
| **2. Morbidity:** | | **70** | | **70** | | **68** | | **67** |
| Poor or Fair Health | *18% | | *19% | | *19% | | *17% | |
| Poor Physical Health Days | *4.8 | | *4.8 | | *4.0 | | *3.8 | |
| Poor Mental Health Days | *4.1 | | *3.9 | | *3.9 | | *3.6 | |
| Low Birthweight | *7.3% | | *7.4% | | 6.9% | | 6.7% | |
| | | | | | | | | |
| **Health Factors:** | | **54** | | **54** | | **59** | | **59** |
| **1. Health Behaviors:** | | **58** | | **58** | | **63** | | **62** |
| Adult Smoking | 22% | | 21% | | *26% | | *25% | |
| Adult Obesity | *29% | | *30% | | *30% | | *30% | |
| Physical Inactivity | NA | | NA | | *24% | | *24% | |
| Excess Drinking | 23% | | 21% | | 22% | | 22% | |
| | | | | | | | | |

**Table 9 Continued**

| Measure | 2010 | 2010 State Rank | 2011 | 2011 State Rank | 2012 | 2012 State Rank | 2013 | 2013 State Rank |
|---|---|---|---|---|---|---|---|---|
| Motor Vehicle Crash Death Rate | *27 | | *27 | | *29 | | *22 | |
| Sexually Transmitted Infections | 73 | | 65 | | 84 | | 90 | |
| Teen Birth Rate | *41 | | *41 | | *38 | | *35 | |
| **2. Clinical Care:** | | **17** | | **47** | | **50** | | **53** |
| Uninsured Adults | 10% | | 11% | | *12% | | *12% | |
| Primary Care Provider Rate | **59 | | **2,017:1 | | **2,017:1 | | 1,174:1 | |
| Preventable Hospital Stays | 56 | | 55 | | 57 | | *72 | |
| Diabetic Screening | 90% | | **85% | | **88% | | **89% | |
| Mammography Screening | NA | | **64% | | **69% | | **69% | |
| **3. Social & Economic Factors:** | | **55** | | **50** | | **52** | | **58** |
| High School Graduation | 98% | | 95% | | 91% | | 92% | |
| Some College | NA | | 52% | | 53% | | 51% | |
| Unemployment | *6% | | *10.1% | | *10.0% | | *9.4% | |
| Children In Poverty | *18% | | *19% | | *23% | | *23% | |
| Inadequate Social Support | 18% | | 17% | | *19% | | *19% | |
| Children In Single Parent Households | NA | | 27% | | 28% | | 29% | |
| Violent Crime Rate | 149 | | 100 | | 105 | | 144 | |
| **4. Physical Environment:** | | **33** | | **7** | | **7** | | **7** |
| Air Pollution-Particuate Matter Days | 0 | | 2 | | 2 | | | |
| | | | | | | | | |

**Table 9 Continued**

| Measure | 2010 | 2010 State Rank | 2011 | 2011 State Rank | 2012 | 2012 State Rank | 2013 | 2013 State Rank |
|---|---|---|---|---|---|---|---|---|
| Daily Fine Particulate Matter | - | | - | | - | | 9.5 | |
| Drinking Water Safety | - | | - | | - | | 4% | |
| Air Pollution-Ozone Days | 0 | | 0 | | 0 | | - | |
| Access to Healthy Foods | 30% | | 33% | | NA | | - | |
| Limited Access to Healthy Foods | NA | | NA | | *8% | | *10% | |
| Access to Recreational Facilities | NA | | *25 | | *25 | | *25 | |
| Fast Food Restaurants | NA | | NA | | 22% | | 23% | |

*Above State Average For the Year

**Below State Average For the Year But of Concern

The most recent 2013 rankings give Langlade County a ranking of 59 out of 72 for Health Outcomes and a ranking of 59 for Health Factors. These two key rankings for Langlade County have consistently fallen in the bottom quartile for the years 2010 – 2013 (see Charts 10 & 11). With respect to the Health Outcomes data, self reported "poor or fair health days," "poor physical health days," and "poor mental health days" have been above the state average for the past four years.

Health Behaviors including "adult smoking," "obesity," "physical inactivity," "motor vehicle crash death rate" and "teen birth rate" are above the state average for the same period 2010 - 2013. Clinical Care measures including "uninsured adults" and "preventable hospital stays" have risen above state levels during the past years, while "diabetic screening" rates and "mammography screening" rates have consistently been below state averages.

Social and Economic factors of "unemployment" and "children in poverty" have consistently ranked above the state average as previously cited. Measures of "inadequate social support" have also risen above the state average for the past two reporting years 2012 and 2013.

**Chart 10**

**State Health Rankings – Langlade County Health Outcomes 2010 – 2013**

**(UW Population Health Institute)**

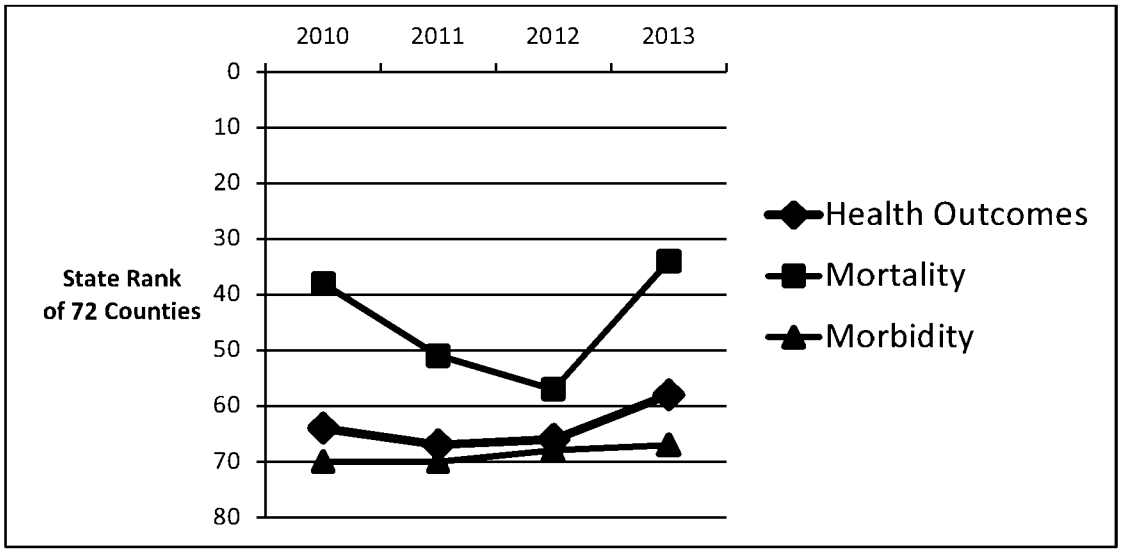
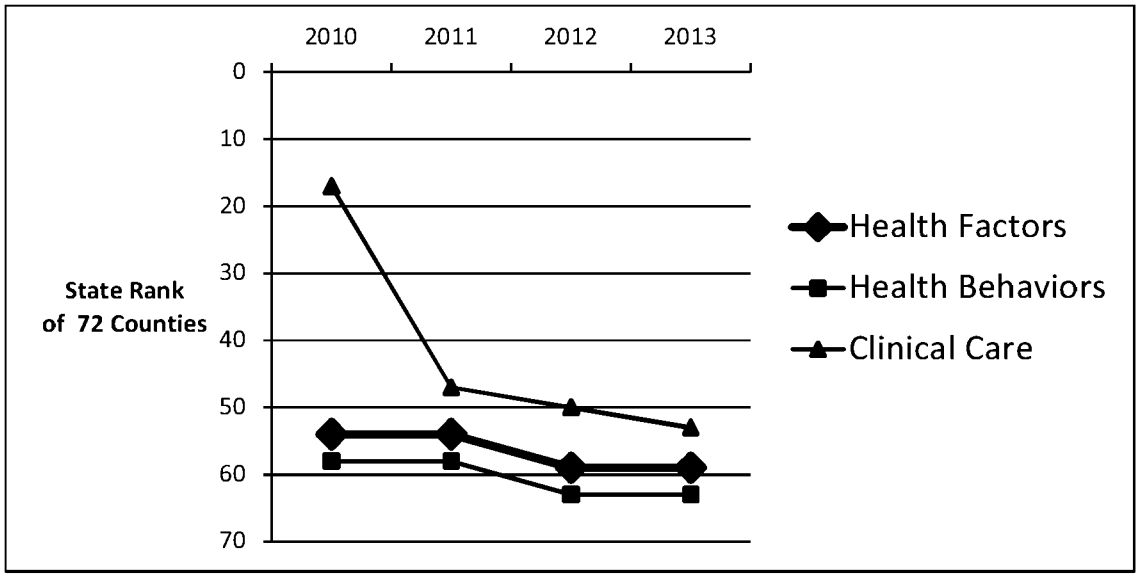



**Chart 11**

**State Health Rankings – Langlade County Health Factors 2010 – 2013**

**(UW Population Health Institute)**



## Access to Healthcare

The United States Department of Health & Human Services has designated two Langlade County areas as Health Professional Shortage Areas (HPSA): The Village of White Lake and the Town of Elcho. These areas are designated by The Health Resources and Services Administration (HRSA) of the United States Department of Health & Human Services as HPSAs because of the comparatively low number of healthcare providers offering primary care medical services in those areas. All of Langlade County has been designated as both a dental HPSA and a Mental Health HPSA because of the low per capita income of the county and the lower ratio of providers to population. The Ainsworth Township in northeastern Langlade County has been designated as a Medically Underserved Area (MUA) by the HRSA. The MUA designation is based on a government index which involves four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

Most primary care medical providers practice in the Aspirus General Clinic (AGC) on the Langlade Hospital campus in Antigo, the county's population center. The most recent listing of primary care providers per 100,000 population in Langlade County by the US Department of Health & Human Services (2009) shows a total of 59.5 providers. The current provider level is higher than was reported in 2009. The AGC has additional clinics in the communities of Elcho and Birnamwood. Current provider staffing in the AGC includes several medical providers that practice in more than one AGC site:

**Aspirus General Clinic – Antigo**

| Specialty | Number |
|---|---|
| Family Practice | 7 (1 additional in August, 2013) |
| Internal Medicine | 2 |
| General Surgery | 2 |
| Pediatrics | 1 |
| Obstetrics/Gynecology | 1 |
| Allied Health | 5 |

**Aspirus General Clinic – Elcho**

| | |
|---|---|
| Internal Medicine | 2 |
| Pediatrics | 1 |

**Aspirus General Clinic – Birnamwood**

| | |
|---|---|
| Family Practice | 2 |
| Allied Health | 1 |

Two additional family practice physicians and an allied health provider offer primary medical services on an independent basis in the Antigo Medical Building in Antigo.

Langlade Hospital and Northern Health Centers, Inc., a Federally Qualified Health Center located in Lakewood, Wisconsin, are in the process of developing a single provider primary care clinic in the Village of White Lake to serve the people living in eastern Langlade County and western Oconto County. The new clinic is a joint venture between the parties. When operational in the fall of 2013, the clinic will improve access to primary care services for that designated HPSA area.

According to the University of Wisconsin Population Health Institute, approximately 12% of the population of Langlade County is uninsured. This percentage has increased from 10% in 2010 and has risen to 12% for the past two years. Langlade County's rate of uninsured persons has risen above the state average during the past two years. The rate of uninsured persons correlates with the increased unemployment in Langlade County which has also consistently remained above both state and national averages as previously mentioned. That is because many people have access to health care coverage through their employer, and when employment is lost, access to health coverage can become difficult and costly.

The breakdown of patient volume by payer source for persons receiving services in the hospital's service area is shown in table 10. The table shows that, while self-pay volumes have generally declined over the period 2009 to 2011, both the Medicare and Medicaid volumes have risen. This corresponds to the changing age and socioeconomic demographics of the county as outlined above.

As of April, 2013, according to the Langlade County Department of Social Services, there were a total of 5,166 persons (one in four persons) in Langlade County who were Medicaid/Badger Care beneficiaries. This figure is down from April, 2012 and April, 2011 when 5,348 and 5,236 persons respectively were enrolled in the programs (see Table 11 below).

No accurate Medicare figures were available for Langlade County, however, based on the 2010 census, approximately 4,000 persons in Langlade County are Medicare recipients as compared to 3,908 person in the previous 2000 census.

**Table 10**
**Patient Volumes in Langlade Hospital Service Area by Payer Source**
**(Intellimed)**

| | Volume | | | Percentage of Report Total | | |
|---|---|---|---|---|---|---|
| | 2009 | 2010 | 2011 | 2009 | 2010 | 2011 |
| **Inpatient** | | | | | | |
| Medicaid | 584 | 611 | 639 | 19.1% | 19.7% | 20.2% |
| Medicare | 1,453 | 1,480 | 1,516 | 47.5% | 47.6% | 48.0% |
| Self Pay | 98 | 106 | 111 | 3.2% | 3.4% | 3.5% |
| Total Patient Volume | 3,058 | 3,107 | 3,161 | 69.8% | 70.7% | 71.7% |
| **Ambulatory** | | | | | | |
| Medicaid | 523 | 608 | 667 | 11.5% | 12.5% | 12.9% |
| Medicare | 1,776 | 2,063 | 2,189 | 39.0% | 42.4% | 42.4% |
| Self Pay | 111 | 91 | 79 | 2.4% | 1.9% | 1.5% |
| Total Patient Volume | 4,551 | 4,866 | 5,167 | 53.0% | 56.8% | 56.8% |
| **Emergency Department** | | | | | | |
| Medicaid | 3,976 | 3,829 | 3,813 | 31.8% | 30.6% | 30.5% |
| Medicare | 3,476 | 3,587 | 3,633 | 27.8% | 28.7% | 29.0% |
| Self Pay | 1,296 | 1,173 | 1,067 | 10.4% | 9.4% | 8.5% |
| Total Patient Volume | 12,508 | 12,089 | 12,179 | 69.9% | 68.7% | 68.1% |

**Table 11**
**Medicaid/Badger Care Recipients in Langlade County 2010 – 2013 (April)**
**(Langlade County Department of Social Services)**

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|
| Medicaid | 1,272 | 1,286 | 1,458 | 1,606 | 1,580 |
| Badger Care | 3,213 | 3,857 | 3,778 | 3,745 | 3,586 |
| Total | 4,485 | 5,143 | 5,236 | 5,348 | 5,166 |

Based on the findings of the qualitative research methods undertaken by the coalition including the population survey, town hall meetings and key informant interviews, there was significant concern expressed by participants regarding the cost of healthcare and prescription medication services. Our research has shown that people will often choose to forego needed healthcare services because of the cost of the service or because of a lack of health coverage. This is also true for many persons who are insured by a health coverage plan but, because of large deductibles or co-pays, find their out-of-pocket cost for healthcare financially challenging. A 2009 American Journal of Medicine study in the United States reported that medical debt due to accumulated medical bills was a contributing cause in 62% of personal bankruptcy filings. Of significance, nearly three quarters of those filing personal bankruptcies for medical debt had health insurance or other form of health coverage.

**Social Determinants of Health**

Most of the qualitative research which the coalition undertook indicated that issues related to substance abuse were of serious concern to people living in Langlade County. Recent information released by county law enforcement agencies related to the criminal use of bath salts and other illicit substances as well as the misuse of prescription medications in Langlade County has increased awareness of these issues. News reports of high profile arrests of community leaders and others for the criminal sale and use of illegal substances over the past few years has both raised awareness of the issue and demonstrated the ongoing challenge law enforcement agencies face in addressing these issues. However, specific accurate information related to the prevalence of substance abuse in Langlade County has been difficult to obtain, with the exception of information related to the abuse of alcohol.

Table 12 below shows a year-by-year comparison of available data regarding the incidence of self-reported drinking behavior in northern Wisconsin and the state of Wisconsin for the years 2007 to 2010. The table also displays a comparison of self-reported excessive drinking in Langlade County and Wisconsin for the years 2010 to 2013 as reported by the University of Wisconsin Population Health Institute. The definitions of the various drinking behaviors are:

Heavy Drinking – More than one drink per day on average for a woman and more than two drinks per day on average for a man.
Binge Drinking – More than five drinks on one occasion for a man or more than four drinks on one occasion for a woman.
Excessive Drinking - Includes heavy or binge drinking and any alcohol consumption by youth under the age of 21 or any alcohol consumption by a woman during pregnancy.

The incidence of self-reported heavy drinking in northern Wisconsin has typically been below the average rate for the state during the years reported. Binge drinking rates in northern Wisconsin have also been slightly below state levels for the same years. The Excessive drinking rate comparison for the years 2010 – 2013 shows Langlade County's rate as equal to or less than the state average rate. Current youth alcohol use in Langlade County was not available.

**Table 12**

**Self Reported Heavy, Binge and Excessive Drinking in Langlade County/Wisconsin by Year (Wisconsin Interactive Statistics on Health (WISH), UW Population Health Institute)**

| Drinking Behavior | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|
| Heavy Drinking – Northern, WI | 5.8% | 7.3% | 7.5% | 7.5% | 4.3% | | | |
| Heavy Drinking – Wisconsin | 7.9% | 6.7% | 7.9% | 8.0% | 6.3% | | | |
| | | | | | | | | |
| Binge Drinking – Northern, WI | 20.5% | 22.8% | 19.6% | 22.7% | 20.5% | | | |
| Binge Drinking – Wisconsin | 24.2% | 23.3% | 23.0% | 23.9% | 21.4% | | | |
| | | | | | | | | |
| Excessive Drinking – Langlade Co. | | | | | 23% | 21% | 22% | 22% |
| Excessive Drinking - Wisconsin | | | | | 23% | 25% | 24% | 24% |

In March 2013, the UW Population Health Institute, the University of Wisconsin School of Medicine and Public Health, and Health First Wisconsin published a joint report entitled: *The Burden of Excessive Alcohol Use in Wisconsin.* The report estimates the economic cost of excessive alcohol consumption for each Wisconsin county. The report estimates that, for Langlade County in 2011, excessive alcohol consumption contributed to at least 7 alcohol related deaths, 200 alcohol related hospitalizations and 162 alcohol-related arrests. The report estimated binge drinking, which is responsible for 76% of the economic cost of excessive alcohol consumption, in Langlade County at 29% of the population compared to 23% for Wisconsin and 16% for the United States. They estimate the annual economic cost of excessive alcohol use in Langlade County to be $31.4 million. These estimated costs are broken out as follows:

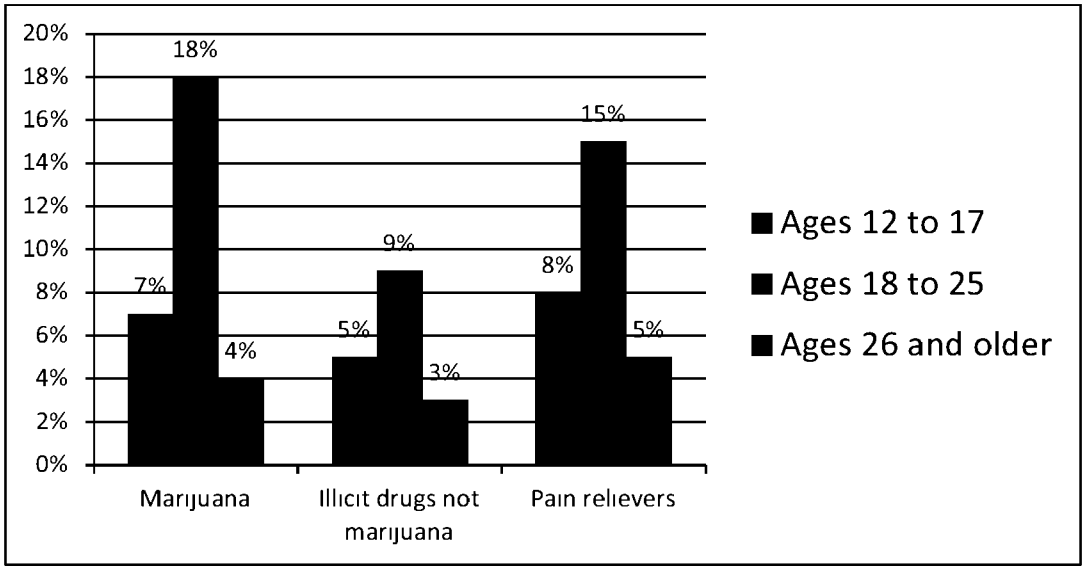
$ 3.5 million in healthcare costs, $22.7 million in lost productivity and $5.0 million in other economic costs such as motor vehicle crashes and criminal justice system costs.

Chart 12 below shows the illicit use of drugs in Wisconsin by age for the year 2009 (most recent data available). No specific data was available for Langlade County. The chart shows that the highest percentage of illicit drug use for that year was by adults age 18 to 25.

**Chart 12**

**Illicit Drug Use in Wisconsin 2009 by Age**

**(Wisconsin Council on Alcohol and Other Drug Abuse Prevention – January, 2012)**

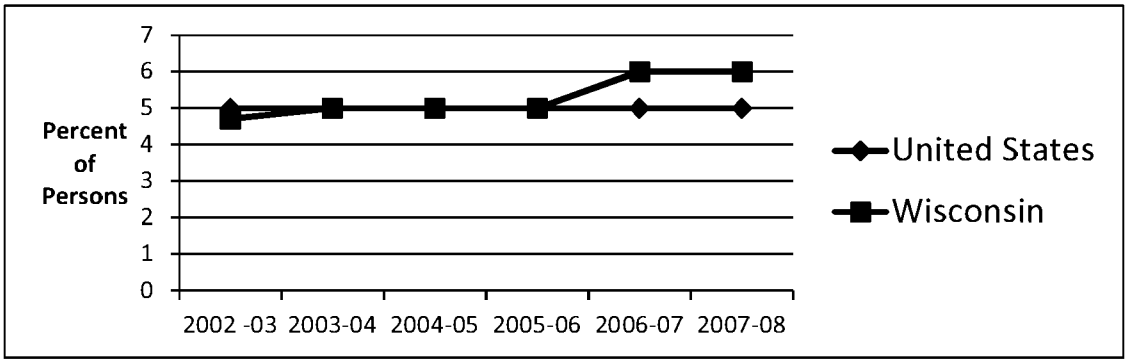



According to the 2012 Wisconsin Council on Alcohol and Other Drug Abuse Prevention publication *Drug Abuse in Wisconsin*, prescription drug abuse is America's fastest growing drug problem. The misuse of prescription drugs in Wisconsin was comparable to levels in the United States until 2006 when the percentage in Wisconsin exceeded the United States (see Wisconsin/US comparison in Chart 13). The report further states that unauthorized prescription drug use has now overtaken marijuana use as the most common illegal drug used by youth even though its use is illegal. They also report that recent data in Wisconsin shows that prescription drugs are the second most common drug used for recreational purposes after marijuana. (The United States makes up 4.6% of the world's population but consumes 80% of its opioids and 99% of the worlds' hydrocodone (the opioid that is Vicodin)). The report further states that, nationally, the average number of prescriptions per resident is 12.9 per year and in Wisconsin the rate is 12.7 per year. Finally, the report states that between the years 2007 and 2008, 15% of Wisconsin adults reported using pain relievers for non-medical purposes.

**Chart 13**

**Prescription Drug Misuse Age 12 & Older by Year – US/WI Comparison**

**(Wisconsin Council on Alcohol and Other Drug Abuse Prevention – January, 2012)**

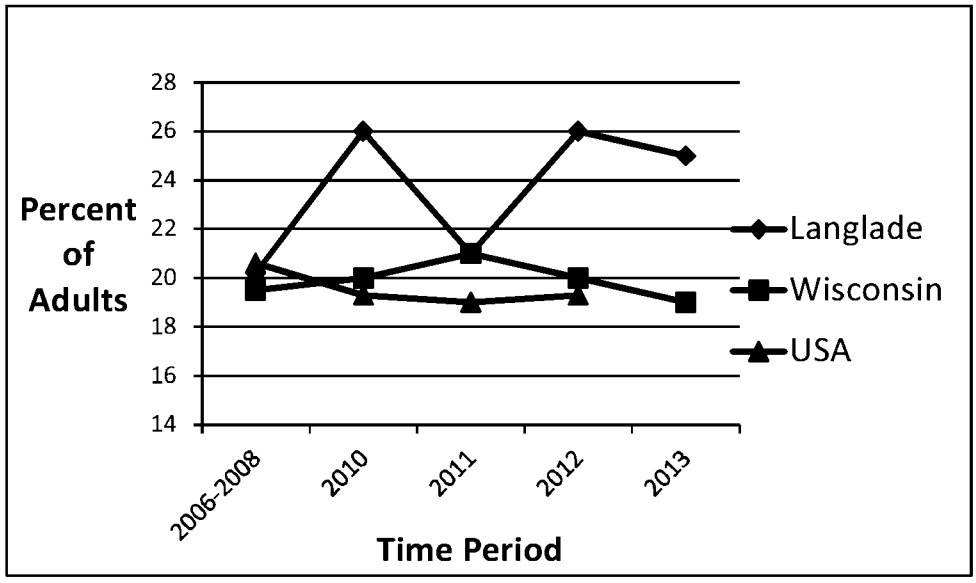



Tobacco use in Langlade County among adults (no current youth data available) is above state and national levels (see Chart 14 below)

**Chart 14**

**Prevalence of Adult Smoking US, WI and Langlade County by Year**

(UW Population Health Institute, Centers for Disease Control and Prevention)



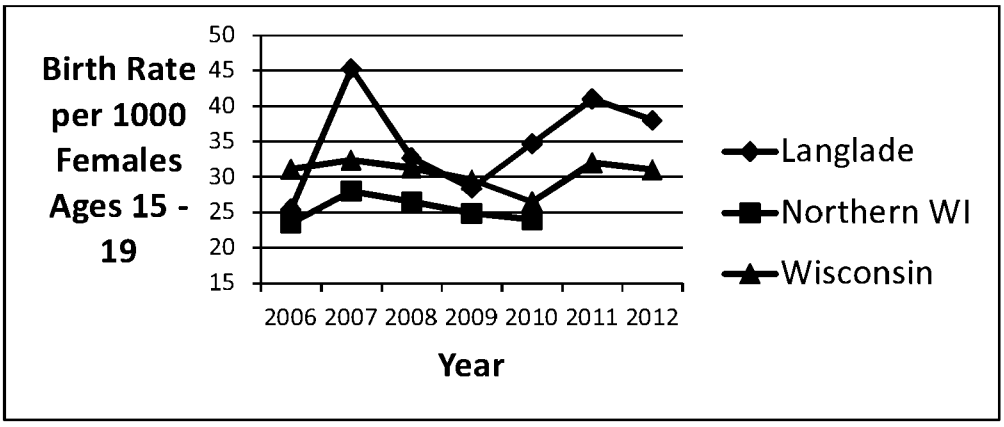
The prevalence of women smoking during pregnancy in Wisconsin and the United States has been declining. According to the University of Wisconsin - Milwaukee Center for Urban Initiatives and Research (CUIR) 2012 report *Smoking During Pregnancy in Wisconsin and the United States Trends and Patterns, 1990 - 2010*, the prevalence of smoking during pregnancy in the United States decreased from 18% in 1990 to 9% in 2007. In Wisconsin, the prevalence of smoking during pregnancy decreased from 23% in 1990 to 15% in 2007. Between 1990 and 2010, according to the CUIR, smoking during pregnancy decreased by 42% in Wisconsin. In Langlade County, however, based on the CUIR study, the prevalence of smoking during pregnancy has increased during those same periods (see Table 13 below). This raises many concerns regarding fetal and maternal health for women and infants in Langlade County.

**Table 13**
**Prevalence of Smoking During Pregnancy in WI & Langlade County by Year**
**(UW-Milwaukee Center for Urban Initiatives & Research)**

| | 2005 – 2007 | | 2008 – 2010 | |
|---|---|---|---|---|
| | Smoking Prevalence | Rank(WI) | Smoking Prevalence | Rank(WI) |
| Langlade County | 26.0% | 63 | 28.9% | 66 |
| Wisconsin | 14.4% | | 13.9% | |

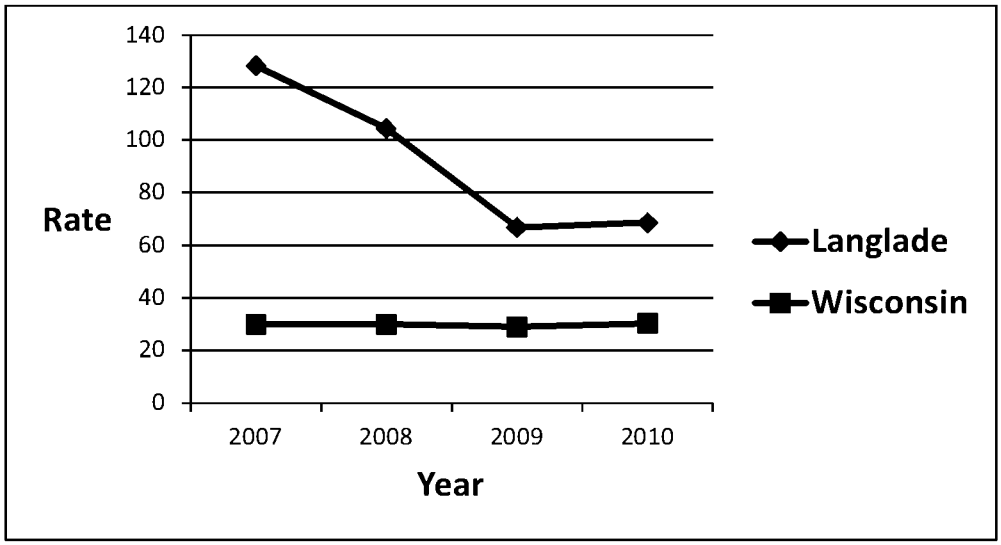
The teen birth rate per 1000 females in Langlade County has consistently been above both state and northern Wisconsin averages according to the Wisconsin Department of Health Services. Chart 15 below shows a comparison of the county teen birth rate to Wisconsin and northern Wisconsin for the years 2006 to 2012 the most recent years for which data was available.

**Chart 15**
**Teen Birth Rate for Wisconsin, Northern WI, Langlade County by Year**
**(Wisconsin Department of Health Services, Division of Public Health)**



The frequency of child abuse and neglect in Langlade County has consistently and significantly risen above state averages according to the Wisconsin Council on Children & Families. Chart 16 below displays the recorded incidence of the most recent child abuse and neglect statistics per 1000 population in Langlade County for the years 2007 to 2010. While rates have declined since 2007, they remain above state averages for the two most recent years on record.

**Chart 16**
**Child Abuse & Neglect in Wisconsin & Langlade County 2007 -2010**
**(Wisconsin Council on Children & Families)**




Langlade County crime statistics indicate that the incidence of violent crime is well below state averages for the years 2010 – 2013 according to the UW Population Health Institute (see table 14). County crime statistics according to the Wisconsin Law Enforcement Crime Reports Security Guide for the years 2003 to 2007 (most recent available) report larceny as the most frequently reported crime followed by burglary (see table 15).

**Table 14**
**Violent Crime Rate in Wisconsin & Langlade County 2010 – 2013**
**(UW Population Health Institute)**

| Region | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| Langlade | 149 | 100 | 105 | 144 |
| Wisconsin | 272 | 283 | 275 | 261 |

**Table 15**
**Langlade County Crime Statistics 2003 – 2007**

| Crime | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|
| Murder | 1 | 0 | 0 | 0 | 0 |
| Rape | 1 | 0 | 0 | 1 | 2 |
| Robbery | 0 | 0 | 1 | 0 | 0 |
| Assault | 42 | 51 | 58 | 15 | 14 |
| Burglary | 155 | 145 | 170 | 163 | 217 |
| Larceny | 475 | 631 | 524 | 630 | 637 |
| Vehicle | 22 | 21 | 29 | 44 | 18 |
| Arson | 0 | 0 | 0 | 0 | 0 |
| | | | | | |
| Total | 696 | 848 | 782 | 853 | 888 |

Academic achievement for adults age 25 and older as reported by the Wisconsin Department of Workforce Development and the US Census Bureau based on the 2000 and 2010 census are shown in Table 16 and graphically represented in Chart 17. Langlade County statistics indicate that there are fewer people with a college degree or higher living in Langlade County than state and national averages. However, a higher percentage of the county's population has high school diplomas or equivalent than state and national averages.

**Table 16**
**Academic Achievement USA, Wisconsin & Langlade County 2000 & 2010**
**(Wisconsin Department of Workforce Development & US Census Bureau)**

**2000 Census**

| | Less Than High School | High School Diploma | Ass. Degree Some College | Bachelor Degree Or Above |
|---|---|---|---|---|
| Langlade County | 19.1% | 45.3% | 23.9% | 11.7% |
| Wisconsin | 14.8% | 34.6% | 28.1% | 22.5% |
| United States | 19.6% | 28.6% | 27.4% | 24.4% |

**Table 16 Continued**

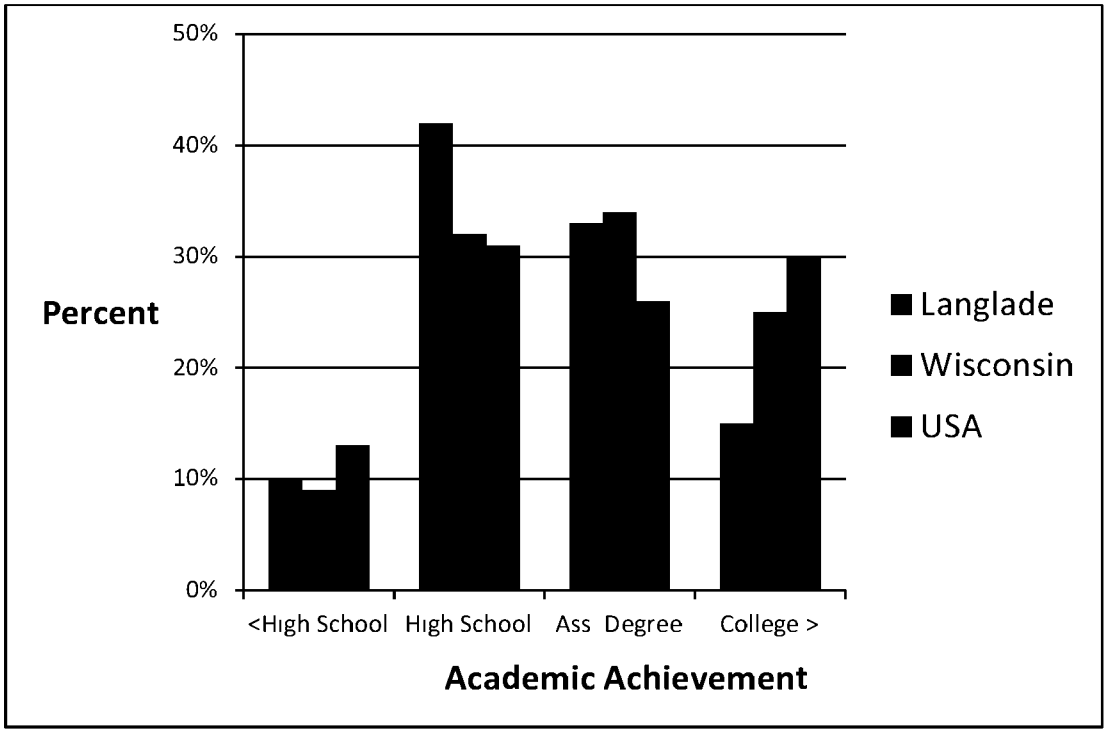
**2010 Census**

| | Less Than High School | High School Diploma | Ass. Degree Some College | Bachelor Degree Or Above |
|---|---|---|---|---|
| Langlade County | 10% | 42% | 33% | 15% |
| Wisconsin | 9% | 32% | 34% | 25% |
| United States | 13% | 31% | 26% | 30% |

**Chart 17**

**Percent Academic Achievement USA, WI and Langlade County 2010**

**(Wisconsin Department of Workforce Development and US Census Bureau)**



Langlade County, as mentioned above (Chart 4), experiences a rate of unemployment that is consistently above both state and national averages. This significant economic factor is compounded by relatively low wage rates for persons employed in Langlade County as presented in Table 5 above. For every major industry, wage rates for jobs in Langlade County are significantly lower than state averages. According to the WDWD, the 2010 average annual earnings in Langlade County were 27.2 percent lower than that of the state-wide average.

Approximately 60 percent of the overall workforce in Langlade County was employed in the manufacturing, trade, transportation, utilities, education and health employment sectors. The five largest employers in Langlade County in order of size as of 2010 were:

Langlade Hospital
Unified School District of Antigo
Amtec Corporation
Walmart
Langlade County

According to the Wisconsin Department of Workforce Development WDWD), in 2009, the latest year of record, the total number of non-farm workers by age group in Langlade County were:

| Age | Percent of County Workers |
|---|---|
| 14 -21 | 10 |
| 22 – 34 | 20 |
| 35 – 54 | 46 |
| 55 and older | 22 |

The public administration, information, education and health service sectors had comparatively older workforces than other county industries in the same year according to the WDWD.

Housing statistics in Langlade County based upon the results of the 2010 census are displayed in Table 17. More than three quarters of people living in Langlade County live in their own homes. Most people live in households with an average of 2.79 people while nearly 30% of Langlade County residents live alone.

Langlade County is a comparatively desirable location to reside from an environmental health perspective. Based on the above reported *County Health Rankings* published by the University of Wisconsin Population Health Institute, Langlade County has maintained an overall rank of 7$^{th}$ of the 72 Wisconsin counties for the years 2011, 2012 and 2013 with respect to the physical

environment health factor. Clean air and drinking water as well as access to recreational facilities are key drivers of the high ranking for Langlade County.

**Table 17**
**Langlade County Families & Housing Statistics 2010**
**(US Census Bureau)**

**Langlade County Families/Housing 2010**

| Family/Housing | Number | Percent |
|---|---|---|
| Total Households | 8,587 | 100% |
| Owner Occupied House | 6,561 | 76.4% |
| Renter Occupied House | 2,026 | 23.6% |
| Families | 5,629 | 65.6% |
| Husband/Wife Family | 4,471 | 52.1% |
| Household Children under 18 | 2,281 | 26.6% |
| Average Family Size | 2.79 | - |
| Household Living Alone | 2,487 | 29.0% |

## IV. Community Assets and Resources

During the course of the CHNA, the coalition developed a catalogue of community assets and resources available in Langlade County and the surrounding area. This listing was used to identify possible resources available to support the development of action plans and to maximize the effectual utilization of existing resources to avoid duplication and inefficiencies in implementing those actions. The complete listing of assets and resources, by category, is included in Appendix C.

## V. Health Needs Prioritization Process

In order to streamline the process of priority setting and action planning, a subgroup of the coalition was formed and given the name of Action Planning Task Force (APTF) (see Appendix B). The APTF held weekly meetings between March 8 and May 24, 2013 during which time they established priorities and developed an implementation plan.

The APTF utilized specific criteria which they used to rank prioritize the health needs. First, the APTF reviewed the frequency with which each health issue was identified during the qualitative research. This frequency criterion was used because it was measurable and best reflected the importance of the health problem to the community. Following this review, extensive group discussion and debate regarding the significance and feasibility of action planning for each of the most frequently identified health issues was held. A PICK chart, a Lean Six Sigma tool for organizing and identifying priorities, was used to facilitate the discussion leading to finalization of the priorities. The discussion considered a number of criteria including the feasibility and likelihood of change, the magnitude of the problem and number of people affected, the severity of the problem and the relationship of the problem to other community issues (see Appendix H for a complete listing of criteria). Finally, four health need priorities were identified for action planning and implementation. The priorities were limited to four because the four identified were significantly more frequently mentioned than others and, given the scope of the CHNA, it was thought that sufficient resources, though limited, were more likely to be available to address these top ranked priorities. Finally, the priorities were validated by means of review and discussion with the Task Force as well as the CHNA coalition. The priorities were ranked as follows:

1. Wellness & Prevention Services
2. Obesity
3. Substance Abuse/Chemical Dependency
4. Affordability of Medical Care/Prescription Drug Affordability

## VI. Action Planning & Implementation

Following ranking of priorities, the task force began the action planning phase of the CHNA. The task force developed a list of 24 criteria (see Appendix I) which were used to review proposed actions to address the identified priorities. A numerical weight of 1 to 5 points was assigned to each criterion to establish the relative importance of each when evaluating possible actions. Criteria such as “likelihood of impacting the problem” were assigned the highest weight of 5 points while other criteria such as “originality (of the action)” were given a lower weight.

Following the development of the decision matrix, brain storming sessions were held to generate ideas for potential action plans to address each of the priorities. Definitions for each of the health problem priorities were reviewed to assure consensus on the issue. Successful

evidence-based action plans previously developed by other organizations and communities were also reviewed as action planning for each priority area was undertaken.

After numerous potential action plans were generated, the Task Force evaluated each potential action by assigning a numerical rating score based on its "fit" with each of the 24 decision criteria. The "fit" rating scores were based on a Lean method and were as follows:

| Fit | Rating Points |
|---|---|
| No fit | 0 |
| Low fit | 1 |
| Fit | 3 |
| Good fit | 9 |

Each potential action plan was given a final numerical score representing the sum of the multiple of "fit" per weighted criterion. The action plans were ranked according to final numerical score. The action plans with the highest scores were selected. The action plan for each priority is listed below:

## Wellness & Prevention

Wellness and prevention services can have a significant impact on many of the health issues identified in the research completed by the coalition including obesity, substance abuse and access to healthcare. Increasing one's knowledge regarding successfully maintaining a healthy lifestyle can, over the long term, dramatically improve one's health and reduce both the personal and societal economic impact due to healthcare utilization.

Goal: To increase awareness and knowledge for persons living in the hospital service area of the positive personal health benefits of living healthy lifestyles.

a. To reduce the risk of heart disease and cancer, the two leading causes of death in Langlade County.

Action plan:

1. To reformulate the Building a Healthier Langlade County organization, a group formed by The Langlade County Health Department and Langlade Hospital in 1996, to become a forum or "think tank" for promotion of wellness and prevention activities as well as engaging community leaders in promotion of the action plans associated with the

Hospital's *Community Health Needs Assessment* and the Health Department's *Community Health Improvement Plan.* This action will be started in July 2013.

2. Through the Building a Healthier Langlade County, engage local businesses in health, wellness and prevention activities for their employees to promote healthy lifestyles and reduce group health plan costs. This action will be started in fall of 2013.
3. Utilize the Building a Healthier Langlade County to plan, schedule and promote regular community education events about wellness related topics related to the CHNA and CHIP plans as well as provide meaningful and relevant information to the people of Langlade County and the surrounding area to increase healthy lifestyle practices. Langlade Hospital would provide sponsorship and financial support of these events and would assist with promoting them. This action will be started in the fall of 2013.

Measures of Success:

1. At least 10 major community presentations regarding wellness topics related to identified health problems in Langlade County will be conducted by Langlade Hospital and community partners over the next three years.

2. At least 15 employers in Langlade County will become engaged in ongoing efforts with the hospital and its community partners to promote wellness activities among their respective workforce.

## Obesity

As noted above, obesity, usually measured by body mass index (BMI), in Langlade County is above state averages for the 72 state counties. Obesity can, over time, produce profound deleterious health effects on the body increasing the risks of heart disease, the leading cause of death in adults in Langlade County, as well as diabetes, stroke and other serious health conditions. Losing weight and maintaining a healthy weight helps to prevent and control these diseases. The economic impact on healthcare and related services as well and lost earnings can be significant.

Goal: To decrease the level of obesity among people living in Langlade County to a level equal to or below the state average.

a. To decrease the risk of heart disease, diabetes and stroke among people living in the hospital service area.

Action Plan:

1. Enhance nutrition education in the Langlade County schools for all age levels through the provision of hospital expertise and resources to assist the schools in expanding related curricula to increase the nutrition knowledge base of children living in Langlade County. This action will begin in spring of 2014.
2. Improve access to fruits and vegetables for people living in outlying areas of Langlade County to increase the consumption of fruits and vegetables for people in these areas. This action will be started before 2015.
3. Develop a system for "creatively" funding wellness and healthy lifestyle counseling services for individuals and families in Langlade County to provide needed support for those who wish to seek additional information to live healthier lives. This action will begin planning stages in 2014 with implementation in fall of 2014.
4. Provide expertise and guidance to individuals at rural exercise facilities regarding appropriate and effective exercise and fitness practices to encourage, improve the effectiveness and enhance safety for people utilizing these facilities. This action will begin in January 2014.
5. Actively promote and support farm-to-school initiatives for food produce grown in Langlade County to increase consumption of locally grown food by children. This step will begin planning in 2013 with implementation in 2015.

Measures of Success:

1. To increase the hours of healthy nutrition education in each Langlade County school district by at least 25% through support of the hospital and community partners.

2. To develop a wellness counseling resource for individuals and families and provide service to at least 250 people over the next three years.

3. To assist at least 150 people in learning about age appropriate and healthy exercise and fitness regimens at community exercise facilities throughout the hospital service area.

4. To have increased access to fruits and vegetables for people living in rural areas in Langlade County.

5. To have increased the use, by county schools, of the volume of food produce that is grown locally in Langlade County.

Langlade Hospital opened its new Center For Health & Performance in June, 2013. The center provides medically directed fitness, exercise and health information to people of all ages. This facility and the services offered should also have a significant positive influence on the issue of obesity by assisting people in enhancing their personal health knowledge and practices.

## Substance Abuse

Substance abuse and chemical dependency from the use of alcohol and other drugs can impact mortality, morbidity and criminal behaviors. Abuse of these substances is one of the most serious problems facing the United States, Wisconsin and Langlade County. According to the *Wisconsin Epidemiological Profile on Alcohol and Other Drug Use*[3] published by the Wisconsin Department of Health Services, "Wisconsin rates of alcohol use and misuse have been among the highest – if not the highest – in the nation." The report further states: "Data for the years 2002 – 2010 consistently show that Wisconsin women of childbearing age are more likely to drink – and to binge drink – than their national counterparts." This has been the finding in Langlade County as well.

The report states that consumption patterns of illicit drug use in Wisconsin mirror national trends and the misuse of prescription drugs for non-medical purposes continues to be a serious problem in the state especially among young adults. Finally, the report states that the rates of underage drinking and underage binge drinking in Wisconsin are both higher than national rates. As noted above, binge drinking among adults in Langlade County ranks above both state and national averages.

According to the report: "The economic and health costs of substance abuse in Wisconsin are substantial, as are the related costs to the community of arrests and criminal offenses."

Goal: To reduce substance abuse where hospital and community partner intervention can have a positive impact.

Action Plan:

1. Upon reviewing their research concerning this health problem, the APTF was concerned about the daunting enormity and complexity of this problem with respect to action planning to effectively address it. Because the issue of substance abuse is broad

in scope and multi-faceted in its definition and measurement, the APTF will create a work group that will be charged with the following responsibilities:

A. Actively research the problem of substance abuse in Langlade County and the surrounding area with respect to all forms of abuse. This step will begin in fall 2013.

B. Review what organizations and groups such as Action Alliance and Law Enforcement in Langlade County are currently doing to address the various aspects of this problem. This step will begin in the fall of 2013.

C. Determine existing county assets and resources which could be brought to bear on action plans related to addressing this problem. This step will begin in the fall of 2013.

D. Research evidence based actions that communities have found to be effective in addressing this problem. This step will begin in the fall 2013.

E. Determine the scope of the action plan to focus on the aspect(s) of this problem which the hospital and community leaders could most effectively impact such as the misuse of prescription medications. This step will begin in 2014.

F. Develop a specific multi-year action plan to directly impact the aspect of this health problem which the work group determines can most effectively be impacted through the use of hospital and other available resources. This step will begin and be implemented in 2014.

Measures of Success:

1. Identification of at least one aspect of substance abuse that the hospital and its community partners can positively impact.

2. Implementation of specific actions to address the identified issue and measures to monitor success of the action plans.

## Affordability of Healthcare and Prescription Medication Costs

The cost of healthcare services including prescription medications in Langlade County is an important economic issue. Per capita income in Langlade County is substantially lower than state and national averages. Most recent income data indicates that 14.2% of the people living in Langlade County are living in poverty and that number had nearly doubled between 2007 and 2011. Currently, 12% of the population of Langlade County is uninsured, which is above the state level. In addition, as employers increase the size of deductibles and co-pays for employer based group health plans, more people find it difficult to cover their balance of these cost sharing plans. Finally, unemployment rates in Langlade County are consistently above both state and national averages often rendering people uninsured or under insured for a period of time between jobs after COBRA limits are reached or the cost of insurance exceeds the capacity of the person to cover the costs. All of the above issues make it difficult for many persons living in Langlade County to afford the cost of their healthcare and prescription medications. In fact, often, healthcare needs are foregone because disposable income is limited or not available to cover the cost. This increases the likelihood that, left untreated, some illnesses may become more severe and require more expensive healthcare intervention at a later date.

Goal: To increase access to healthcare services and health equity for people living in the hospital's service area who are economically or socially disadvantaged.

Action Plan:

1. Develop a centralized medication review resource available to people on multiple prescription medications to assist them and their providers with potential medically appropriate options to reduce ongoing medication costs. This step will begin in spring 2014 with implementation in 2014.
2. Create a nurse navigator position in the Aspirus General Clinic to assist patients with the coordination of their healthcare services and identification of available resources to reduce the cost of care for the patient when possible. This step will be implemented in the fall of 2014.
3. Develop a mobile clinic to provide basic primary care medical services to people living in rural areas at a reduced cost to improve access to healthcare and health equity for persons of limited financial means or without a health coverage plan. This step will begin planning in 2014 with implementation in 2015 or sooner.
4. Utilize hospital resources such as the Community Health Foundation to establish a grant program to assist patients with the cost of prescription medications based upon

financial status and need to improve health equity for patients without a health coverage plan. This step will be implemented in the fall of 2013.

5. Increase consumer education in Langlade County regarding health insurance access, healthcare exchanges and related issues to improve access to health coverage plans that are available. This step will begin in early 2014.

Measures of Success:

1. At least 150 people in the hospital's service area will utilize the prescription medication review resource.
2. At least 200 patients in the Aspirus General Clinic will utilize the services of the nurse navigator to obtain assistance with healthcare coordination and cost of care.
3. A mobile primary care clinic will be providing services to people who are economically disadvantaged in Langlade County.
4. At least 50 economically disadvantaged people in the hospital's service area will have received financial support for their prescription medications.

## VII. Additional Action

In addition to the above action plans, the APTF and Langlade Hospital identified additional actions that will be undertaken to elevate awareness of the CHNA as well as enhance the community-wide efforts to effectively address the key health problems identified. These are:

1. Present the results of the CHNA to numerous groups including: the Langlade Hospital Board Planning Committee, the Langlade Hospital Board of Trustees, the Langlade County Health Department Committee, the Langlade County Board, the City of Antigo Common Council and to all other groups and organizations that request a presentation of the results.
2. Langlade Hospital will widely disseminate the results of the CHNA to the general public by posting the results of the CHNA on the hospital's website as well as to make it available free-of-charge to any person requesting a copy of the results.
3. To seek an official proclamation from the Langlade County Board and the Antigo Common Council announcing the completion of the CHNA and calling upon a county-wide effort to discuss, support and promote efforts to address the priority health issues.
4. Present the results to local news media for area-wide distribution to the general public.
5. The APTF has made formal application to the Healthy Wisconsin Leadership Institute's Community Teams Program developed by the Wisconsin Medical College and the

University of Wisconsin School of Medicine & Public Health. If accepted, a multidisciplinary subgroup of the APTF which will be called the Langlade Health Leadership Coalition will be engaged in a year-long training program with the institute to learn skills needed to lead community health improvement initiatives. The training will include evidence-based approaches to addressing health issues, communicating public health messages, building and maintaining strong partnerships, sustainability, grant writing and other related skills. The team will then utilize the skills learned to provide leadership in ongoing community health improvement efforts in Langlade County.

6. The Langlade County Health Department and Langlade Hospital will be exploring opportunities to combine efforts regarding their respective community improvement plans. The Health Department's *Community Health Improvement Plan* which is undertaken every five years is similar in scope and process to the hospital's *Community Health Needs Improvement* process which is undertaken every three years. The two organizations will explore means to reduce duplication and maximize the use of local resources in completing future required plans as both organizations are committed to improving the health of the local population.
7. Langlade Hospital will incorporate the findings and action plan from the CHNA into ongoing strategic planning, decision making, and allocation of resources.

## VIII. Approval and Implementation Time Line

| **Action** | **Date** |
|---|---|
| Approval of CHNA by hospital board of trustees | June 25, 2013 |
| Dissemination of CHNA to general public | June 30, 2013 |
| Proclamation by County Board and Antigo Common Council | July - August 2013 |
| Implementation of CHNA action plans begin | July 2013 |
| Start of next CHNA | September 2015 |

# IX. Appendix

**A. Community Health Needs Assessment Coalition Members**

**B. Community Health Needs Assessment Action Planning Task Force Members**

**C. Catalogue of Community Assets and Resources**

**D. Key Informant Interview Format**

**E. Public Survey**

**F. Town Hall Meetings**

**G. Public Notices**

**H. Health Priority Determination**

**I. Decision Matrix**

## Appendix A

### Community Health Needs Assessment Coalition Members

Michelle Arrowood, AVAIL
Ron Barger, Langlade County Health Department
Tracy Berger, Langlade County Social Services
Chris Berry, Langlade County Economic Development
Kathy Bowman, Langlade Hospital
Sarah Caley, Kindred Healthcare
Jennifer Clark, University of Wisconsin - Langlade County Extension
Lynne Dafoe, Langlade Hospital
Sr. Dolores Demulling, Langlade Hospital
Bill Fisher, White Lake School District
Deb Gallenberg, Family Resource Center
Jim Hahn, Aspirus General Clinic
Paula Hanson, Department of Health Services
Karen Hegranes, Langlade County Health Department
Brad Henricks, Langlade County Emergency Management
Tasha Hotchkiss, Community Care of Central Wisconsin
Cindy Hurlbert, Langlade Hospital
Stephanie Kelnhofer, USDA
Karen Kieper, Antigo Head Start
Betsy Kommers, Langlade Hospital
Carrie Kubacki, Antigo Middle School
Kari Lazers, University of Wisconsin - Langlade County Extension
Jami Macauly, Elcho School District
Janelle Markgraf, Langlade Hospital
Holly Matucheski, Langlade County Board
Debra McGregor, Children's Hospital of Wisconsin, Community Services
Dr. Patrick McKenna, Aspirus General Clinic
Angela Nimsgern, WI Department of Public Health
Dale Oatman, Langlade County Veterans
Diane Peterson, Langlade Hospital
Jon Petroskey, Antigo Fire Department
Sally Phillips, Langlade Hospital
Greg Renfro, Langlade Hospital
Barb Resch, Aging and Disability Resource Center of Central Wisconsin
Sheila Rine, Langlade County Health Department
Ruth Risley-Gray, Langlade Hospital
Eric Roller, Antigo Police Department
Dave Schneider, Langlade Hospital

Kay Sheedlo, Langlade Hospital
Dr. Steve Smolek, Antigo School District
Katie Spiegl, Langlade Hospital
Robin Stowe, Antigo School District
Holly Swirkowski, Community Care of Central Wisconsin
Pat Tincher, Langlade Hospital
Eric Tischendorf, Langlade Hospital
Kim VanHoof, Langlade County Dept of Social Services
Keith Wolf, North Central Health Care
Dan Young, Langlade Hospital
Sarah Zelasoski, Unified School District of Antigo
Carrie Zelazoski, Langlade County Resident
Angel Zimmerman, Boys & Girls Club

## Appendix B

### Community Health Needs Assessment Action Planning Task Force Members

Ron Barger, Langlade County Health Department
Kathy Bender, Langlade Hospital
Kathy Bowman, Langlade Hospital
Lynne Dafoe, Langlade Hospital
Sr. Dolores Demulling, Langlade Hospital
Bonnie Hessedal, Langlade Hospital
Cindy Hurlbert, Langlade Hospital
Betsy Kommers, Langlade Hospital
Carrie Kubacki, Antigo Middle School
Nicole Kubiaczyk, Langlade Hospital
Kari Lazers, University of Wisconsin - Langlade County Extension
Janelle Markgraf, Langlade Hospital
Holly Matucheski, Langlade County Board
Dr. Patrick McKenna, Aspirus General Clinic
Diane Peterson, Langlade Hospital
Sally Phillips, Langlade Hospital
Greg Renfro, Langlade Hospital
Ruth Risley-Gray, Langlade Hospital
Dave Schneider, Langlade Hospital
Kay Sheedlo, Langlade Hospital
Katie Spiegl, Langlade Hospital
Pat Tincher, Langlade Hospital
Eric Tischendorf, Langlade Hospital
Kim VanHoof, Langlade County Social Services
Keith Wolf, North Central Health Care
Dan Young, Langlade Hospital

## Appendix C

### Resources and Community Assets

First Tier Resources

Can provide human resources and financial help under certain circumstances, not tightly restricted to whom they help.

Aging & Disability Resource Center
AIDS Task Force
Antigo Bible Church
Antigo Community Church
Antigo Fire Department & Ambulance
Antigo Medical Building
Antigo Seventh Day Adventist
Apostolic Worship Center - Elton
Arbutus Lutheran Church - Pearson
Ascension Lutheran Church
Aspirus General Clinic
AVAIL
Birth to 3
Board of Supervisors
Boys & Girls Club
Building a Healthier Langlade County
Calvary Lutheran Church
Care Partners
Christ Gospel Church
Church of Christ
Church of the Nazarene - Mattoon
City Council
Community Care of Central Wisconsin
Community Health Foundation
County Health Department
Eastview Kindred Healthcare
Elcho & Birnamwood Clinics
Emergency Management
Evergreen Terrace
Faith Center Church
Faith United Church of Christ
First Baptist Church
Forward Services
Four Corners Assembly of God - White
Head Start
Health Care Center
Holy Family Catholic - Elcho
Homestead Fellowship
Hope Presbyterian Church - White Lake
Langlade Hospital
Law enforcement
Legislators
Liberty Baptist
Library
Lighthouse Baptist
Lutheran Social Services
Mattoon United Methodist Church
Media
Menominee
New Life Church
Nicolet & Lakewood Clinic
Northcentral Technical College
Peace Lutheran
Physicians
Potawatomi Health & Wellness
Reformation Presbyterian
Rosalia Gardens/Pine Meadow
Rural Dental
Rural fire & rescue
School Districts (Antigo, Elcho, White Lake)
Social Services
SS Mary & Hyacinth Parish
St. Ambrose Episcopal
St. James & Stanislaus Catholic - White Lake
St. John Catholic Church
St. John Lutheran Church - Pickerel
St. John's Lutheran - Polar
St. Joseph Holy Family Catholic Church -

Lake
St. Luke Lutheran - Elcho
St. Mary's Catholic - Pickerel
St. Matthew Lutheran Church - Deerbrook
St. Matthew Lutheran Church - White Lake
St. Paul Lutheran - Birnamwood
St. Peter Lutheran - Polar
St. Philomena Church - Birnamwood
St. Wencels Catholic Church - Neva
Stockbridge-Munsee
Phlox
Town Boards
United Church of Christ - Elcho
United Methodist Church
United Way
Upper Room Family Church - Elcho
UW Extension
VA
VNA
Wetsel-Rasmussen Clinic

Second Tier Resources

Can possibly provide man power and financial resources, are more tightly defined as to whom they help.

Action Alliance
Al-Anon &Ala-Teen
Alcoholics Anonymous
Alzheimer's Association
American Cancer Society
American Legion
Associate for Disabled Citizens
Community Association of Retirees
Cancer Support Group
Center for Health & Performance
Child Care Center
City Park & Rec
Communities for Medication Safety
Compassionate Friends
Crimestoppers
DARE
Eating Disorders
Epilepsy disorders
Faith in Action
Family Planning
Family Resource Center
First Call
Food Pantry - White Lake, Antigo
Free & reduced lunch
Giving Tree
Goodwill
Grief Support Group
Healthy Ways
Heart Healthy
Hope Pregnancy Resource Center
Hospice
Housing Authority
Job Corps
Kiwanis
Knights of Columbus
Lifeline
MADD
Meals on Wheels
Narcotics Anonymous
Optimist Club
Parent Teacher Organizations (PTO)
Red Cross
Relay for Life
SADD
Salvation Army
Special Olympics
Suicide Prevention
Veterans of Foreign Wars
Weight Watchers
Woman Infant Children (WIC)

Third Tier Resources

Can be called on in specific situations to help or can help direct people to where the help can be found.

4-H
Adult baseball league
Airport
Antigo Community Theater
Antigo Music Association
Aquatic Center
Area Businesses
Athletic Clubs
ATV Club
Auxiliary & Volunteers
AVA
Badgerland Classics & Customs
Bike Club
Blackwell
BMO/Harris Bank
Booster Clubs
Casinos
Chamber of Commerce
Chase Bank
Chiropractors
Church youth groups
Citizens Bank
Community at Large
Community band
Community exercise – yoga, Zumba
Community Theater
Courthouse & City Hall
CoVantage Credit Union
CSA
Dentists
DMV
DNR
Drug Rep
Elks club
Farm Associations - WPVGA, etc.
Farmers Market
Figure Skating Club
Forestry & Park Department
Gartzke Flowage
Golf courses
Grocery stores
Habitat for Humanity
Historical Society
Home schooling group
Hot meal sites
HS meal services
Humane Society
Highway Department
Ice Age Trail
Jack Lake
Jail
Junior Women's Club
Kettlebowl Ski Hill
Kids Travel Safe of Langlade County
Lake Associations
Land Conservation
LAVA
Lions Club
Little league
Manufacturing Assoc.
Moccasin trail
Museum
Music in the Park
National Guard
Nurses Association
Optometrist
Pharmacies
Political groups
Recruiters
Red Robin Transit
REGI
Restaurants
Rotary Club
School Ambassador Groups
Scout troops
Shooting range

Garden Club
Ski Club
Sled Dog Club
Snowmobile Clubs
Spec. Stores
State Patrol
Tavern League
Silver Birch Ranch
Teachers Association
Triple R Riding Club
Trout Unlimited, Ducks Unlimited
Van Services
Vets
Youth football

## Appendix D

## Key Informant Interview Format

Name/Title of Key Informant:_____
Occupation:
Date of Interview: ___/___/____
Name of Person Conducting the Interview:_____

1. From your perspective, what do you believe are the most significant health issues affecting the people living in Langlade County and the surrounding area?

   1._____
   2._____
   3._____
   4._____
   5._____
   6._____

2. Of those health issues which you have identified, which one or two would you consider to be the most significant or serious issues and why?

   1.Issue_____
   Why?_____

   2.Issue_____
   Why?_____

3. What group or population of people do you believe are most affected by this/these issue(s)?

   1.Group/population_____
   2.Group/population_____

4. In your estimation, what has been done or is now being done to positively impact this/these issue(s)?

1.What?_____
2.What?_____

5. What barriers do you believe make improvement with this/these issue(s) more difficult?

1.Barriers:_____
2.Barriers_____

6. In your opinion, what could be done, that perhaps hasn't been done, to positively impact this/these significant health issue(s)?

1.Issue:_____
2.Issue:_____

**Appendix E**

**Public Survey**

# COMMUNITY HEALTH NEEDS SURVEY

Langlade Hospital wants to know what you think are the most troubling health problems facing the people living in the Langlade County area. The hospital is doing this survey as part of a Community Health Needs study. The hospital will use the results of the study to help improve the health problems that are found to be the most important. The hospital is working with other public, health and social services groups to complete the study and will make the results available in the summer of 2013.

Your opinion is important to us so please take just a few minutes to answer the questions on the survey and return by the end of March 2013 and help us learn more about our local health needs.

Thank you for your participation!

David R. Schneider
Executive Director
Langlade Hospital
112 East Fifth Avenue
Antigo, WI 54409

***1. Please enter your 5-digit zip code: _____**

***2. Please circle your gender**

Female Male

***3. Please circle your age range**

| | |
|---|---|
| 0-17 | 50-59 |
| 18-20 | 60-69 |
| 21-29 | 70-79 |
| 30-39 | 80-89 |
| 40-49 | 90+ |

**4. What do you see as the most important health issues facing Langlade County and the surrounding area? Please circle all those that apply.**

- ▪Wellness & prevention services
- ▪Prenatal care
- ▪Coordination of healthcare
- ▪Prescription drug affordability
- ▪Ability to see my regular medical provider
- ▪Heart disease & stroke
- ▪Cancer
- ▪Resources for mental health/suicide
- ▪Substance abuse/chemical dependency
- ▪Reliable health information
- ▪Teen pregnancy
- ▪Sexually transmitted diseases
- ▪Motor vehicle crashes & other accidental injuries
- ▪Oral health/dental services
- ▪Diabetes
- ▪Obesity

Other (please specify)

**5. Which of the two health issues in question #1 would you consider to be the most significant or serious in Langlade County and the surrounding area? Please circle only two.**

- ▪ Wellness & prevention services
- ▪Prenatal care
- ▪Coordination of health care
- ▪Prescription drug affordability
- ▪Ability to see my regular medical provider
- ▪Heart disease & stroke
- ▪Cancer
- ▪Resources for mental health/suicide
- ▪Substance abuse/chemical dependency
- ▪Reliable health information
- ▪Teen pregnancy
- ▪Sexually transmitted diseases
- ▪Motor vehicle crashes & other accidental injuries
- ▪Oral health/dental services
- ▪Diabetes
- ▪Obesity

Other (please specify)

**6. What are the greatest difficulties to accessing health care services in Langlade County and surrounding area?**

- ▪ Transportation
- ▪Having no insurance
- ▪Appointments not available after hours or the week ends
- ▪Lack of knowledge about available resources area
- ▪Cost of healthcare
- ▪Language / cultural differences
- ▪Appointments not available during week
- ▪Availability of needed services in our

Other (please specify)

**7. What are the greatest needs in the health care services in Langlade County and surrounding areas?**

- ▪ Mental health services
- ▪Substance abuse services
- ▪End-of-life care (hospice, palliative care)
- ▪Primary care (one main medical provider)
- ▪Ability to serve different cultures/languages
- ▪Specialty care
- ▪Dental care
- ▪Services for migrant population

▪Services for senior citizens
▪Prescription drug assistance
▪Services for low income residents
▪Services for children
Other (please specify)

**8. What are the greatest needs regarding health education and preventative services?**

▪ Reproductive health
▪Tobacco prevention & cessation
▪Healthy lifestyles (diet, exercise, etc.)
▪Mental health & substance abuse
▪Obesity prevention
▪Disease specific information (heart disease, cancer, diabetes, etc.)
▪Translated health information for non-English speakers
▪Oral/dental health
▪Health screenings (checkups)
Other (please specify)

**9. Where do you think most local residents seek and/or obtain health information?**

▪Public Health Department
▪Schools
▪Hospital website
▪Magazines or other publications
▪Church or other social groups
▪Medical provider
▪Internet searching
▪Television
▪Chiropractor
▪Local newspaper
▪Friends or relatives
▪Radio
Other (please specify)

**10. Who are the local vulnerable populations most affected by insufficient health care needs?**

▪Senior citizens
▪Low income or "working poor" families
▪Migrant families
▪Youth/teen
▪Victims of violence
▪Hispanics/Latino families
▪Native American
▪Female-headed households
▪Uninsured
Other (please specify)

**11. What do you consider to be the most important public concerns in Langlade County and surrounding area (please circle only three)?**

▪Lack of social support (isolation)
▪Poverty
▪Separated families
▪Services for senior citizens
▪Education levels
▪Homelessness
▪Discrimination
▪Alcohol abuse/addiction
▪Migrant population
▪Unemployment
▪Crime/violence
▪Drug abuse (illegal & prescription)
▪Suicide
▪Child abuse/neglect
▪Domestic violence
▪Gang-related activity
▪Language & other cultural barriers
▪Transportation
Other (please specify)

**12. Please share with us any groups that you represent or are part of.**

- ▪Agriculture
- ▪ Health care provider (medical, dental, mental)
- ▪ Business community (non-agriculture)
- ▪Disabled
- ▪Healthcare
- ▪Education
- ▪ Elected official
- ▪ Faith community
- ▪ Government agency
- ▪Corrections
- ▪Interested citizen not affiliated with an organization
- ▪Law enforcement
- ▪Media (newspaper, radio, etc.)
- ▪Minorities
- ▪Public health
- ▪Senior citizen
- ▪Social service organization
- ▪Youth

Other (please specify)

OPTIONAL – Demographic Information

The following data would help provide us some information about those responding to this survey. This information is optional, and you may choose to leave it blank and remain anonymous, or only include partial information if you desire.

**13. Please enter as much information as you are comfortable sharing. Feel free to leave blank if you prefer to remain anonymous.**

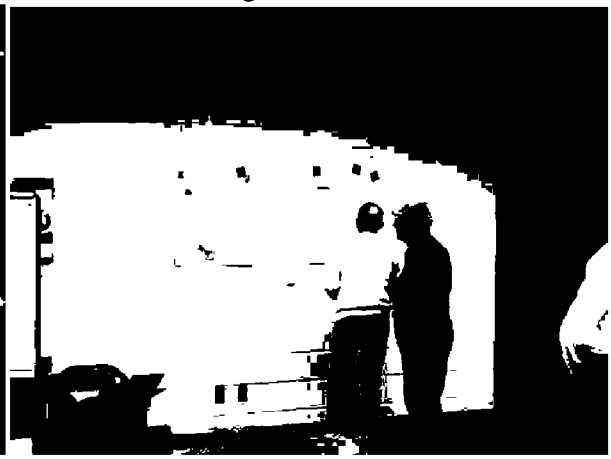
Name: _____
Organization (if any): _____
Address: _____
Address 2: _____
City/Town: _____
State: _____
ZIP: _____
Country: _____
Email Address: _____
Phone Number: _____

## Appendix F

## Town Hall Meetings

**Tuesday, February 26, 2013**
Elcho High School Theatre

**Thursday, March 7, 2013**
White Lake High School Commons



**Tuesday, March 12, 2013**
Antigo CoVantage Credit Union

**Wednesday, March 27, 2013**
Town of Rolling Town Hall

**Appendix G**

**Public Notices**

Article included in the Pathways newsletter, distributed to over 25,000 households in the primary and secondary service area.

# We Want Your Opinion

## What are this region's most serious health issues?

WHAT ARE the most serious health problems facing people living in this region of the state? Is anything being done about them? What can be done about them?

These are some of the questions that Langlade Hospital and many community leaders are studying and looking to answer. Langlade Hospital has begun conducting a Community Health Needs Assessment (CHNA) to identify the most serious health needs in Langlade County.

The CHNA is a new requirement for not-for-profit hospitals under the Patient Protection and Affordable Care Act passed by Congress and signed into law by President Obama in March 2010. Langlade Hospital takes this responsibility seriously and has participated in similar health studies conducted by the Langlade County Health Department over the past 15 years.

The purpose of the CHNA is to identify the most important health needs of the people living in Langlade Hospital's patient service area, which includes Langlade County and the surrounding area. After identifying and prioritizing these health needs, an action plan to address the greatest health needs will be developed and implemented. The CHNA will be completed in June 2013, and the results will be made available to the public.

In order to ensure that the CHNA will be comprehensive and meaningful, the hospital has gathered representatives from many public health and social service organizations throughout the area to participate in conducting the health needs assessment. The group has been conducting interviews with public officials to determine what they see as issues of concern.

In addition, town hall meetings will be held to give community members an opportunity to speak out about health problems that are most troubling to them. Community-wide surveys will also be conducted to give any interested person an opportunity to participate.

If you would like to help by offering your opinion, please complete the Community Health Needs online survey at [illegible] *LH2013CHNA*.

The survey process is easy and will take only a few minutes to complete. If you would prefer to take the survey by mail, please call **715-623-9289** and leave your name and address. We will mail you a survey and a self-addressed stamped envelope.

**Your thoughts and opinion are very important to us—please take the survey at www.surveymonkey.com/s/LH2013CHNA.**

Sample of flyer/advertisement distributed to numerous locations throughout Langlade County announcing the survey available for completion online or by mail.

# We Want Your Opinion

Your thoughts and opinion are very important to us ~ please take the survey at

**www.surveymonkey.com/s/LH2013CHNA.**

(If you would prefer to take the survey by mail, please call 715-623-9289 and leave your name and address. We will mail you a survey and a self-addressed envelope.)

The Community Health Needs Assessment (CHNA) is a new requirement for not-for-profit hospitals under the Patient Protection and Affordable Care Act passed by Congress and signed into law by President Obama in March 2010.

The purpose of the CHNA is to identify the most important health needs of the people living in Langlade Hospital's patient service area, which includes Langlade County and the surrounding area.

After identifying and prioritizing these health needs, an action plan to address the greatest health needs will be developed and implemented.
The CHNA will be completed in June 2013, and the results will be made available to the public.

LANGLADE HOSPITAL

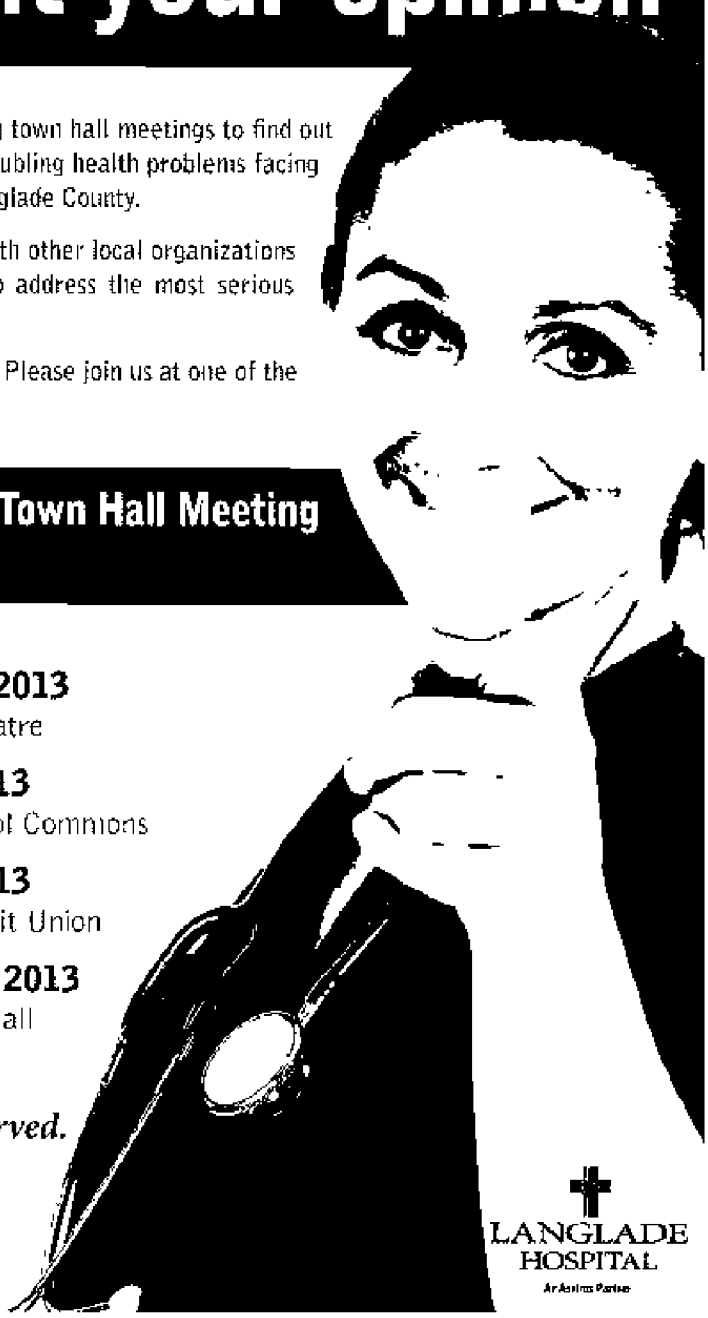
Sample of flyer/advertisement distributed to numerous locations throughout Langlade County announcing the town hall meetings.

# We want your opinion

Langlade Hospital is conducting town hall meetings to find out what you think are the most troubling health problems facing people living in and around Langlade County.

The hospital will be working with other local organizations to build an action plan to help address the most serious health problems in our area.

Your opinion is very important. Please join us at one of the upcoming events:



## You are invited to a Town Hall Meeting
## 6:00 pm - 7:30 pm

**Tuesday, February 26, 2013**
Elcho High School Theatre

**Thursday, March 7, 2013**
White Lake High School Commons

**Tuesday, March 12, 2013**
Antigo CoVantage Credit Union

**Wednesday, March 27, 2013**
Town of Rolling Town Hall

***Refreshments will be served.***
*Call 715-623-9289*
*for more information.*

LANGLADE
HOSPITAL

## Appendix H

## Health Priority Determination by Source

Town Hall Meetings

1. Transportation
2. Wellness
3. Obesity
4. Drug and alcohol abuse
5. Access to pharmacy and care
6. Diabetes
7. Issues related to aging and senior care

Key Informant Interviews

1. Obesity
2. Chemical dependency
3. Alcohol and illegal drugs
4. Diabetes
5. Wellness

Issues Identified by Outside Sources

1. Teen pregnancy
2. Obesity
3. Adult smoking
4. MVA accidents
5. Child abuse and neglect
6. Elderly abuse
7. Wellness
8. Chemical abuse

Online/Mail-In Survey

1. Substance abuse/chemical dependency
2. Cancer
3. Obesity
4. Wellness & prevention services
5. Prescription drug affordability
6. Access to pharmacy medical care
7. Affordability of medical care

Priorities Determined

| Priorities | Assessment | Town Hall | Interviews | Outside Sources | Score | Priority |
|---|---|---|---|---|---|---|
| [redacted] | x | x | x | x | 4 | 3 |
| | x | x | x | x | 4 | 2 |
| | x | x | x | x | 4 | 1 |
| | x | | | | 1 | 4 |
| | x | | | | 1 | 4 |
| Mental health | x | | | | 1 | |
| Cancer | x | x | | | 2 | |
| Access to pharmacy medical care | x | x | | | 2 | |
| Diabetes | | x | x | | 2 | |
| Transportation | | x | | | 1 | |
| Issues related to aging and senior care | | x | | | 1 | |
| Dental and oral care | | | x | | 1 | |
| Adult smoking | | | | x | 1 | |
| MVA accidents | | | | x | 1 | |
| Child abuse and neglect | | | | x | 1 | |
| Elderly abuse | | | | x | 1 | |
| Teen pregnancy | | | | x | 1 | |

## Appendix I

## Decision Matrix

| Description | Rating |
|---|---|
| No fit | 0 |
| Low fit | 1 |
| Fit | 3 |
| Good fit | 9 |

| Criterion | Weight | Rating (0, 1, 3 or 9) | Score (weight x rating = score) |
|---|---|---|---|
| Alignment with State and Federal vision | 3 | | |
| Likelihood of population to react | 5 | | |
| Cost to implement | 3 | | |
| Cost to maintain | 4 | | |
| Cost for participants | 5 | | |
| Likelihood of impacting the problem | 5 | | |
| Measurable tracking (outcomes) | 5 | | |
| Importance to community research | 5 | | |
| Location | 4 | | |
| Frequency of being mentioned | 5 | | |
| Number of people that would be impacted | 4 | | |
| Would cover a wide range | 4 | | |
| Are resources available | 5 | | |
| Local expertise | 3 | | |
| Originality | 2 | | |
| Opportunities to collaborate | 3 | | |
| Time to implement | 4 | | |
| Partner promotion | 3 | | |
| Sustainability | 3 | | |
| Reimbursement (government) | 3 | | |
| Regulatory requirements | 4 | | |
| Mission driven | 5 | | |
| Revenue generating | 1 | | |
| Funding | 3 | | |

# X. References


1. **Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012**, issued in September, 2012 by the Wisconsin Department of Health Services, prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

2. **Langlade County Workforce Profile 2011**, issued in 2011 by the Wisconsin Department of Workforce Development, Office of Economic Development, John Westbury 201 East Washington Avenue,Madison, Wisconsin 53702.

3. **Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012**, issued in September, 2012 by the Wisconsin Department of Health Services, prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).