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Form 990

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable	C Name of organization COMMUNITY HEALTH NETWORK INC		D Employer identification number 39-0806359
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address) 225 MEMORIAL DR	Room/suite	E Telephone number (920) 361-1313
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code BERLIN, WI 54923		
<input type="checkbox"/> Application pending			G Gross receipts \$ 87,840,534

F Name and address of principal officer
TOM KRYSTOWIAK
225 MEMORIAL DR
BERLIN, WI 54923

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.CHNWI.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1910

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities COMMUNITY HEALTH NETWORK, INC PROVIDES INPATIENT AND OUTPATIENT HOSPITAL AND CLINIC SERVICES, HOME CARE SERVICES AND SKILLED NURSING SERVICES TO GREEN LAKE COUNTY AND SURROUNDING COUNTIES WITH TOTAL NET PATIENT SERVICE REVENUES OF \$79,049,000 (TOTAL GROSS REVENUE OF \$185,821,000)		
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	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	837
6 Total number of volunteers (estimate if necessary)	6	110
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,817,749
b Net unrelated business taxable income from Form 990-T, line 34	7b	-170,160

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	51,692	9,480
9 Program service revenue (Part VIII, line 2g)		84,662,655
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	591,288	67,227
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	738,685	2,656,247
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,369,782	87,395,609

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,039	85,199
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)	48,085,669	48,806,755
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)	37,740,787	39,141,447
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	85,847,495	88,033,401
19 Revenue less expenses Subtract line 18 from line 12	522,287	-637,792

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	59,518,792	64,384,767
21 Total liabilities (Part X, line 26)		38,575,741
22 Net assets or fund balances Subtract line 21 from line 20	27,428,131	25,809,026

Part II Signature Block

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

Sign Here	***** Signature of officer TOM KRYSTOWIAK CFO Type or print name and title	2015-08-20 Date
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Paid Preparer Use Only	Print/Type preparer's name TERRI REXRODE CPA MST	Preparer's signature	Date 2015-08-12	Check <input type="checkbox"/> if self-employed	PTIN P00096513
	Firm's name ► WIPFLI LLP			Firm's EIN ► 39-0758449	
	Firm's address ► PO BOX 12237 GREEN BAY, WI 543072237			Phone no (920) 662-0016	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

TO PROVIDE SUPERIOR SERVICES TO IMPROVE THE HEALTH OF THOSE WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 77,086,743 including grants of \$ 85,199) (Revenue \$ 79,378,332)

COMMUNITY HEALTH NETWORK OPERATES A 25-BED ACUTE CARE FACILITY, 50 BED EXTENDED CARE FACILITY, PHYSICIAN CLINICS LOCATED IN 8 COMMUNITIES, A HOME HEALTH AGENCY, REHABILITATION SERVICES AND RETAIL PHARMACY SERVICES IN PURSUIT OF OUR PRIMARY EXEMPT PURPOSE OF PROVIDING HEALTH CARE SERVICES, COMMUNITY HEALTH NETWORK PROVIDES MEDICAL CARE AND HEALTH INFORMATION AIMED AT IMPROVING THE HEALTH STATUS OF THE COMMUNITIES WE SERVE WE BELIEVE THAT WE HAVE A SPECIAL DUTY TO MEET THE NEEDS OF THE POOR, INDIGENT, AND MEDICALLY UNDERSERVED IN OUR COMMUNITIES AND SURROUNDING AREAS WE HAVE PROVIDED CARE TO ALL PATIENTS WITHOUT REGARD FOR THE ABILITY TO PAY COMMUNITY HEALTH NETWORK OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY IT HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA THE MAJORITY OF THE BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT INDIVIDUALS WHO ARE REPRESENTATIVE OF THE COMMUNITY COMMUNITY HEALTH NETWORK ENGAGES IN TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS THROUGH INTERNSHIP PROGRAMS COMMUNITY HEALTH NETWORK'S VISION INCLUDES A HEALTHIER COMMUNITY TO ACHIEVE THIS VISION, IT CONTINUALLY ASSESSES THE COMMUNITIES FOR OPPORTUNITIES FOR HEALTH CARE IMPROVEMENT DIABETES MANAGEMENT HAS BEEN IDENTIFIED AS A COMMUNITY NEED DIABETES EDUCATION CONTINUES TO BE A COMMUNITY PROGRAM OFFERED TO THE COMMUNITY AT NO COST COMMUNITY HEALTH NETWORK PARTICIPATES IN GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS SUCH AS MEDICAID, MEDICARE, CHAMPUS, AND TRICARE IN FISCAL YEAR 2013 OVER 1700 ACCOUNTS RECEIVED CHARITY CARE WITH A TOTAL COST OF OVER \$1.5 MILLION THE COST OF SERVICES PROVIDED TO MEDICAID PATIENTS THAT WERE NOT REIMBURSED TOTALDED MORE THAN \$3.4 MILLION COMMUNITY HEALTH NETWORK'S LOSS FOR PROVIDING LONG TERM CARE SERVICES TO THE COMMUNITIES WAS \$476,000 IN 2014 FINANCIAL AND IN-KIND CONTRIBUTIONS TO THE COMMUNITY TOTALDED APPROXIMATELY \$80,000 IN ADDITION, COMMUNITY HEALTH NETWORK ACTIVELY PROVIDED OR PARTICIPATED IN THE FOLLOWING COMMUNITY-BASED ACTIVITIES AND PROGRAMS OF WHICH APPROXIMATELY 7,000 PERSONS IN THE COMMUNITIES THAT WE SERVE PARTICIPATED AT A TOTAL COST TO COMMUNITY HEALTH NETWORK OF APPROXIMATELY \$120,000 - GENERAL HEALTH EDUCATION SERVICES SUCH AS HEALTH FAIRS, CANCER EDUCATION, HEART DISEASE EDUCATION, DIABETES EDUCATION, FAMILY, PARENT, AND SIBLING EDUCATION, FAMILY PLANNING, AND WOMEN'S HEALTH EDUCATION- PROVIDED HEALTH INFORMATION ON THE CORPORATION'S WEB SITE AND THROUGH HEALTH RELATED PUBLICATIONS DISTRIBUTED AT NO CHARGE- SUPPORT GROUPS SUCH AS DIABETES, CANCER, AND BEREAVEMENT- HOSTED SELF-HELP AND WELLNESS PROGRAMS SUCH AS NUTRITION, WEIGHT MANAGEMENT AND FITNESS,- BLOOD PRESSURE SCREENINGS, CHOLESTEROL TESTING AND SCHOOL-BASED TESTING- GUIDANCE, REFERRAL AND ENROLLMENT ASSISTANCE FOR PUBLIC MEDICAL PROGRAMS AND OTHER FAMILY SUPPORT ASSISTANCE- DISCOUNTED OR FREE MEDICAL SUPPLIES AND EQUIPMENT TO THOSE UNABLE TO PAY BASED ON OUR FAP- DELIVERED HOT IN-HOME MEALS- PROMOTED PARTICIPATION IN BLOOD DRIVES BY EMPLOYEES- CONTRIBUTED TO THE EDUCATION OF STUDENT NURSES AND OTHER HEALTH CARE PROFESSIONALS- PROVIDED FIRST AID FOR COMMUNITY SPORTING EVENTS- PARTICIPATED IN WORK SITE HEALTH EDUCATION PROGRAMS - MADE CASH CONTRIBUTIONS TO SUPPORT COMMUNITY SERVICES AND EVENTS- PROVIDED MEETING ROOMS TO COMMUNITY GROUPS AT NO CHARGE

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ► 77,086,743

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
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	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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	45	
1b 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	837	
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).	7a		No
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? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7e		No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
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? . . .	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966? . . .			
b Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	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.	13a		
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	13b		
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 . . .	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	12		
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	9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes		
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	No	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	No	
b Other officers or key employees of the organization	15b	No	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 THOMAS KRYSTOWIAK 225 MEMORIAL DRIVE
BERLIN, WI 54923 (920) 361-1313

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	Office	Key employee	Highest compensated	Former			
(1) PAT MCCONNELL BOARD MEMBER	1 00	X						2,100	0	0
(2) PAUL KUJAWA BOARD MEMBER	1 00	X						2,800	0	0
(3) FRANK CUMBERBATCH BOARD MEMBER	1 00	X						2,700	0	0
(4) THOMAS RIEK BOARD MEMBER	1 00	X						2,900	0	0
(5) DAVID BUDDE MD BOARD MEMBER/PHYSICIAN	40 00	X						454,223	0	36,527
(6) JOLENE HOSTAK BOARD MEMBER	1 00	X						2,700	0	0
(7) P MICHAEL SHATTUCK MD BOARD MEMBER/PHYSICIAN	40 00	X						222,561	0	25,636
(8) KELLY WHITE DDS BOARD MEMBER	1 00	X						2,100	0	0
(9) KRISTIN GALATOWITSCH CHAIRMAN	1 00	X	X					7,404	0	0
(10) RUSSELL KUEHN VICE CHAIRMAN	1 00	X	X					4,600	0	0
(11) THOMAS WILLETT DO SECRETARY	1 00	X	X					88,882	0	0
(12) LARRY WISE TREASURER	1 00	X	X					5,600	0	0
(13) JOHN FEENEY PRESIDENT/CEO	40 00	X						295,243	0	22,620
(14) NATHAN LUEDKE BOARD MEMBER	40 00	X						70,391	0	17,461
(15) THOMAS KRYSTOWIAK CFO	40 00 2 00		X					190,631	0	30,070
(16) DAVID JONES MD PHYSICIAN	40 00				X			1,300,546	0	28,870
(17) URI VAISMAN MD PHYSICIAN	40 00				X			740,645	0	30,079

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

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 **51**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ZR ENTERPRISES SC 6809 MAGNOLIA COURT GREENDALE WI 53129	ER PHYSICIAN SERVICE	1,446,240
CENTRAL WI ANESTHESIA PO BOX 249 BERLIN WI 54923	ANESTHESIA SERVICES	712,615
SHARED MEDICAL SERVICES PO BOX 330 COTTAGE GROVE WI 53527	MRI SERVICES	483,500
DAVID RESEN MD, PO BOC 42 GREEN LAKE WI 54941	PATHOLOGY SERVICES	131,250

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 **4**

Part VIII Statement of RevenueCheck 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 6,085			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,395			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		9,480		
Program Service Revenue	2a PATIENT SERVICE REVENUE	Business Code 624100	64,745,214	59,589,303	5,155,911
	b PHARMACY REVENUE	446110	19,561,769	17,200,041	1,817,749
	c MOB RENTAL	900099	221,772		221,772
	d CAFETERIA REVENUE	900099	133,900		133,900
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		84,662,655		
	3 Investment income (including dividends, interest, and other similar amounts)		376,672		376,672
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real 110,269				
b Less rental expenses	(II) Personal 43,010				
c Rental income or (loss)	67,259				
d Net rental income or (loss)		67,259		67,259	
7a Gross amount from sales of assets other than inventory	(I) Securities 92,470				
b Less cost or other basis and sales expenses	(II) Other 401,915	0			
c Gain or (loss)	-401,915	92,470			
d Net gain or (loss)			-309,445	-309,445	
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 EHR INCENTIVE INCOME	900099	2,588,988	2,588,988		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		2,588,988			
12 Total revenue. See Instructions		87,395,609	79,378,332	1,817,749	6,190,048

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	77,699	77,699		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	7,500	7,500		
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	5,521,500	4,960,532	560,968	
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	34,638,543	29,716,712	4,921,831	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	591,124	496,490	94,634	
9 Other employee benefits	6,069,002	5,180,946	888,056	
10 Payroll taxes	1,986,586	1,652,421	334,165	
11 Fees for services (non-employees)				
a Management				
b Legal	99,172		99,172	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,714,385	5,617,981	1,096,404	
12 Advertising and promotion	215,509	9,049	206,460	
13 Office expenses	14,319,393	13,947,429	371,964	
14 Information technology	1,584,757	51,799	1,532,958	
15 Royalties				
16 Occupancy	1,484,167	1,430,122	54,045	
17 Travel	338,873	258,346	80,527	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,411	1,805	58,606	
20 Interest	854,926	842,723	12,203	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,591,038	4,580,248	10,790	
23 Insurance	579,773	365,527	214,246	
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 PROVISION FOR BAD DEBTS	4,312,726	4,312,726		
b EQUIPMENT RENTAL AND MA	3,094,013	2,824,542	269,471	
c MEDICAID ASSESSMENT	543,900	543,900		
d LICENSES, DUES, AND CER	172,882	120,685	52,197	
e All other expenses	175,522	87,561	87,961	
25 Total functional expenses. Add lines 1 through 24e	88,033,401	77,086,743	10,946,658	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 SheetCheck 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	3,846	1 59,034
2	Savings and temporary cash investments	4,172,746	2 5,528,529
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	16,558,337	4 16,797,233
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
		118,917	5 75,000
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		
7	Notes and loans receivable, net	6	
8	Inventories for sale or use	7	
9	Prepaid expenses and deferred charges	1,111,303	8 1,433,837
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	736,969	9 426,276
b	Less accumulated depreciation	10a	19,565,996
		10b	10c 37,481,728
11	Investments—publicly traded securities	10c	22,996,857
12	Investments—other securities See Part IV, line 11	12,356,990	11 12,221,542
13	Investments—program-related See Part IV, line 11	12	
14	Intangible assets	13	
15	Other assets See Part IV, line 11	45,607	14 15,703
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,848,081	15 4,830,756
		59,518,792	16 64,384,767
Liabilities			
17	Accounts payable and accrued expenses	7,018,223	17 5,338,090
18	Grants payable	18	
19	Deferred revenue	19	62,091
20	Tax-exempt bond liabilities	12,490,000	20 11,554,244
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	3,335,305	24 3,219,516
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	9,247,133
26	Total liabilities. Add lines 17 through 25	25	18,401,800
		32,090,661	26 38,575,741
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	26,268,159	27 25,809,026
28	Temporarily restricted net assets	1,159,972	28 0
29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	27,428,131	33 25,809,026
34	Total liabilities and net assets/fund balances	59,518,792	34 64,384,767

Part XI Reconciliation of Net AssetsCheck 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	87,395,609
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,033,401
3	Revenue less expenses Subtract line 2 from line 1	3	-637,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,428,131
5	Net unrealized gains (losses) on investments	5	178,659
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	-1,159,972
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,809,026

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)**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.

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

► 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.**Name of the organization**

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

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

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

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Part 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

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2013****Open to Public
Inspection****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.

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 COMMUNITY HEALTH NETWORK INC	Employer identification number 39-0806359
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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			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

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

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		4,804
j Total Add lines 1c through 1i			4,804
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)	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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-B, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	WHA DUES OF \$4,804

Part IV **Supplemental Information (continued)**

Schedule D (Form 990) 2013

2013

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.Department of the Treasury
Internal Revenue Service**Name of the organization**

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

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
2a	
2b	
2c	
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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,316,961	11,731,635	9,942,971	9,548,648	8,326,892
b Contributions	293,584	1,188,523	1,110,976	1,099,960	1,558,801
c Net investment earnings, gains, and losses	1,207,187	1,208,164	1,431,598	46,867	644,527
d Grants or scholarships	1,454,548				
e Other expenditures for facilities and programs	125,345	811,361	753,910	752,504	981,572
g End of year balance	13,237,839	13,316,961	11,731,635	9,542,971	9,548,648

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 91 000 %

b Permanent endowment ► 0 %

c Temporarily restricted endowment ► 9 000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) related organizations	<input type="checkbox"/> Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	<input type="checkbox"/> Yes

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		897,715			897,715
b Buildings		19,394,931	11,403,254		7,991,677
c Leasehold improvements		1,208,648	1,130,158		78,490
d Equipment		36,955,669	24,311,185		12,644,484
e Other		2,021,622	637,131		1,384,491
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					22,996,857

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

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

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

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

(a) Description	(b) Book value
(1) UNAMORTIZED BOND ISSUE COSTS	90,601
(2) INTEREST RECEIVABLE	1,647
(3) ACCOUNTS RECEIVABLE - WILD ROSE	4,000,000
(4) ACCOUNTS RECEIVABLE - WORKER'S COMP	353,208
(5) EHR INCENTIVE	385,300
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,830,756

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

4,830,756

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		
DEFERRED COMPENSATION		7,183,250
ACCRUED INTEREST		1,371
SELF FUNDED HEALTH INSURANCE		851,518
NET AMOUNTS PAYABLE FROM THIRD-PARTY REIMBURSEMENT PROGRAMS		875,186
WORKERS COMPENSATION PAYABLE		352,033
ACCRUED PHARMACY TAX		-15,750
DUE TO THEDACARE, INC		9,154,192
Total (Column (b) must equal Form 990, Part X, col (B), line 25.)		18,401,800

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE UTILIZED TO SUPPORT THE ORGANIZATION'S MISSION AND PURPOSE
PART X, LINE 2	THE CONSOLIDATED ENTITIES ARE NONPROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE CONSOLIDATED ENTITIES ARE ALSO EXEMPT FROM STATE INCOME TAXES ON RELATED INCOME IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS. THEDACARE DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THEDACARE RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS IN 2014 AND 2013 TAX RETURNS FOR THE YEARS ENDED 2011 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► 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.

2013

Open to Public
Inspection

Name of the organization

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1b If "Yes," was it a written policy?

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

100% 150% 200% Other _____ %

b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	Yes	
1b	Yes	
3a	Yes	
3b	Yes	
4	Yes	
5a	Yes	
5b	Yes	
5c		No
6a	Yes	
6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,783,312		1,783,312	2 130 %
b Medicaid (from Worksheet 3, column a)			10,230,550	7,836,427	2,394,123	2 860 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			12,013,862	7,836,427	4,177,435	4 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			112,393		112,393	0 130 %
f Health professions education (from Worksheet 5)			6,907		6,907	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			449,184		449,184	0 540 %
j Total Other Benefits			568,484		568,484	0 680 %
k Total Add lines 7d and 7j			12,582,346	7,836,427	4,745,919	5 670 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
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						

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	1,772,983
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	
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	12,702,116
6	Enter Medicare allowable costs of care relating to payments on line 5	6	12,746,360
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-44,244
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		
	<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

1

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

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)

BERLIN MEMORIAL HOSPITAL

Name of hospital facility or facility reporting group _____**If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)** _____ 1 _____

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA	20 13	
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5 Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) SEE WEBSITE ON 5D		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
d	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> 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

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?

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)

	Yes	No
19 Yes		

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		No

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?

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?

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	

Schedule H (Form 990) 2013

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **13**

Name and address	Type of Facility (describe)
1	See Additional Data Table
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNA's 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 NUMBERS IN THE TABLE FOR CHARITY CARE AND UNREIMBURSED MEDICAID WERE DERIVED FROM USE OF IRS WORKSHEET 2 COST-TO-CHARGE RATIO. THE COST OF THE COMMUNITY HEALTH IMPROVEMENTS WERE CALCULATED BASED ON LABOR COSTS, SUPPLY COSTS AND ROOM COSTS. HEALTH PROFESSIONAL EDUCATION COSTS WERE BASED ON THE AMOUNT OF SCHOLARSHIPS AWARDED AND THE ROOM & LABOR COSTS FOR PROVIDING COMMUNITY EDUCATION FOR HEALTH PROFESSIONALS IN OUR COMMUNITIES. CASH IS THE AMOUNT OF CONTRIBUTIONS TO THE COMMUNITY AND IN-KIND DONATIONS ARE BASED ON THE COST OF THE IN-KIND DONATION.

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE HOSPITAL BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A) OF \$4,312,726 WAS SUBTRACTED TO CALCULATE THE PERCENTAGE IN COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY HEALTH NETWORK ENGAGES IN SEVERAL COMMUNITY BUILDING ACTIVITIES OUR DISASTER READINESS PROGRAMS ARE DEVELOPED TO EXCEED THE MINIMUM REQUIREMENTS IN ORDER TO PROVIDE A RESPONSIBLE LEVEL OF SERVICE TO THE COMMUNITY WE ALSO PROVIDE MEETING ROOMS AND SUPPORT TO OTHER NOT-FOR-PROFIT ORGANIZATIONS THAT IMPROVE THE HEALTH OF THE COMMUNITY ALL OF THESE EFFORTS ARE FOCUSED ON MINIMIZING THE HEALTH IMPACT OF CATASTROPHES, LARGE AND SMALL, AS WELL AS SUPPORTING HEALTH ACTIVITIES AND GROUPS WITH A QUALITY OF LIFE FOCUS

Form and Line Reference	Explanation
PART III, LINE 4	USED COST TO CHARGE RATIO BASED ON COST BEING THE TOTAL OPERATING EXPENSE NET OF COMMUNITY BENEFIT EXPENSE AND NON-PATIENT CARE OPERATIONS AND CHARGES BEING PATIENT CHARGES NET OF COMMUNITY BENEFIT CHARGES MANY PATIENTS WHOSE ACCOUNTS/OUT-OF-POCKET LIABILITY ARE WRITTEN OFF TO BAD DEBT ARE UNABLE TO PAY BUT DID NOT COMPLETE THE PROCESS FOR CHARITY CARE/FINANCIAL ASSISTANCE BECAUSE THESE PATIENTS WOULD HAVE QUALIFIED FOR CHARITY CARE, BUT DIDN'T COMPLETE THE PROCESS, THESE BAD DEBT WRITE-OFFS SHOULD BE CONSIDERED COMMUNITY BENEFIT AS CHARITY CARE IN ADDITION, COMMUNITY HEALTH NETWORK CONTINUES TO SERVE PATIENTS WHOSE ACCOUNTS ARE WRITTEN OFF TO BAD DEBT EVEN THOUGH THERE IS A GOOD CHANCE FUTURE SERVICES MAY CONTINUE TO BE WRITTEN OFF TO BAD DEBT, WHICH DEMONSTRATES A COMMUNITY BENEFIT - SERVING PATIENTS EVEN THOUGH WE MAY NOT BE PAID

Form and Line Reference	Explanation
PART III, LINE 8	ANY SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE CHN CONTINUES TO SERVE THE MEDICARE POPULATION REGARDLESS OF WHETHER THEY COVER THEIR COSTS. COMMUNITY HEALTH NETWORK HAS A SURPLUS BECAUSE IT IS A CRITICAL ACCESS HOSPITAL AND AS A CRITICAL ACCESS HOSPITAL, IT RECEIVES 101% OF ITS COST PER THE MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS WHO HAVE AN APPLICATION OUTSTANDING ARE NOT KNOWINGLY SENT TO COLLECTIONS. PATIENTS WHO QUALIFY FOR 100% CHARITY HAVE THE ENTIRE AMOUNT OF THE BILL WRITTEN OFF AND NO FURTHER COLLECTION PROCEDURES ARE DONE. BALANCES REMAINING AFTER CHARITY CARE PERCENTAGE HAS BEEN DETERMINED (THOSE WHO QUALIFY FOR FINANCIAL ASSISTANCE/PARTIAL CHARITY CARE) ARE CONSIDERED SELF PAY AND PAYMENT ARRANGEMENTS MUST BE MADE SHOULD THE PATIENT FAIL TO MAKE PAYMENT ARRANGEMENTS OR MAINTAIN THE PAYMENTS AGREED UPON THEY WILL BE NOTIFIED IN WRITING THAT THE ACCOUNT BALANCE IS PAST DUE AND THE ACCOUNT WILL BE SUBJECT TO NORMAL COLLECTION PROCEDURES

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY HEALTH NETWORK WORKS IN COLLABORATION WITH GREEN LAKE AND WAUSHARA COUNTY PUBLIC HEALTH TO ASSESS COMMUNITY NEEDS IN ORDER TO CREATE A PLAN OF CARE BASED ON THOSE ISSUES AND CONCERN IDENTIFIED. COMMUNITY HEALTH NETWORK ALSO PARTICIPATES WITH THE GREEN LAKE COUNTY AND WAUSHARA COUNTY WELLNESS COALITION IN THE EFFORT TO PROVIDE COMPREHENSIVE CARE, THE WELLNESS COALITION ALSO STRIVES TO DECREASE INEFFICIENCIES DUE TO OVERLAP OF CARE PROVIDERS AND ORGANIZATIONS IN THE AREA. COMMUNITY HEALTH NETWORK ALSO ASSESSES COMMUNITY NEED BY USING UNIVERSITY OF WISCONSIN HEALTH RANKINGS WHICH PROVIDES COUNTY BY COUNTY BREAKDOWNS OF HEALTH OUTCOMES, HEALTH FACTORS, AND HEALTH ISSUES TO ASSIST IN DETERMINING COMMUNITY NEED.

Form and Line Reference	Explanation
PART VI, LINE 3	SELF PAY PATIENTS ARE CONTACTED BY A MEMBER OF THE PATIENT ACCOUNTING STAFF TO INFORM THEM OF AVAILABLE GOVERNMENT PROGRAMS AND CHARITY CARE. IF APPROPRIATE, THE PATIENT ACCOUNTING STAFF WILL OFFER ASSISTANCE WITH THE COMPLETION OF THE COMMUNITY CARE (CHARITY CARE) APPLICATION

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY HEALTH NETWORK PRIMARILY SERVES RESIDENTS FROM GREEN LAKE, MARQUETTE, AND WAUSHARA COUNTIES. THE SERVICE AREA HAD AN ESTIMATED POPULATION OF 59,000 AND IS MOSTLY RURAL. THE POPULATION CONSISTS OF 19.8% UNDER THE AGE OF 18, 26.8% FROM 18 TO 44, 32.1% FROM 45 TO 64 AND 21.3% WHO WERE 65 AND OLDER. PORTIONS OF THE COMMUNITY HEALTH NETWORK SERVICE AREA ARE FEDERALLY QUALIFIED HPSA AREAS. COMMUNITY HEALTH NETWORK OPERATES THE ONLY HOSPITAL IN GREEN LAKE COUNTY.

Form and Line Reference	Explanation
PART VI, LINE 5	THE MAJORITY OF OUR ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. COMMUNITY HEALTH NETWORK CONDUCTS HEALTH FAIRS FOR THE COMMUNITY TO ENCOURAGE HEALTHY LIFESTYLES AND TO RAISE AWARENESS OF HEALTH ISSUES AND TRENDS. COMMUNITY HEALTH NETWORK ALSO CONDUCTS CPR AND FIRST AID CLASSES, EDUCATION AND OUTREACH FOR SENIOR CITIZENS, AND EDUCATION OPPORTUNITIES FOR PHYSICIANS AND MEDICAL STUDENTS. IN ADDITION, WE ADMINISTER A DIABETES SUPPORT GROUP.

Form and Line Reference	Explanation
PART VI, LINE 6	COMMUNITY HEALTH NETWORK ENGAGES IN SEVERAL COMMUNITY BUILDING ACTIVITIES OUR DISASTER READINESS PROGRAMS ARE DEVELOPED TO EXCEED THE MINIMUM REQUIREMENTS IN ORDER TO PROVIDE A RESPONSIBLE LEVEL OF SERVICE TO THE COMMUNITY WE ALSO PROVIDE MEETING ROOMS AND SUPPORT TO OTHER NOT-FOR-PROFIT ORGANIZATIONS THAT IMPROVE THE HEALTH OF THE COMMUNITY ALL OF THESE EFFORTS ARE FOCUSED ON MINIMIZING THE HEALTH IMPACT OF CATASTROPHES, LARGE AND SMALL, AS WELL AS SUPPORTING HEALTH ACTIVITIES AND GROUPS WITH A QUALITY OF LIFE FOCUS

Additional Data

Software ID:
Software Version:
EIN: 39-0806359
Name: COMMUNITY HEALTH NETWORK INC

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
BERLIN MEMORIAL HOSPITAL	
BERLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 4 WILD ROSE COMMUNITY MEMORIAL HOSPITAL
BERLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5D HTTPS://WWW.THEDACARE.ORG/~MEDIA/THEDACARE%20INTERNET%20FILES/06%20GET%20INVOLVED/2013CHNA_CHN.PDF
BERLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 7 FOR EXAMPLE, ALTHOUGH WE ARE ACTIVE IN THE PREVENTION OF ALCOHO L AND DRUG ABUSE BY PARTICIPATION ON OUR COUNTY COALITIONS, WE ARE UNABLE TO ADDRESS BEYON D THAT BASED ON FINANCIAL CONSTRAINTS AND DIFFICULTY IN RECRUITING IN THIS AREA CHN MANAG ES THESE BEHAVIORS THROUGH PRIMARY CARE SERVICES ADDITIONALLY, WE ARE ACTIVELY LOOKING FO R PARTNERSHIPS WITH LARGER HEALTH SYSTEMS TO INCREASE SPECIALTY SERVICES THAT CAN ADDRESS THESE NEEDS WE DO NOT INTEND TO ADDRESS ENVIRONMENTAL AND OCCUPATIONAL HEALTH IN WAUSHARA COUNTY THE WAY THAT COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIES IT AS IT IS BEYOND OURS COPE
BERLIN MEMORIAL HOSPITAL	PART V, SECTION B, LINE 20D COMMUNITY HEALTH NETWORK, INC MAINTAINS WRITTEN POLICIES TO DETERMINE PATIENTS' ABILITY TO PAY AND ELIGIBILITY FOR FINANCIAL ASSISTANCE APPLICANTS TO THE COMMUNITY CARE ASSISTANCE PROGRAM ARE REQUIRED TO COMPLETE AN APPLICATION TO DETERMIN E ELIGIBILITY AND MAY QUALIFY FOR 25%, 50% OR 100% REDUCTION IN GROSS CHARGES ELIGIBILITY IS DETERMINED ON THE BASIS ON A PATIENTS INCOME AND ASSETS COMMUNITY CARE WILL BE APPROV ED IN A THREE (3) TIER PROGRAM 1 100% FOR APPLICANTS AT OR BELOW 150% OF FEDERAL POVERTY GUIDELINES 2 50% FOR APPLICANTS BETWEEN 150% AND 200% OF FEDERAL POVERTY GUIDELINES 3 25 % FOR APPLICANTS BETWEEN 200% AND 300% OF FEDERAL POVERTY GUIDELINES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

Name and address	Type of Facility (describe)
CHN MEDICAL OFFICE BUILDING 225 MEMORIAL DRIVE BERLIN, WI 54923	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - WAUTOMA N HIGHWAY 22 WAUTOMA, WI 54982	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - MARKESAN 340 ENTERPRISE DRIVE MARKESAN, WI 53946	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - PRINCETON 502 W WATER STREET PRINCETON, WI 54968	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - MONTELLO 315 CHURCH STREET MONTELLO, WI 53949	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - RIPON 1080 FOND DU LAC STREET RIPON, WI 54971	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - REDGRANITE 402 PRESTON LANE REDGRANITE, WI 54970	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - EASTRIDGE W832 HIGHWAY 91 BERLIN, WI 54923	OUTPATIENT PHYSICIAN CLINIC
CHN ORTHOPEDICS & SPORTS MEDICINE 191 MEMORIAL DRIVE BERLIN, WI 54923	OUTPATIENT PHYSICIAN CLINIC
JULIETTE MANOR 169 EAST HURON STREET BERLIN, WI 54923	OUTPATIENT PHYSICIAN CLINIC
CHN HOME CARE 270 MARQUETTE STREET BERLIN, WI 54923	OUTPATIENT PHYSICIAN CLINIC
COMMUNITY MEDICAL CENTER - GREEN LAKE 670 CTY HIGHWAY A GREEN LAKE, WI 54941	OUTPATIENT PHYSICIAN CLINIC
CHN MEDICAL CENTER - GREEN LAKE N6205 BUSSE DR GREEN LAKE, WI 54941	OUTPATIENT PHYSICIAN CLINIC

Schedule I (Form 990)

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

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

► Attach to Form 990

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARTNERS HEALTH SYSTEM FOUNDATION INC 225 MEMORIAL DRIVE BERLIN, WI 54923	73-1639346		14,107				FOUNDATION FUNDRAISING EVENT
(2) BOYS AND GIRLS CLUB 501 E PARKWAY AVE PO BOX 411 OSHKOSH, WI 54903	39-6120658		51,500				TC CAPITAL CAMPAIGN

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	10	7,500			

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.

Name of the organization

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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**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?**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

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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?**b** Any related organization?

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?**b** Any related organization?

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a	Yes	
5b	Yes	
6a		No
6b		No
7		No
8		No
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 BUDDE MD BOARD MEMBER/PHYSICIAN	(i) 216,510 (ii) 0	(i) 219,925 (ii) 0	(i) 17,788 (ii) 0	(i) 9,108 (ii) 0	(i) 27,419 (ii) 0	(i) 490,750 (ii) 0	(i) 0 (ii) 0
(2) P MICHAEL SHATTUCK MD BOARD MEMBER/PHYSICIAN	(i) 193,100 (ii) 0	(i) 29,461 (ii) 0	(i) 0 (ii) 0	(i) 6,120 (ii) 0	(i) 19,516 (ii) 0	(i) 248,197 (ii) 0	(i) 0 (ii) 0
(3) JOHN FEENEY PRESIDENT/CEO	(i) 245,243 (ii) 0	(i) 50,000 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 22,620 (ii) 0	(i) 317,863 (ii) 0	(i) 0 (ii) 0
(4) THOMAS KRYSTOWIAK CFO	(i) 176,715 (ii) 0	(i) 3,459 (ii) 0	(i) 10,457 (ii) 0	(i) 7,491 (ii) 0	(i) 22,579 (ii) 0	(i) 220,701 (ii) 0	(i) 0 (ii) 0
(5) DAVID JONES MD PHYSICIAN	(i) 897,839 (ii) 0	(i) 338,459 (ii) 0	(i) 64,248 (ii) 0	(i) 0 (ii) 0	(i) 28,870 (ii) 0	(i) 1,329,416 (ii) 0	(i) 0 (ii) 0
(6) URI VAISMAN MD PHYSICIAN	(i) 605,007 (ii) 0	(i) 135,638 (ii) 0	(i) 0 (ii) 0	(i) 7,500 (ii) 0	(i) 22,579 (ii) 0	(i) 770,724 (ii) 0	(i) 0 (ii) 0
(7) JOHN HORAN MD PHYSICIAN	(i) 449,599 (ii) 0	(i) 10,000 (ii) 0	(i) 273,560 (ii) 0	(i) 0 (ii) 0	(i) 23,355 (ii) 0	(i) 756,514 (ii) 0	(i) 0 (ii) 0
(8) HORACE LO MD PHYSICIAN	(i) 488,368 (ii) 0	(i) 154,209 (ii) 0	(i) 0 (ii) 0	(i) 5,000 (ii) 0	(i) 29,370 (ii) 0	(i) 676,947 (ii) 0	(i) 0 (ii) 0
(9) ROBERT GELLER MD PHYSICIAN	(i) 531,153 (ii) 0	(i) 129,464 (ii) 0	(i) 0 (ii) 0	(i) 5,000 (ii) 0	(i) 7,067 (ii) 0	(i) 672,684 (ii) 0	(i) 0 (ii) 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
PART I, LINE 4B	ALL HIGHLY COMPENSATED PARTICIPATE, BUT DID NOT RECEIVE PAYMENT FROM A NON-QUALIFIED PLAN
PART I, LINE 5	RADIOLOGISTS RECEIVE 60% OF REVENUE FROM PROFESSIONAL FEES OVER \$2 2 MILLION IN CALENDAR YEAR 2013, DR KURTZ RECEIVED \$104,227 AND DR VAISMAN RECEIVED \$135,638 SERVICES PROVIDED BY RADIOLOGISTS AT WILD ROSE HOSPITAL ARE INCLUDED

Additional Data

Software ID:
Software Version:
EIN: 39-0806359
Name: COMMUNITY HEALTH NETWORK INC

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID BUDDE MD BOARD MEMBER/PHYSICIAN	(i) 216,510 (ii) 0	219,925 0	17,788 0	9,108 0	27,419 0	490,750 0	0 0
P MICHAEL SHATTUCK MD BOARD MEMBER/PHYSICIAN	(i) 193,100 (ii) 0	29,461 0	0 0	6,120 0	19,516 0	248,197 0	0 0
JOHN FEEENEY PRESIDENT/CEO	(i) 245,243 (ii) 0	50,000 0	0 0	0 0	22,620 0	317,863 0	0 0
THOMAS KRYSTOWIAK CFO	(i) 176,715 (ii) 0	3,459 0	10,457 0	7,491 0	22,579 0	220,701 0	0 0
DAVID JONES MD PHYSICIAN	(i) 897,839 (ii) 0	338,459 0	64,248 0	0 0	28,870 0	1,329,416 0	0 0
URI VAIMAN MD PHYSICIAN	(i) 605,007 (ii) 0	135,638 0	0 0	7,500 0	22,579 0	770,724 0	0 0
JOHN HORAN MD PHYSICIAN	(i) 449,599 (ii) 0	10,000 0	273,560 0	0 0	23,355 0	756,514 0	0 0
HORACE LO MD PHYSICIAN	(i) 488,368 (ii) 0	154,209 0	0 0	5,000 0	29,370 0	676,947 0	0 0
ROBERT GELLER MD PHYSICIAN	(i) 531,153 (ii) 0	129,464 0	0 0	5,000 0	7,067 0	672,684 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH NETWORK INC.

Employer identification number

39-0806359

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

Organization reported an amount on Form 550, Part X, line 5, 5, or E												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) DR HORAN		COMPENSATION ADVANCE		X	225,000	75,000	No	Yes		Yes		
Total			►	\$			75,000					

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) P MICHAEL SHATTUCK MD	CHN BOARD MEMBER	24,034	CHN RENTS SPACE FROM DR SHATTUCK FOR MEDICAL GROUP OFFICES		No
(2) THOMAS WILLETT DO	BOARD MEMBER	84,082	SPACE RENTAL		No

Part V Supplemental Information

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

Return Reference

Explanation

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.****2013****Open to Public
Inspection**

Name of the organization

COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RUSSELL KUEHN AND THOMAS WILLETT ARE MEMBERS OF THE BOARD OF DIRECTORS OF 1ST NATIONAL BANK PATRICK McCONNELL IS A MEMBER OF THE BOARD OF DIRECTORS OF HORICON BANK THOMAS WILLET HAS A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED, EFFECTIVE JUNE 30, 2014, TO REFLECT THE AFFILIATION WITH THEDACARE, INC IN ADDITION, THE FISCAL YEAR OF THE ORGANIZATION IS NOW A CALENDAR YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>EFFECTIVE JUNE 30, 2014, COMMUNITY HEALTH NETWORK, INC 'S SOLE MEMBER OF THE SINGLE CLASS OF VOTING MEMBERS IS THEDACARE, INC PRIOR TO JUNE 30, 2014, MEMBERSHIP COULD BE OBTAINED BY ANYONE EIGHTEEN OR MORE YEARS OF AGE AND EITHER (A) RESIDE OR WORK IN THE CORPORATION'S SERVICE AREA, WHICH IS DEFINED AS THE FOLLOWING ZIP CODES 53919, 53923, 53926, 53930, 53931, 53935, 53939, 53946, 53947, 53949, 53952, 53953, 53956, 53964, 54909, 54921, 54923, 54930, 54934, 54940, 54941, 54943, 54960, 54963, 54964, 54965, 54966, 54967, 54968, 54970, 54971, 54976, 54980, 54982, 54984, AND 54986 AN INDIVIDUAL IS DEEMED TO WORK WITHIN THE CORPORATION'S SERVICE AREA IF HIS OR HER PRIMARY SOURCE OF INCOME STEMS FROM WORK PERFORMED IN THE SERVICE AREA, OR (B) AN EMPLOYEE OF THE CORPORATION OR MEMBER OF HIS OR HER FAMILY MAY BECOME A MEMBER OF THE CORPORATION UPON SUBMISSION OF A SIGNED APPLICATION DELIVERED TO THE PRINCIPAL OFFICE OF THE CORPORATION THE CORPORATION'S BOARD OF DIRECTORS OR ITS DESIGNEE(S) HAS THE AUTHORITY TO, FROM TIME TO TIME, MAKE GOOD FAITH DETERMINATIONS REGARDING WHETHER AN APPLICANT OR AN EXISTING MEMBER MEETS THE QUALIFICATIONS FOR MEMBERSHIP OF THE CORPORATION ANY PERSON WHO DOES NOT MEET THE CRITERIA AS DETERMINED BY THE BOARD OF DIRECTORS OR ITS DESIGNEE(S) WILL NOT BE A MEMBER AN INDIVIDUAL'S MEMBERSHIP SHALL BE TERMINATED UPON DEATH, RESIGNATION OR THE FAILURE TO MEET THE QUALIFICATION INDIVIDUALS GRANTED HONORARY MEMBERSHIP IN THE CORPORATION SHALL BE ENTITLED TO LIFELONG VOTING MEMBERSHIP IN THE CORPORATION</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PRIOR TO JUNE 30, 2014, THERE WERE TWELVE DIRECTORS ON THE BOARD OF DIRECTORS THAT ARE ELECTED ANNUALLY BY THE MEMBERS AT THE ANNUAL MEETING OR AT A SPECIAL MEETING HELD FOR SUCH PURPOSE THE CHIEF EXECUTIVE OFFICER WAS AN EX-OFFICIO MEMBER OF THE BOARD OF DIRECTORS. EFFECTIVE JUNE 30, 2014, THEDACARE, INC HAS THE AUTHORITY IN THE CORPORATION TO VOTE AND TAKE ANY ACTION WITH RESPECT TO THE ELECTION OF DIRECTORS AND OFFICERS. A CONSULTATION WOULD OCCUR WITH CHN BEFORE SUCH ACTIONS WERE TAKEN

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>PRIOR TO JUNE 30, 2014, MEMBERS HAD THE FOLLOWING RESERVED POWERS 2 2 1 TO APPROVE ALL AMENDMENTS AND RESTATEMENTS OF ARTICLES OF INCORPORATION AND BYLAWS 2 2 2 TO VOTE ON NOMINATIONS TO FILL OPEN BOD POSITIONS AT THE ANNUAL MEETING 2 2 3 TO RECEIVE AN ANNUAL REPORT ON THE CORPORATIONS BUSINESS AND OPERATIONS 2 2 4 TO VOTE ON NOMINATIONS TO FILL OPEN NON-DIRECTOR GOVERNANCE AND NOMINATIONS COMMITTEE POSITIONS PURSUANT TO THE PROCEDURES ET FORTH IN SECTION 6 6 4 OF THESE BYLAWS EFFECTIVE JUNE 30, 2014, THEDACARE, INC HAS THE AUTHORITY WITH RESPECT TO THE FOLLOWING MATTERS 1 MERGE, CONSOLIDATE, OR CHANGE CONTROL OF THE ORGANIZATION 2 SELL, LEASE, TRANSFER, OR DISPOSE OF MATERIAL ASSETS 3 ENTER JOINT VENTURES OR AFFILIATIONS 4 AMEND BYLAWS AND ARTICLES OF INCORPORATION 5 DEVELOP AND APPROVE CAPITAL AND OPERATING BUDGETS 6 AUTHORIZE AND MAKE CAPITAL EXPENDITURES 7 APPROVE STRATEGIC PLANS, WITH MANAGEMENT AND BOARD OVERSIGHT 8 APPROVE THE SAFETY AND QUALITY PLAN 9 APPROVE THE DISSOLUTION OR LIQUIDATION 10 APPOINT AUDITORS AND LEGAL COUNSEL 11 RETAIN INVESTMENT ADVISORS AND ESTABLISH INVESTMENT POLICIES 12 HIRE OR TERMINATE THE CEO 13 BORROW AND INCUR DEBT</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS HAS DELEGATED THE DETAIL REVIEW OF THE FORM 990 TO THE MANAGEMENT OF THE CORPORATION THEY COMPLETED THEIR REVIEW PRIOR TO SUBMISSION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE DIRECTOR, OFFICER AND/OR COMMITTEE MEMBER'S RESPONSIBILITY TO DISCLOSE TO THE BOARD OF DIRECTORS OR COMMITTEE CONSIDERING A TRANSACTION, ANY POTENTIAL FINANCIAL INTEREST THE CHAIRPERSON OF THE BOARD OR COMMITTEE MAY THEN QUESTION THE INTERESTED PERSON FURTHER THE BOARD OR COMMITTEE MAKES THE DECISION WHETHER A CONFLICT OF INTEREST EXISTS IN ADDITION TO THE ABOVE, DIRECTORS, OFFICERS AND COMMITTEE MEMBERS EXECUTE AND DELIVER TO CHN A "CERTIFICATE REGARDING CONFLICTS OF INTEREST" ON AN ANNUAL BASIS PER THE POLICY, THE BOARD IS TO CONDUCT PERIODIC REVIEWS OF ITS TRANSACTIONS AND ARRANGEMENTS REVIEW SHALL INCLUDE - WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULT OF ARMS-LENGTH BARGAINING - WHETHER ACQUISITIONS OF PHYSICIAN PRACTICES AND OTHER PROVIDER SERVICES RESULT IN PRIVATE INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT - WHETHER PARTNERSHIPS, JOINT VENTURES, AND OTHER TYPES OF ARRANGEMENTS FURTHER CHN'S CHARITABLE PURPOSE AND DO NOT RESULT IN PRIVATE INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT IF IT IS DETERMINED A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON IS PROHIBITED FROM PARTICIPATING IN THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION DETERMINATION FOR THE CEO OF COMMUNITY HEALTH NETWORK IS AS FOLLOWS. THE CEO IS UNDER AN EMPLOYMENT CONTRACT. HIS SALARY IS REVIEWED PER HIS CONTRACT BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (THOSE WITHOUT CONFLICT). THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION BENCHMARK DATA, COMPARES THE DATA WITH THE CEO'S CURRENT SALARY AND MAKES A SALARY DETERMINATION WHICH IS THEN VOTED ON BY THE EXECUTIVE COMMITTEE. THE COMPENSATION DETERMINATION FOR THE CFO IS AS FOLLOWS. ONCE A YEAR, CHN'S CEO REVIEWS COMPENSATION BENCHMARK DATA AND COMPARES THE DATA WITH THE CFO'S CURRENT SALARY AND THE PROPOSED INCREASE BASED ON THE DATA. THE CEO, A PERSON WITHOUT CONFLICT, DETERMINES THE CFO'S SALARY FOR THE COMING YEAR. THE SALARY IS DISCUSSED AND AGREED UPON BY CHN'S CEO AND THE INDIVIDUAL.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION BELIEVES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE THE PROPERTY OF THE ORGANIZATION AND DOES NOT MAKE THEM AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ELIMINATION OF INTEREST IN PARTNERS HEALTH SYSTEM FOUNDATION, INC -1,159,972

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	MANAGEMENT PROVIDES OVERSIGHT OF THE AUDIT. THE AUDIT IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH NETWORK INC

Employer identification number

39-0806359

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
(1) COMMUNITY MEDICAL CENTER OF GREEN LAKE LLC 670 COUNTY HWY A GREEN LAKE, WI 54941 26-1424367	CLINIC	WI	-414,537	2,284,190	COMMUNITY HEALTH NETWORK INC

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?
See Additional Data Table						

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

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.

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WILD ROSE COMMUNITY MEMORIAL HOSPITAL INC	N	2,679,242	ACTUAL

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.

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2013

Additional Data

Software ID:
Software Version:
EIN: 39-0806359
Name: COMMUNITY HEALTH NETWORK INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) WILD ROSE COMMUNITY HOSPITAL PO BOX 243 WILD ROSE, WI 54923 39-6089134	SUPPORTING ORGANIZATION	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(1) PARTNERS HEALTH SYSTEM FOUNDATION 225 MEMORIAL DRIVE BERLIN, WI 54923 73-1639346	SUPPORTING ORGANIZATION	WI	501(C)(3)	LINE 11B, II	PARTNERS HEALTH SYSTEM INC	Yes	
(2) THEDACARE INC 122 EAST COLLEGE AVENUE APPLETON, WI 54911 39-1509362	HEALTHCARE	WI	501(C)(3)	LINE 11C, III-FI	N/A	Yes	
(3) THEDA CLARK MEDICAL CENTER INC PO BOX 8025 APPLETON, WI 54912 39-0830664	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(4) NEW LONDON FAMILY MEDICAL CENTER INC 1405 MILL STREET NEW LONDON, WI 54961 39-0869788	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(5) RIVERSIDE MEDICAL CENTER INC 800 RIVERSIDE DRIVE WAUPACA, WI 54981 39-0871113	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(6) APPLETON MEDICAL CENTER INC PO BOX 8025 APPLETON, WI 54912 39-0824015	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(7) SHAWANO MEDICAL CENTER INC 309 N BARTLETTE STREET SHAWANO, WI 54166 39-0807068	HOSPITAL	WI	501(C)(3)	LINE 3	THEDACARE INC	Yes	
(8) APPLETON MEDICAL CENTER FOUNDATION INC 1818 NORTH MEADE STREET APPLETON, WI 54911 39-1459276	FOUNDATION	WI	501(C)(3)	LINE 7	THEDACARE INC	Yes	
(9) THEDACARE FAMILY OF FOUNDATIONS INC 1818 NORTH MEADE STREET APPLETON, WI 54912 46-4112255	FOUNDATION	WI	501(C)(3)	LINE 11A, I	THEDACARE INC	Yes	
(10) PARTNERS HEALTH SYSTEM INC 225 MEMORIAL DRIVE BERLIN, WI 54923 27-1119447	SUPPORTING ORGANIZATION	WI		LINE 11B, II	N/A		No

ThedaCare, Inc. and Affiliates

Appleton, Wisconsin

Consolidated Financial Statements

Years Ended December 31, 2014 and 2013

ThedaCare, Inc. and Affiliates

Consolidated Financial Statements

Years Ended December 31, 2014 and 2013

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Notes to Consolidated Financial Statements	8



Independent Auditor's Report

Board of Trustees
ThedaCare, Inc
Appleton, Wisconsin

We have audited the accompanying consolidated financial statements of ThedaCare, Inc and Affiliates, which comprise the consolidated balance sheets as of December 31, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of ThedaCare, Inc and Affiliates as of December 31, 2014 and 2013, and the results of their operations, changes in their net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States

Wipfli LLP

Wipfli LLP

April 21, 2015
Milwaukee, Wisconsin

ThedaCare, Inc. and Affiliates

Consolidated Balance Sheets

December 31, 2014 and 2013

<i>Assets</i>	(In Thousands)	
	2014	2013
Current assets		
Cash and cash equivalents	\$ 55,209	\$ 42,034
Short-term investments	355,724	368,501
Patient accounts receivable - Net	105,847	78,424
Other accounts receivable	23,907	15,661
Inventory	6,884	4,176
Prepaid expenses and other assets	4,774	4,197
 Total current assets	 552,345	 512,993
Investments	154,429	119,124
Assets limited as to use		
Investments held by bond trustee	14,646	14,084
Deferred compensation investments	9,910	4,256
Board-designated investments	3,437	3,437
Donor-designated investments	6,652	7,686
 Total assets limited as to use	 34,645	 29,463
Land, buildings, and equipment - Net	404,183	352,663
Other assets		
Bond issuance costs - Net	2,392	3,378
Investments in unconsolidated affiliates and other	6,009	5,876
 Total other assets	 8,401	 9,254
 TOTAL ASSETS	 \$ 1,154,003	 \$ 1,023,497

<i>Liabilities and Net Assets</i>	(In Thousands)	
	2014	2013
Current liabilities.		
Current portion of long-term debt	\$ 9,935	\$ 10,210
Accounts payable	16,316	15,558
Accrued and other liabilities	83,782	71,506
Estimated third-party payor settlements	3,479	1,849
Current portion of deferred employee benefit obligations	20,326	21,795
 Total current liabilities	 133,838	 120,918
Noncurrent liabilities		
Long-term debt - Net of current portion	230,723	228,748
Deferred employee benefit obligations - Net of current portion	51,018	11,830
Other noncurrent liabilities	3,268	3,010
 Total noncurrent liabilities	 285,009	 243,588
 Total liabilities	 418,847	 364,506
Net assets:		
Unrestricted	716,160	642,188
Temporarily restricted	12,812	10,635
Permanently restricted	6,184	6,168
 Total net assets	 735,156	 658,991
 TOTAL LIABILITIES AND NET ASSETS	 \$ 1,154,003	 \$ 1,023,497

ThedaCare, Inc. and Affiliates

Consolidated Statements of Operations

Years Ended December 31, 2014 and 2013

	(In Thousands)	
	2014	2013
Revenue.		
Patient service revenue - Net of contractual allowances and discounts	\$ 781,737	\$ 701,728
Provision for bad debts	(21,910)	(24,411)
Net patient service revenue, less provision for bad debts	759,827	677,317
Other operating revenue	34,038	26,812
Medicaid assessment program revenue	15,827	16,358
Total revenue	809,692	720,487
Operating expenses		
Compensation and benefits	451,680	406,671
Supplies and services	250,009	228,442
Depreciation and amortization	49,088	46,108
Interest expense	10,646	10,816
Medicaid assessment program expense	9,443	9,883
Total expenses	770,866	701,920
Operating income	38,826	18,567
Nonoperating income (expense).		
Investment income	13,356	59,727
Community contributions	(5,369)	(1,025)
Loss on early retirement of debt	(745)	-
Contributed unrestricted net assets of acquirees	51,410	327
Total nonoperating income	58,652	59,029
Excess of revenue over expenses	97,478	77,596
Other changes in unrestricted net assets		
Pension-related changes other than net periodic pension cost	(25,883)	48,664
Net assets released from restrictions	2,377	903
Change in unrestricted net assets	\$ 73,972	\$ 127,163

See accompanying notes to consolidated financial statements.

ThedaCare, Inc. and Affiliates

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2014 and 2013

	(In Thousands)	
	2014	2013
Unrestricted net assets		
Excess of revenue over expenses	\$ 97,478	\$ 77,596
Pension-related changes other than net periodic pension cost	(25,883)	48,664
Net assets released from restrictions	2,377	903
	<hr/> 73,972	<hr/> 127,163
Temporarily restricted net assets		
Contributions	3,246	2,928
Investment income	52	194
Net change in unrealized gains and losses on investments	(52)	342
Contributed temporarily restricted net assets of acquirees	1,308	-
Net assets released from restrictions	(2,377)	(903)
	<hr/> 2,177	<hr/> 2,561
Increase in permanently restricted net assets - Contributions	16	96
Change in net assets	76,165	129,820
Net assets at beginning	658,991	529,171
	<hr/> \$ 735,156	<hr/> \$ 658,991

ThedaCare, Inc. and Affiliates

Consolidated Statements of Cash Flows

Years Ended December 31, 2014 and 2013

	(In Thousands)	
	2014	2013
Increase (decrease) in cash and cash equivalents		
Cash flows from operating activities		
Change in net assets	\$ 76,165	\$ 129,820
Adjustments to reconcile change in net assets to net cash provided by operating activities.		
Depreciation and amortization	49,088	46,108
Loss on disposal of equipment	1,378	696
Undistributed equity in net gains of unconsolidated affiliates	(333)	(363)
Provision for bad debts	21,910	24,411
Net realized gains on investments and assets limited as to use	(17,117)	(8,807)
Net change in unrealized gains and losses on investments and assets limited as to use	13,794	(43,800)
Pension-related changes other than net periodic pension cost	25,883	(48,664)
Loss on early retirement of debt	745	-
Restricted contributions	(16)	(96)
Contributed net assets of acquirees, net of cash acquired of \$6,235	(46,483)	-
Changes in operating assets and liabilities.		
Accounts receivable	(39,670)	(28,029)
Inventory	(1,048)	(577)
Prepaid expenses and other	491	(1,000)
Other assets	2,000	1,205
Investments and assets limited as to use held as trading securities	14,346	(30,966)
Accounts payable	(2,543)	1,983
Accrued and other liabilities	5,127	4,479
Estimated third-party payor settlements	699	(701)
Deferred employee benefit obligations and other noncurrent liabilities	5,357	4,379
Total adjustments	33,608	(79,742)
Net cash provided by operating activities	109,773	50,078

ThedaCare, Inc. and Affiliates

Consolidated Statements of Cash Flows (Continued)

Years Ended December 31, 2014 and 2013

	(In Thousands)	
	2014	2013
Cash flows from investing activities		
Purchases of land, buildings, and equipment	\$ (58,295)	\$ (38,423)
Purchases of investments	(33,519)	(27,883)
Sales of investments	9,855	4,000
 Net cash used in investing activities	 (81,959)	 (62,306)
 Cash flows from financing activities:		
Restricted contributions	16	96
Proceeds from issuance of long-term debt	11,918	-
Principal payments on long-term debt	(26,482)	(10,879)
Payments for bond issuance costs	(91)	(2)
 Net cash used in financing activities	 (14,639)	 (10,785)
 Net increase (decrease) in cash and cash equivalents	 13,175	 (23,013)
Cash and cash equivalents at beginning	42,034	65,047
 Cash and cash equivalents at end	 \$ 55,209	 \$ 42,034
 Supplemental cash flow information:		
Cash paid for interest	\$ 10,648	\$ 10,796
 Noncash investing activities:		
Purchases of capital assets included in accounts payable	\$ 1,849	\$ 891

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies

The Entity and Principles of Consolidation

The consolidated financial statements of ThedaCare, Inc. and Affiliates ("ThedaCare") include the accounts and operations of Theda Clark Medical Center, Inc. (TCMC), Appleton Medical Center, Inc. (AMC), New London Family Medical Center, Inc. (NLFMC), Riverside Medical Center, Inc. (RMC), Shawano Medical Center, Inc. (SMC), Community Health Network, Inc. (CHN) effective July 1, 2014 (see Note 2), and Wild Rose Community Memorial Hospital, Inc. (WRCMH) effective July 1, 2014 (see Note 2), (collectively the "Hospitals") and various physician clinics (the "Clinics"). In addition to the Hospitals and the Clinics, the consolidated financial statements also include the following.

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

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

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

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

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

ThedaCare Family of Foundations, Inc is a nonstock, not-for-profit corporation organized and operated exclusively for charitable, scientific, and educational purposes. Its primary function is to raise support for ThedaCare's affiliates.

All intercompany balances and transactions have been eliminated in consolidation.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Financial Statement Presentation

ThedaCare follows accounting standards set by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernment entities.

Use of Estimates in Preparation of Financial Statements

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

Cash Equivalents

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Patient Accounts Receivable and Credit Policy

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

Patient accounts receivable are recorded in the accompanying consolidated balance sheets net of contractual adjustments and an allowance for doubtful accounts, which reflects management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable. In evaluating the collectibility of patient accounts receivable, ThedaCare analyzes historical loss experience on revenue from all payors. Using the loss experience rate, ThedaCare estimates the appropriate allowance for doubtful accounts and provision for bad debts. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

Inventory

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Assets Limited as to Use

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

Investments

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

Land, Buildings, and Equipment

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Land, Buildings, and Equipment (Continued)

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

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

Bond Issuance Costs

ThedaCare amortizes bond issuance costs over the terms of the bonds. The amortization is calculated using the effective interest method. At December 31, 2014 and 2013, accumulated amortization of bond issuance costs was \$4,921 and \$5,401, respectively.

Goodwill

Goodwill is the excess of the total cost of the acquisition over the fair value of the net assets acquired.

Goodwill is not amortized, but it is subject to annual tests for impairment. For purposes of assessing the impairment of goodwill, ThedaCare evaluates goodwill at each reporting unit level. ThedaCare assesses the totality of qualitative factors (such as relevant events and circumstances) to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount, including goodwill. If ThedaCare determines it is more likely than not that the fair value of a reporting unit is less than its carrying amount, ThedaCare estimates the fair value of the reporting unit, and the fair value is then compared with the carrying value of the applicable reporting unit. If the carrying amount of the reporting unit exceeds its calculated fair value, a second step of the goodwill impairment would be performed to measure the amount of impairment loss, if any.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Goodwill (Continued)

Based on impairment analyses, ThedaCare recorded impairment charges of \$228 and \$243 in 2014 and 2013, respectively, which are recorded within depreciation and amortization expenses in the accompanying consolidated statements of operations. Goodwill, which is included in investments in unconsolidated affiliates and other in the accompanying consolidated balance sheets, was \$1,098 and \$1,305 as of December 31, 2014 and 2013, respectively.

Long-Lived Assets

ThedaCare periodically evaluates the carrying value of land, buildings and equipment, and other long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. In 2014 and 2013, additional accelerated depreciation of \$6,072 and \$4,121, respectively, was recorded related to the Shawano hospital facility, which will be replaced by a new facility in 2015 (see Note 7).

Fair Value of Measurements

ThedaCare measures fair value of its financial instruments, including assets within the defined benefit noncontributory retirement plan, using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows.

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Fair Value of Measurements (Continued)

Level 2 Inputs to the valuation methodology include

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

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

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

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

Net Assets

Unrestricted net assets consist of investments and otherwise unrestricted amounts that are not subject to donor-imposed stipulations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Patient Service Revenue

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

The provision for bad debts is based on historical loss experience and is deducted from patient service revenue (net of contractual allowances and discounts) to determine net patient service revenue, less provision for bad debts. ThedaCare also accrues retroactive adjustments under reimbursement agreements with third-party payors on an estimated basis in the period the related services are provided. Estimates are adjusted in future periods as final settlements are determined.

Charity Care

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

The estimated cost of providing care to patients under ThedaCare's charity care policy is calculated by multiplying the ratio of cost-to-gross charges by the gross uncompensated charity care charges. The costs to provide care to patients under ThedaCare's charity care policy was \$6,106 and \$8,401 for the years ended December 31, 2014 and 2013, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Other Operating Revenue

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

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

ThedaCare recognizes revenue for EHR incentive payments when there is reasonable assurance that the conditions of the program will be met, primarily demonstrating meaningful use of certified EHR technology for the applicable period. The demonstration of meaningful use is based on meeting a series of objectives. Meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare & Medicaid Services (CMS). Amounts recognized under the Medicare and Medicaid EHR incentive programs are based on management's best estimates that are based, in part, on cost report data that is subject to audit by fiscal intermediaries, accordingly, amounts recognized are subject to change. In addition, ThedaCare's compliance with the meaningful use criteria is subject to audit by the federal government or its designee.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Medicaid Assessment Program

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

Operating Income

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

Excess of Revenue Over Expenses

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

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

Unconditional Promises to Give and Contributions

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

Advertising Costs

Advertising costs are expensed as incurred.

Income Taxes

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

In order to account for any uncertain tax positions, ThedaCare determines whether it is more like than not that a tax position will be sustained upon examination of the technical merits of the position, assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more-likely-than-not recognition threshold, the benefit of that position is not recognized in the consolidated financial statements. ThedaCare recorded no assets or liabilities related to uncertain tax positions in 2014 and 2013. Tax returns for the years ended 2011 and beyond remain subject to examination by applicable taxing authorities.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 1 Summary of Significant Accounting Policies (Continued)

Subsequent Events

ThedaCare has evaluated subsequent events for potential recognition and/or disclosure through April 21, 2015, the date the consolidated financial statements were issued. See Notes 8 and 18 for information regarding specific subsequent events.

Note 2 Acquisitions

On July 1, 2014, ThedaCare acquired for no consideration the membership interests of CHN and WRCMH in order to provide high-quality, low-cost health care to their communities. CHN is a nonprofit, nonstock corporation that provides health care services to residents of Berlin, Wisconsin, and the surrounding area. CHN includes Berlin Memorial Hospital, a 25-bed critical access hospital (CAH), Juliette Manor, a 50-bed extended care facility, a home health agency, a rehabilitation service, and various medical clinics. WRCMH is a nonprofit, nonstock corporation that operates a 25-bed CAH that provides medical, surgical, emergency, and outpatient services to residents of Waushara County, Wisconsin, and the surrounding area. In addition, as part of the acquisition, the net assets of Partners Health System Foundation were transferred to ThedaCare Family of Foundations during 2014.

The acquisitions were accounted for using the purchase method of accounting, therefore, the assets acquired and liabilities assumed are recorded at their estimated fair values at the date of acquisition and operating results for CHN and WRCMH have been included in the accompanying consolidated financial statements from the date of acquisition.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 2 Acquisitions (Continued)

The following table summarizes the estimated fair value of the acquired assets and assumed liabilities of CHN and WRCMH at the date of acquisition

	Community	Wild Rose
	Health	Community
	Network, Inc.	Memorial
Cash and cash equivalents	\$ 5,717	\$ 518
Short-term investments	7,415	-
Patient accounts receivable - Net	13,138	3,107
Other accounts receivable	1,650	14
Inventory	1,401	259
Prepaid expenses and other assets	1,017	51
Assets limited as to use	7,654	-
Land, buildings, and equipment - Net	38,542	3,632
Interest in net assets of Partners Health System Foundation	1,823	204
 Total assets acquired	 78,357	 7,785
 Current portion long-term debt	 1,789	 66
Accounts payable	1,994	349
Accrued and other liabilities	6,654	495
Estimated third-party payor settlements	496	435
Long-term debt - Net of current portion	13,968	441
Other noncurrent liabilities	6,728	9
 Total liabilities assumed	 31,629	 1,795
 Net assets acquired	 \$ 46,728	 \$ 5,990

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 2 Acquisitions (Continued)

Total revenue and excess (deficiency) of revenue over expenses since the acquisition date for the acquirees is as follows

	Community Health Network, Inc.	Wild Rose Community Memorial Hospital
Total revenue	\$ 35,878	\$ 6,079
Excess (deficiency) of revenue over expenses	1,136	(59)

The following table summarizes the consolidated total revenue, excess of revenue over expenses, and change in unrestricted net assets as if the acquisitions occurred on January 1, 2013

	2014	2013
Proforma total revenue	\$ 856,451	\$ 815,542
Proforma excess of revenue over expenses	97,074	78,630
Proforma change in unrestricted net assets	73,767	128,608

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 3 Unconsolidated Affiliates

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

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

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

The total investment related to these affiliates in the accompanying consolidated balance sheets was \$2,779 and \$2,716 as of December 31, 2014 and 2013, respectively. Included in other operating revenue is equity in net income of these affiliates of \$63 and \$363 for 2014 and 2013, respectively.

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

	2014	2013
Total assets	\$ 6,362	\$ 6,190
Net assets	\$ 5,558	\$ 5,432
Operating and total revenue	\$ 8,605	\$ 14,976
Excess (deficiency) of revenue over expenses	\$ 379	\$ (245)

ThedaCare also has investments in unconsolidated affiliates accounted for under the cost method. The carrying value of these affiliates was \$2,132 and \$1,853 at December 31, 2014 and 2013, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 4 Reimbursement Arrangements With Third-Party Payors

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

Government Payors

TCMC and AMC

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

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

NLFMC, RMC, SMC, CHN, and WRCMH

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

Physician Clinics

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

Other Providers

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 4 Reimbursement Arrangements With Third-Party Payors (Continued)

Other Payors

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

Accounting for Contractual Arrangements

Certain Medicare and Medicaid services are reimbursed at tentative rates, with final settlements determined after audit of the related annual cost reports. The cost reports have been audited by Medicare and Medicaid fiscal intermediaries through December 31, 2010 for AMC, through December 31, 2011 for TCMC, RMC, and SMC, and through December 31, 2012 for NLFMC, CHN, and WRCMH.

EHR Incentive Revenue

During 2014 and 2013, ThedaCare recognized \$12,095 and \$8,774, respectively, in EHR incentive payments from the Medicare and Medicaid programs. These payments are included in other operating revenue in the accompanying consolidated statements of operations. As of December 31, 2014 and 2013, outstanding receivables from Medicare and Medicaid for EHR incentive payments totaled \$11,916 and \$6,923, respectively, and are included in other receivables in the accompanying consolidated balance sheets.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 4 Reimbursement Arrangements With Third-Party Payors (Continued)

Accountable Care Organizations

In 2012, ThedaCare, along with other parties, formed an accountable care organization (ACO) to participate in the Medicare Shared Savings Program (MSSP). The original term of the MSSP is three years. The ACO participants coordinate care for assigned Medicare fee-for-service members. Based on terms of the agreement with CMS, the ACO has the potential to receive a portion of the cost savings or pay a portion of the losses for services provided to assigned members. For the years ended December 31, 2014 and 2013, ThedaCare has recorded revenue of \$752 and \$1,710, respectively, related to this agreement, which is included in other operating revenue in the accompanying consolidated statements of operations.

As part of the MSSP, CMS required the ACO to obtain a letter of credit for \$4,358. The letter of credit expires on May 15, 2015. No amounts were drawn on the letter of credit as of December 31, 2014. CMS could draw on the letter of credit if the ACO defaulted on their financial obligation under the MSSP agreement. The ACO has no assets or liabilities at December 31, 2014.

In 2014, ThedaCare, along with other Wisconsin-based health care systems, formed a network to be known as abouthealth. The purpose of abouthealth is for the members to work together to improve quality and reduce costs.

Compliance

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, particularly those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Violations by health care providers of laws and regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services. Management believes ThedaCare is in substantial compliance with current laws and regulations.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 4 Reimbursement Arrangements With Third-Party Payors (Continued)

Compliance (Continued)

CMS uses recovery audit contractors (RACs) as part of its efforts to ensure accurate payments. RACs search for potentially inaccurate Medicare payments that may have been made to health care providers and not detected through existing CMS program integrity efforts. Once a RAC identifies a claim it believes is inaccurate, CMS makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The provider will then have the opportunity to appeal the adjustment before final settlement of the claim is made. As of December 31, 2014, ThedaCare has received notice from the RAC of certain claims identified by the RAC as inaccurate. Management believes any reimbursement adjustments related to these claims will not be significant.

Note 5 Patient Accounts Receivable and Allowance for Doubtful Accounts

Patient accounts receivable consisted of the following at December 31.

	2014	2013
Patient accounts receivable	\$ 222,792	\$ 155,114
Less.		
Contractual adjustments	76,192	60,657
Allowance for doubtful accounts	40,753	16,033
Patient accounts receivable - Net	<hr/> <hr/> \$ 105,847	<hr/> <hr/> \$ 78,424

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 5 Patient Accounts Receivable and Allowance for Doubtful Accounts

(Continued)

ThedaCare's patient accounts receivable balance increased \$67,678 in 2014 compared to 2013 with approximately \$44,412 of the increase related to the CHN and WRCMH acquisitions (see Note 2). A substantial portion of CHN's and WRCMH's receivables were greater than six months past due as of December 31, 2014. These factors caused the allowance for doubtful accounts to increase to 18.3% of patient accounts receivable at December 31, 2014, from 10.3% of patient accounts receivable at December 31, 2013. The discount from the standard rate given to uninsured patients increased to 35% in 2014 from 33% in 2013. ThedaCare did not change its charity care policy during 2014 or 2013.

Note 6 Investments and Fair Value Measurements

Following is a description of the valuation methodologies used for assets measured at fair value, including assets held in ThedaCare's defined benefit retirement plans (see Note 10). Money market funds are valued using a net asset value (NAV) of \$1. Mutual funds are valued at the daily closing price as reported by the fund. These funds are registered with the Securities and Exchange Commission and are required to publish their daily NAV and to transact at that price. U.S. government and agency obligations, corporate bonds, and asset-backed securities are valued using pricing models maximizing the use of observable inputs on similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. Common stocks and preferred stocks are valued using quoted market prices at the closing price reported on the active market on which the individual securities are traded.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 6 Investments and Fair Value Measurements (Continued)

Alternative investments are reported at their NAV and represent investments in offshore feeder funds. These funds are made up of several underlying managers, each of whom manage their own portfolio. Fair value is determined based on the fair value of the underlying investments. Alternative investments are considered Level 2 if the investment can trade at NAV and has a redemption notification or lockup period of 90 days or less, otherwise they are considered Level 3. In substantiating the reasonableness of the pricing of alternative investments, management evaluates a variety of factors including recently executed transactions, economic conditions, industry and market developments, and overall credit ratings. For the years ended December 31, 2014 and 2013, the application of valuation techniques applied to these investments has been consistent.

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

	2014			Total Assets at Fair Value	
	Fair Value Measurements Using				
	Level 1	Level 2	Level 3		
Money market funds	\$ 19,081	\$ -	\$ -	\$ 19,081	
U.S. government and agency obligations	-	42,856	-	42,856	
Corporate bonds and asset-backed securities	-	4,332	-	4,332	
Common and preferred stocks.					
Consumer discretionary	15,361	-	-	15,361	
Consumer staples	7,451	-	-	7,451	
Energy	2,837	-	-	2,837	
Financials	10,323	-	-	10,323	
Health care	8,514	-	-	8,514	
Industrials	10,272	-	-	10,272	
Information technology	13,084	-	-	13,084	
Materials	4,319	-	-	4,319	
Telecommunication services	1,293	-	-	1,293	
Utilities	759	-	-	759	
Marketable limited partnerships	200	-	-	200	
Mutual funds					
Equities	176,165	-	-	176,165	
Fixed income	106,651	-	-	106,651	
Alternative investments	-	88,009	33,291	121,300	
Total	\$ 376,310	\$ 135,197	\$ 33,291	\$ 544,798	

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 6 Investments and Fair Value Measurements (Continued)

	2013			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Money market funds	\$ 9,549	\$ -	\$ -	\$ 9,549
U S government and agency obligations	-	43,241	-	43,241
Corporate bonds and asset-backed securities	-	3,240	-	3,240
Common and preferred stocks.				
Consumer discretionary	11,502	-	-	11,502
Consumer staples	6,042	-	-	6,042
Energy	3,248	-	-	3,248
Financials	5,708	-	-	5,708
Health care	5,450	-	-	5,450
Industrials	11,511	-	-	11,511
Information technology	9,384	-	-	9,384
Materials	4,520	-	-	4,520
Telecommunication services	952	-	-	952
Utilities	725	-	-	725
Marketable limited partnerships	150	-	-	150
Mutual funds				
Equities	204,584	-	-	204,584
Fixed income	118,864	-	-	118,864
Alternative investments	-	61,921	16,497	78,418
Total	\$ 392,189	\$ 108,402	\$ 16,497	\$ 517,088

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 6 Investments and Fair Value Measurements (Continued)

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

	2014	2013
Balance at beginning	\$ 16,497	\$ 10,843
Purchases	16,596	9,882
Total net gains included in excess of revenue over expenses	198	860
Transfers to Level 2	-	(5,088)
 Balance at end	 \$ 33,291	 \$ 16,497
 Net unrealized gains included entirely in excess of revenue over expenses for the year relating to assets held at year-end	 \$ 198	 \$ 860

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

The following table sets forth additional disclosures of ThedaCare's investments whose fair value is estimated at NAV per share as of December 31, 2014

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Lockup Period
Alternative investments (a)	\$121,300	\$25,054	Ranges from quarterly to every two years, depending on the terms of the fund	Ranges from 30-day notice to 180-day notice, depending on the terms of the fund	Fair value of \$9,112 subject to a 2-year lockup, \$2,746 subject to a 6-year lockup, \$17,515 subject to a 10-year lockup, \$3,918 subject to a 12-year lockup

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 6 Investments and Fair Value Measurements (Continued)

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

	2014	2013
Short-term investments	\$ 355,724	\$ 368,501
Investments	154,429	119,124
Assets limited as to use.		
Investments held by bond trustee	14,646	14,084
Deferred compensation investments	9,910	4,256
Board-designated investments	3,437	3,437
Donor-designated investments	6,652	7,686
Totals	\$ 544,798	\$ 517,088

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

	2014	2013
Interest income and dividends	\$ 10,033	\$ 7,656
Net realized gains on investments and assets limited as to use	17,117	8,807
Net change in unrealized gains and losses on investments and assets limited as to use	(13,794)	43,800
Total investment return	\$ 13,356	\$ 60,263
 Unrestricted - Investment income	 \$ 13,356	 \$ 59,727
 Temporarily restricted		
Investment income	52	194
Net change in unrealized gains and losses on investments	(52)	342
 Total temporarily restricted	 -	 536
 Total investment return	 \$ 13,356	 \$ 60,263

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 7 Land, Buildings, and Equipment

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

	2014	2013
Land and improvements	\$ 31,751	\$ 27,185
Buildings and improvements	514,245	454,331
Equipment	347,129	306,842
Computer software	8,574	6,335
Construction in progress	37,340	9,537
Buildings and equipment under capital leases	3,151	11,749
 Total land, buildings, and equipment	 942,190	 815,979
 Accumulated depreciation and amortization	 (538,007)	 (463,316)
 Land, buildings, and equipment - Net	 \$ 404,183	 \$ 352,663

Accumulated amortization on buildings and equipment under capital leases at December 31, 2014 and 2013 was \$2,213 and \$9,995, respectively.

Depreciation and amortization expense on land, buildings, and equipment for 2014 and 2013 was \$48,529 and \$45,510, respectively.

At December 31, 2014, ThedaCare had commitments totaling \$13,935 related to general construction projects and major equipment purchases. ThedaCare also had remaining commitments totaling approximately \$25,650 related to constructing and equipping a new hospital in Shawano, Wisconsin. The new facility is expected to be placed in service in 2015.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 8 Long-Term Debt

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

	2014	2013
Wisconsin Health and Educational Facilities Authority (WHEFA) Revenue Bonds, Series 2005, interest at 4.50% to 5.00%, due in installments through 2030	\$ 48,735	\$ 50,665
WHEFA Revenue Bonds, Series 2009A, interest at 5.00% to 5.50%, due in installments through 2038	83,535	85,265
WHEFA Revenue Bonds, Series 2009B, interest at 4.00% to 5.00%, due in installments through 2020	18,230	21,685
WHEFA Revenue Bonds, Series 2010, interest at 4.00% to 5.50%, due in installments through 2027	19,645	20,720
WHEFA Revenue Bonds, Series 2012, interest at 1.95%, due in installments beginning in 2021 continuing through 2030	49,745	49,745
WHEFA Revenue Bonds, Series 2014A, variable rate (1.06% at December 31, 2014), due in installments through 2024	11,554	-
Note payable City of Shawano, Wisconsin Industrial Development Revenue Bonds, Series 2001, interest at 70% of one-month LIBOR plus 1.30% (1.02% at December 31, 2014), due in installments through 2018	3,096	3,768

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 8 Long-Term Debt (Continued)

	2014	2013
Note payable City of Shawano, Wisconsin Industrial Development Revenue Bonds, Series 2006, interest at 4.93%, due in installments through 2031, the interest rate becomes variable in October 2021	\$ 4,774	\$ 4,952
Other	57	-
Capital lease obligations	1,287	2,158
Totals	240,658	238,958
Less - Current portion	9,935	10,210
Long-term debt - Net of current portion	\$ 230,723	\$ 228,748

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 8 Long-Term Debt (Continued)

In August 2014, ThedaCare issued its Series 2014A Revenue Bonds with a total principal value of \$11,554. The proceeds of the 2014A Revenue Bonds were used to refund revenue bonds previously issued by CHN and WRCMH. The Series 2014A Revenue Bonds were issued pursuant to a Bond Trust Indenture by and between WHEFA and The Bank of New York Mellon Trust Company, N.A., as bond trustee, with proceeds loaned to ThedaCare pursuant to a Loan Agreement by and between ThedaCare and WHEFA. The Series 2014A Revenue Bonds were also issued pursuant to a Master Trust Indenture between ThedaCare and U.S. Bank N.A. as master trustee. The Obligated Group is liable for all obligations under the Loan Agreement.

In anticipation of refunding the Series 2005 Revenue Bonds (see Note 18), ThedaCare recorded a loss on early retirement of debt totaling \$745 for the year ended December 31, 2014. The loss, which includes the write-off of unamortized deferred financing cost, is included in nonoperating income (expense) in the accompanying consolidated statements of operations.

Scheduled payments on all long-term debt as of December 31, 2014, are as follows

Maturity Date	Bonds and Notes Payable	Capital Leases	Total
2015	\$ 9,640	\$ 295	\$ 9,935
2016	9,586	322	9,908
2017	10,109	351	10,460
2018	10,300	319	10,619
2019	10,989	-	10,989
Thereafter	188,747	-	188,747
Total	\$ 239,371	\$ 1,287	\$ 240,658

Total interest cost incurred during 2014 and 2013 was \$10,646 and \$10,816, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 8 Long-Term Debt (Continued)

Subsequent to December 31, 2014, ThedaCare issued additional revenue bonds (see Note 18). Scheduled payments on long-term debt, including the debt issued after December 31, 2014, and reflecting the refinancing for the Series 2005 Revenue Bonds, will be as follows.

Maturity Date	Bonds and Notes Payable	Capital Leases	Total
2015	\$ 9,430	\$ 295	\$ 9,725
2016	9,161	322	9,483
2017	9,649	351	10,000
2018	9,825	319	10,144
2019	10,504	-	10,504
Thereafter	267,737	-	267,737
Total	\$ 316,306	\$ 1,287	\$ 317,593

Note 9 Lease Commitments

Lease expense charged to operations for all operating leases was \$21,024 and \$18,581 in 2014 and 2013, respectively. As of December 31, 2014, future minimum lease payments under all operating leases with initial or remaining noncancelable lease terms in excess of one year are as follows

2015	\$ 21,445
2016	20,340
2017	18,513
2018	12,445
2019	12,582
Thereafter	15,555
Total	\$ 100,880

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 Deferred Employee Benefit Obligations and Pension Plans

Deferred Contribution Plan

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

CHN sponsors a defined contribution retirement plan covering substantially all of its employees. CHN matched each participant's contribution from 2% to 4% of covered earnings based on years of service. The plan was frozen effective December 31, 2014.

WRCMH sponsors a discretionary contribution retirement plan covering substantially all of its employees. WRCMH contributed 3% of participant employees' gross base wages to the plan. The plan was frozen effective December 31, 2014.

Total defined contribution expense was \$22,963 and \$22,625 during 2014 and 2013, respectively.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Deferred Compensation

ThedaCare provides certain executive compensation plans that vest over a one- to five-year time period and are paid out once the balances are fully vested. Related liabilities are \$10,702 and \$4,583 at December 31, 2014 and 2013, respectively.

Pension and Other Postretirement Benefits

The ThedaCare Pension Plan, which was frozen in 2009, is a defined benefit pension plan that covers all full- and many part-time employees of ThedaCare who have completed one year of service and attained the age of 21. ThedaCare funds contributions to the plan based on actuarial computations using the projected unit credit method. Benefits are based on years of service and the employee's average compensation for the five highest consecutive years of service. There is no anticipated contribution for ThedaCare's pension plan for the year ending December 31, 2015.

ThedaCare also provides certain benefits to eligible employees after their retirement date. Such benefits include life insurance and the additional claims cost in excess of standard premiums for medical and dental benefits. ThedaCare funds benefit costs on a pay-as-you-go basis. The contribution for ThedaCare's other postretirement benefits for the year ending December 31, 2015, is anticipated to be \$320.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

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

	Pension Benefits		Postretirement Benefits		Other
	2014	2013	2014	2013	
Actuarial present value of benefit obligations					
Accumulated benefit obligation	\$ 272,304	\$ 239,456	\$ 6,084	\$ 5,429	
Change in projected benefit obligation					
Projected benefit obligation at beginning	\$ 239,456	\$ 295,648	\$ 5,429	\$ 5,689	
Service cost	-	-	291	295	
Interest cost	10,299	9,934	236	193	
Actuarial (gains) losses	44,429	(41,192)	508	(408)	
Benefits paid	(21,880)	(24,934)	(380)	(340)	
Projected benefit obligation at end of measurement period	272,304	239,456	6,084	5,429	
Change in plan assets					
Fair value of plan assets at beginning of measurement period	215,843	227,105	-	-	
Actual return on plan assets	23,783	13,672	-	-	
Employer contributions	-	-	380	340	
Benefits paid	(21,880)	(24,934)	(380)	(340)	
Fair value of plan assets at end of measurement period	217,746	215,843	-	-	
Funded status at end of measurement period	\$ (54,558)	\$ (23,613)	\$ (6,084)	\$ (5,429)	
Amounts recognized in the consolidated balance sheets consist of the following					
Current portion of deferred employee benefit obligations	\$ (20,006)	\$ (21,415)	\$ (320)	\$ (380)	
Long-term deferred employee benefit obligations	(34,552)	(2,198)	(5,764)	(5,049)	
Totals	\$ (54,558)	\$ (23,613)	\$ (6,084)	\$ (5,429)	
Amounts recognized in unrestricted net assets					
Net actuarial loss	\$ 86,932	\$ 61,548	\$ 1,174	\$ 680	
Net prior service credit	-	-	-	(5)	
Total recognized in unrestricted net assets	\$ 86,932	\$ 61,548	\$ 1,174	\$ 675	

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 Deferred Employee Benefit Obligations and Pension Plans (Continued)

Pension and Other Postretirement Benefits (Continued)

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

	Pension Benefits		Other Postretirement Benefits	
	2014	2013	2014	2013
Net periodic benefit cost				
Service cost	\$ -	\$ -	\$ 291	\$ 295
Interest cost on projected benefit obligation	10,299	9,934	236	193
Expected loss on plan assets	(13,550)	(14,215)	-	-
Amortization of				
Net losses	3,514	7,566	11	45
Amortization of prior service cost	-	-	(3)	(3)
Settlement/curtailment charge	5,298	-	-	-
Net periodic benefit cost	5,561	3,285	535	530
Other changes in plan assets and benefit obligations recognized in unrestricted net assets				
Net actuarial (gain) loss arising during the period	34,196	(40,648)	507	(408)
Amortization of prior service cost	-	-	3	3
Amortization of net actuarial loss	(8,812)	(7,566)	(11)	(45)
Total other changes in plan assets and benefit obligations	25,384	(48,214)	499	(450)
Total recognized in net periodic benefit cost and unrestricted net assets	\$ 30,945	\$ (44,929)	\$ 1,034	\$ 80

The estimated net actuarial loss for the defined benefit pension plan that will be amortized from unrestricted net assets into net periodic benefit cost during 2015 will be \$5,590.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 **Deferred Employee Benefit Obligations and Pension Plans** (Continued)

Pension and Other Postretirement Benefits (Continued)

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

	Pension Benefits		Other	
	2014	2013	Postretirement Benefits	2014
Discount rate (benefit obligation)	3.75%	4.50%	3.75%	4.50%
Discount rate (benefit cost)	4.50%	3.50%	4.50%	3.50%
Assumed rate of return on plan assets (benefit obligation)	6.50%	6.60%	N/A	N/A
Assumed rate of return on plan assets (benefit cost)	6.60%	6.60%	N/A	N/A

For 2014 and 2013, ThedaCare used the RP-2014 and RP-2000 mortality tables, respectively, to develop the pension benefit obligation.

To develop the expected long-term rate of return on asset assumptions, ThedaCare considered the historical returns and future expectations for returns in each asset class, as well as targeted asset allocation percentages within the pension portfolio. This resulted in the selection of 6.50% and 6.60% for the 2014 and 2013 long-term rate of return on asset assumptions, respectively.

For postretirement benefit obligation measurement purposes, an 8.5% annual rate of increase in the per capita cost of covered health care benefits is assumed for 2015. The rate is assumed to decrease by 0.5% per year to 5% in 2022 and remain at that level thereafter.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 **Deferred Employee Benefit Obligations and Pension Plans** (Continued)

Pension and Other Postretirement Benefits (Continued)

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

	One Percentage Point Increase	One Percentage Point Decrease
Effect on service and interest cost components in 2014	\$ 59	\$ (51)
Effect on postretirement benefit obligation as of December 31, 2014	477	(414)

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

	Pension Benefits	Postretirement Benefits
2015	\$ 20,006	\$ 320
2016	20,339	425
2017	19,871	450
2018	19,946	485
2019	20,863	480
Years 2020 through 2024	93,076	2,585

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 10 **Deferred Employee Benefit Obligations and Pension Plans** (Continued)

Plan Assets

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

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

	2014	2013
Fixed income mutual funds (includes cash and cash equivalents maintained to meet anticipated plan expenses and distributions)	67%	65%
Equity mutual funds	33%	35%
Totals	100%	100%

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

Asset Category	2014			Total
	Level 1	Level 2	Level 3	
Domestic equity mutual funds	\$ 59,330	\$ -	\$ -	\$ 59,330
International equity mutual funds	11,957	-	-	11,957
Fixed income mutual funds	146,459	-	-	146,459
Total	\$ 217,746	\$ -	\$ -	\$ 217,746
Asset Category	2013			Total
	Level 1	Level 2	Level 3	
Domestic equity mutual funds	\$ 60,849	\$ -	\$ -	\$ 60,849
International equity mutual funds	13,664	-	-	13,664
Fixed income mutual funds	141,330	-	-	141,330
Total	\$ 215,843	\$ -	\$ -	\$ 215,843

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 11 Unemployment Compensation

The Hospitals, other than CHN, have elected to pay for unemployment compensation benefits on a reimbursement basis and have filed with the Wisconsin Department of Industry, Labor, and Human Relations (the "Department") letters of credit in the aggregate amount of \$6,109 at December 31, 2014 and 2013. The Department notifies ThedaCare on an annual basis of the amount of the letter of credit required to be in compliance. CHN has a certificate of deposit to meet state funding requirements.

Note 12 Temporarily and Permanently Restricted Net Assets

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

	2014	2013
Capital expenditures		
Theda Clark	\$ -	\$ 800
Cancer Care Capital Fund	1,044	-
Campaign Fund	273	287
Programs		
ThedaCare Community Fund	2,340	1,613
Living Well Together Fund	1,522	-
L. Schulz Caring Kids Fund	765	-
Capital expenditures or programs.		
Shawano Medical Center	-	1,462
Peabody Heritage Fund	1,245	1,255
Cancer Center	558	543
Aylward Surgery Center	536	479
Appleton Medical Center	357	369
Urology	-	199
ThedaStar	-	184
Oncology Fund	257	-
Various	3,785	3,180
Pledges due to time restrictions	130	264
 Total temporarily restricted net assets	 \$ 12,812	 \$ 10,635

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 12 Temporarily and Permanently Restricted Net Assets (Continued)

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

	2014	2013
Shattuck Fund	\$ 3,124	\$ 3,124
John G. and Mary Alsted Strange Memorial Fund	1,000	1,000
Children's Endowment	425	425
Peabody Heritage Endowment	299	299
TC Endowment Fund	208	208
Auxiliary Volunteer Service Scholarship	180	176
Boldt Family Fund	149	149
Various	799	787
 Total permanently restricted net assets	 \$ 6,184	 \$ 6,168

Note 13 Endowment Funds

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 13 Endowment Funds (Continued)

Interpretation of Relevant Law

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

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

	2014				Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
Donor restricted	\$ -	\$ 468	\$ 6,184	\$ 6,652	
Board designated	3,437	-	-	-	3,437
Total funds	\$ 3,437	\$ 468	\$ 6,184	\$ 10,089	

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

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 13 Endowment Funds (Continued)

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

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at December 31, 2012	\$ 3,436	\$ 1,179	\$ 6,072	\$ 10,687
Investment return				
Investment income	-	51	-	51
Net realized and unrealized appreciation	1	396	-	397
Total investment return	1	447	-	448
Contributions	-	-	96	96
Appropriation of endowment assets for expenditure	-	(108)	-	(108)
Endowment net assets at December 31, 2013	3,437	1,518	6,168	11,123
Investment return - Investment income	-	6	-	6
Contributions	-	-	16	16
Appropriation of endowment assets for expenditure	-	(115)	-	(115)
Recharacterization of net assets	-	(941)	-	(941)
Endowment net assets at December 31, 2014	\$ 3,437	\$ 468	\$ 6,184	\$ 10,089

During 2014, management determined that certain net assets classified as temporarily restricted endowments in prior years should not have been part of the endowment funds, however, these amounts are properly classified as temporarily restricted. Accordingly, these net assets in the amount of \$941 have been reclassified out of the endowment funds.

Funds With Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires ThedaCare to retain as a fund of perpetual duration. There were no deficiencies of this nature as of December 31, 2014 and 2013.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 13 Endowment Funds (Continued)

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Spending Policy and How the Investment Objectives Relate to Spending Policy

ThedaCare has a policy of appropriating for distribution each year 5% rate of return to be based on a three-year rolling average at year-end. In establishing this policy, ThedaCare considered the long-term expected return on its endowment.

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 14 Patient Service Revenue - Net of Contractual Allowances and Discounts

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

	2014	2013
Gross patient service revenue		
Inpatient	\$ 404,893	\$ 362,564
Outpatient	1,031,258	906,457
 Total gross patient service revenue	 1,436,151	 1,269,021
 Deductions - Primarily contractual allowances and third-party reimbursement agreements	 654,414	 567,293
 Patient service revenue - Net of contractual allowances and discounts	 \$ 781,737	 \$ 701,728

Medicare and Medicaid revenue as a percent of gross patient service revenue approximate 52.2% and 50.6% in 2014 and 2013, respectively.

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

	2014	2013
Medicare, Medicaid, health maintenance organization plans, and other third-party payors	\$ 757,263	\$ 661,479
Uninsured patients	24,474	40,249
 Patient service revenue - Net of contractual allowances and discounts	 \$ 781,737	 \$ 701,728

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 15 Malpractice Insurance

ThedaCare has professional liability insurance for claim losses of less than \$1,000 per claim and \$3,000 per year for claims incurred during a policy year regardless of when claims are reported ("occurrence coverage"). ThedaCare is insured against losses in excess of these amounts through its mandatory participation in the Patients' Compensation Fund of the State of Wisconsin. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending through December 31, 2015.

At December 31, 2014, ThedaCare has recorded a liability for potential claims of \$1,551, recorded in accrued and other liabilities, and a receivable of \$1,551, recorded in other accounts receivable in the accompanying consolidated balance sheets, for the amount to be paid by the insurance company. No amounts were recorded at December 31, 2013.

Note 16 Functional Expenses

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

	2014	2013
Hospital services	\$ 504,610	\$ 437,788
Ambulatory services	155,547	149,437
Retirement center services	43,919	43,422
Medicaid assessment program expense	9,443	9,883
General and administrative	57,347	61,390
 Total expenses	 \$ 770,866	 \$ 701,920

ThedaCare, Inc. and Affiliates

Notes to Consolidated Financial Statements

(In Thousands)

Note 17 Concentration of Credit Risk

Cash - ThedaCare maintains its cash in bank deposit accounts, which exceeded the federally insured limits at December 31, 2014. Management regularly monitors ThedaCare's cash balances along with the financial condition of the financial institutions to minimize this potential risk.

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

	2014	2013
Commercial programs	37%	43%
Medicare	36%	36%
Self-pay	18%	14%
Medicaid	9%	7%
Totals	100%	100%

Note 18 Subsequent Event

Subsequent to December 31, 2014, ThedaCare issued \$125,670 of revenue bonds ("Series 2015 bonds") for the purpose of refinancing a portion of current WHEFA bonds and to fund future building projects. The Series 2015 bonds have interest rates between 3% and 5% and mature between 2015 and 2030. Note 8 includes a schedule of future payments on all long-term debt including the Series 2015 bonds.

Note 19 Reclassifications

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



2013
Community Health Needs Assessment
***and* Implementation Plan**

Prepared by:
Community Health Network, Inc.
d/b/a
Berlin Memorial Hospital

Approved:
September, 2013



This document has been prepared in compliance with Internal Revenue Code ("IRC") Section 501(r) which was added by the Patient Protection and Affordable Care Act ("ACA") of 2010, Public Law 11-148 and requires all 501(c)(3) non-profit hospitals to submit a Community Health Needs Assessment ("CHNA"). The following individuals compiled Community Health Network, Inc. d/b/a Berlin Memorial Hospital's ("CHN") CHNA:

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This document has been created with guidance from the template created by the National Center for Rural Health Works with input and advice from Community Health Needs Assessment National Advisory Team. This template has been chosen to ensure compliance with the legislative requirements of the ACA.

BACKGROUND

In order to reduce duplication and to ensure consideration of broad community interests, the creation of the 2013 CHNA was a partnership between Community Health Network, Inc. d/b/a Berlin Memorial Hospital (“CHN”) and each county that comprises CHN’s primary service area: Green Lake County, Waushara County and Marquette County. CHN would like to thank the three county health departments for compiling the coalitions, hosting the community meetings and measuring and assessing community needs in conjunction with CHN. These county CHNAs have been extremely important tools for CHN to identify needs and develop a strategic plan to implement progress in those of CHN’s medical service area that have the greatest needs.

LEGISLATIVE REQUIREMENTS

Section 501(r)(3) of the IRC requires a hospital organization to conduct a CHNA at least once every three years and adopt and implement a strategy to meet the community health needs identified through the CHNA. The CHNA includes input from persons representing the broad interests of the community served by CHN and input from those in our community with special knowledge of or expertise in public health. CHN will make the CHNA widely available to the public by posting it on its public website (www.chnwi.org) and will have hard copies available for inspection onsite at its Berlin Memorial Hospital campus.

In addition to the requirement to conduct a CHNA and create an Implementation Strategy, CHN will comply with Section 501(4) by updating its written Financial Assistance Policy, referred to by CHN as Community Care.

CHN’s Community Care program provides financial assistance for those who cannot afford to pay for care. Medically necessary services are provided at no charge or at a reduced rate to community members who meet specific eligibility criteria. During fiscal years 2012, 2011, and 2010 the value of Community Care services provided was \$2,666,000, \$2,691,000, and \$2,095,000 respectively.

FACILITATOR/STEERING COMMITTEE

CHN’s CHNA committee members are listed in the beginning pages of this CHNA. In addition to those compiling the CHNA, CHN has meaningfully participated with representation on three separate county coalitions. This representation has been instrumental in ensuring the broad interests of our medical service area are represented in CHN’s CHNA and consistent needs can be identified and prioritized as particularly important to address. The membership listings of these coalitions evidence the diverse group that has assisted in this CHNA by identifying our community’s most important health needs. Members are as follows:

County Coalition Facilitators

- Green Lake County
 - Kathy Munsey, RN, Green Lake County Health Officer
- Waushara County
 - Patti Wohfeil, BCRN, MPA, Waushara County Health Officer/Director
- Marquette County
 - Nathan Luedke, Marquette County, Health Officer (Former)

County Coalition Membership details are included as attachments to this document.

OVERVIEW OF HOSPITAL SERVICES/COMMUNITY BENEFITS

Inpatient Services

- Acute Inpatient - Provide acute admissions for up to 96 hours on the average. This is for any patient that can't be treated on an outpatient basis.
- Observation - This is for an admit when more information is needed to determine if patient needs an acute admit or can be treated outpatient.
- Palliative Care - Provide patients and family members professional services during their time of need.
- Physical Therapies - Provide Physical, Occupational & Speech Therapists that work with patients who are admitted.
- Laboratory - Provide a large array of laboratory tests that are done in our laboratory. Some tests are sent out.
- Radiology - Provide X-Ray, CT Scan, PET Scan, MRI, ultrasound
- EKG's - Provide electrical tracings of the heart.
- Pharmacy - Full line of medications to service our patients, and two retail locations.
- Wound Care - Provide wound care by a physician, certified wound care nurse & certified dietitian.
- Social Services - Provide Social Service needs for patients.
- Dietary – Provide certified dietitian.

Outpatient Services

- Laboratory - Provides lab tests to anyone with a physician's order. Most lab tests are done in house, some are sent out.
- Radiology - Provides X-Rays, CT Scans & MRIs to anyone with physician's order.
- Emergency Department - Our Emergency Department is open 24 hours a day seven days a week to provide care to patients with emergencies.
- Sleep Lab - Provide sleep testing by a board certified physician.
- Nerve Conduction Tests - Nerve tests by a licensed tech. This can provide identifying deficits in muscles & nerves.
- Pulmonary Function Tests - Testing for lung function & medication treatment

- DEXA Scan – Osteoporosis and Bone Density Scanning - A 10 minute test that measures bone density to determine loss of bone mass.
- Wound Care - Provide scheduled wound care visits by a physician, certified wound care nurse and/or certified dietitian.
- Holter Monitor - A 24-hour device that monitors tracings of your heart for diagnostic purposes.
- Physical Therapies - Provide Physical, Occupational & Speech Therapists.
- Forensic (SANE) Program - Provide sexual assault & abuse exams.
- Physicals - Provide Department of Transportation (DOT) physicals.
- Workers' Compensation/Case Management - Provide a detailed workers' compensation program; assists employers to save money & helps employees recover in a timely manner.
- Social Services - Provide Social Service needs for patients.

Clinics

- Various CHN Medical Centers in communities of: Berlin, Green Lake, Ripon, Markesan, Montello, Princeton, Redgranite, Wautoma, Wild Rose, and Coloma offering family practice services by a board certified family physician. Open Monday through Friday 8AM to 5PM.
- Walk-In Clinic
- Emergency Department 24/7
- Women's Health - Provide specific services to women's needs.
- Internal Medicine
- Anesthesiology
- Dermatology
- General Surgery
- Orthopedics
- Pathology
- Radiology
- Anti-Coagulation
- Cardiology
- Gastroenterology
- Nephrology
- Neurology
- Oncology
- Ophthalmology
- ENT
- Pain Management
- Pharmacy
- Podiatry
- Urology

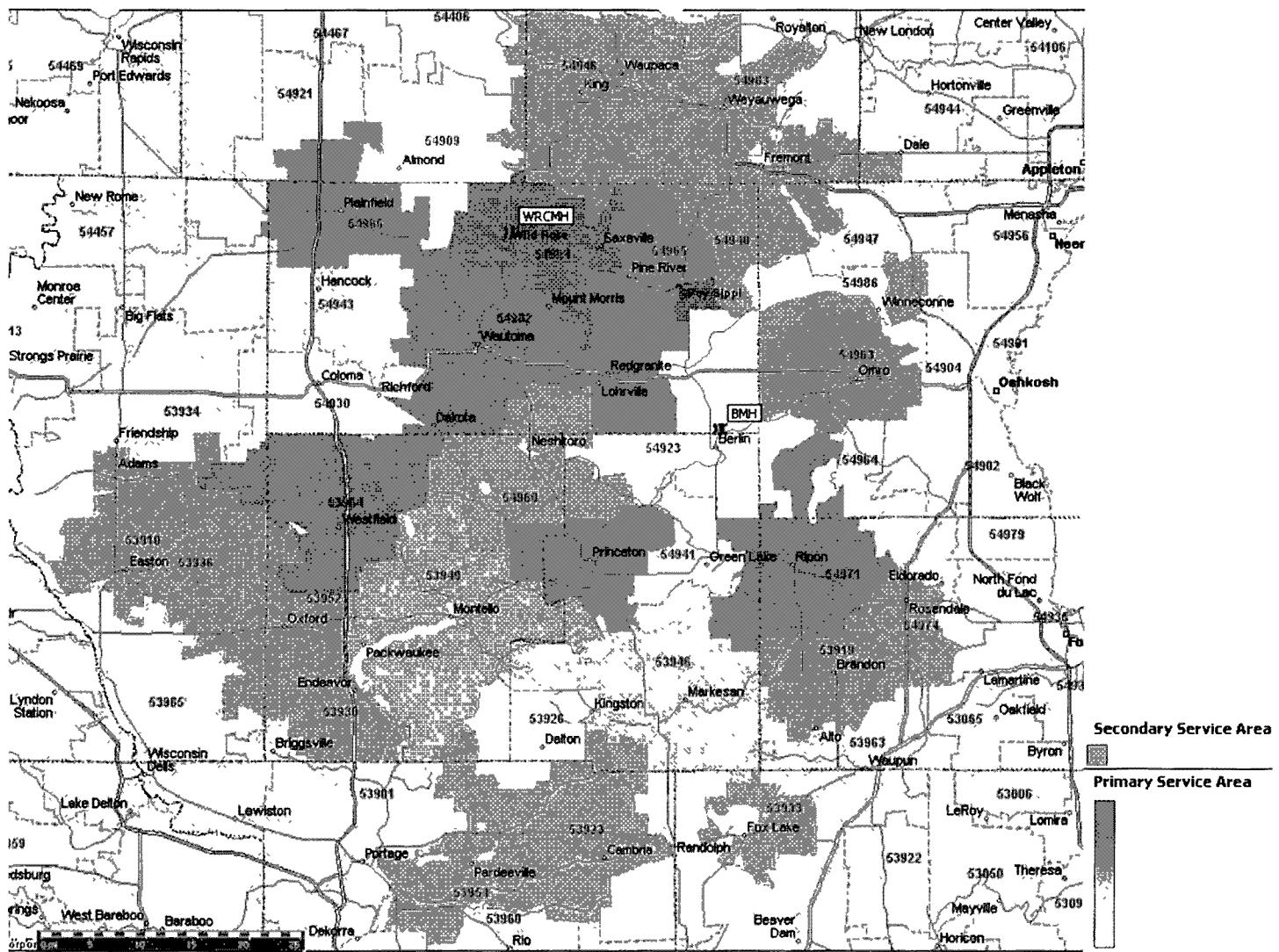
Community Activities/Sponsorships

- Health Fair - Provide a community health fair with 30+ vendors
- Diabetes Health Fair – An annual community health fair with vendors specific to helping the Diabetic and pre-Diabetic population we serve.
- 5K Run/Walk – Annual event to raise money for cancer fund through our Foundation. Over 600 participants in 2013.
- Golf Outing – Annual outing to raise funds for our Foundation fund.
- 5K and 13.1 Half Marathon – annual event on Labor Day weekend
- Night out For Women's Health – Host annual event with vendors to over 350 area women discussing pertinent health topics.
- Top Sponsor of Boys/Girls Club event – Sponsorship to raise money at dinner auction for the Club.
- VEX Robotics – sponsor of program at local high school
- "Business After 5" events – Work with local Chamber offices to host at our various clinic locations.
- "TIF" seminars – offer free seminars on the TIF surgical procedure by CHN general surgeon Dr. Horace Lo.
- Thrasher Opera House – sponsor of one show
- Waushara and Green Lake County Fairs – sponsor of activities at community fairs
- Ripon Cookie Daze – event sponsor
- Local post proms – event sponsorships
- Young Angler Tournament – sponsor
- Blue Ribbon Days in Wautoma – sponsor and participant
- Run for Sam 10K – sponsor
- Relay for Life (American Cancer Society) – sponsor
- Fire Education and Safety Programs – donation
- Zumba – class sponsor and donation of location
- Family Ski Day Waushara County – sponsor
- Berlin Veteran's Foundation – donation
- Berlin Barracuda Swim Team – donation
- Green Lake Conservancy – sponsor
- Green Lake Yacht Club – sponsor
- Support Groups – Cancer and Diabetes Support groups
- Athletic Training Services – support various communities at games; provide concussion testing
- Printing Donations (in-kind) – Town Square in Green Lake, various community/non-profit events
- Surgical Supplies – Donation to 3rd world countries
- Juliette Manor Safe House – Provide trick-or-treaters a safe place to go to on Halloween

DEMOGRAPHIC AND ECONOMIC DATA REPORT

Community Health Network has created a network that is changing the way we embrace our communities. To fulfill the CHN mission – to provide superior services to improve the health of those we serve – the CHN Medical Group consists of more than 35 physicians, nurse practitioners, and physician assistants, providing services at two hospitals, Berlin Memorial Hospital and Wild Rose Community Memorial Hospital, and 10 CHN Medical Centers (community-based primary care facilities) located throughout central Wisconsin. Medical Centers are located throughout three counties – Green Lake, Waushara, and Marquette.

Primary and Secondary Service Area Map



Volume Summary – All Service Lines – 2010 – Primary Service Area

	OP				IP				ER				
	BMH	BMH		WRC MH % of Total	WRCMH	BMH	BMH		WRC MH % of Total	WRCMH	BMH	BMH	
		% of	Total				% of	Total				% of	Total
53926-Dalton	20	0.5%	-	0.0%	-	2	0.1%	-	0.0%	-	29	0.4%	-
53946-Markesan	185	4.9%	-	0.0%	-	132	6.8%	-	0.0%	-	301	3.8%	1
53949-Montello	208	5.5%	1	0.8%	-	96	5.0%	2	0.5%	-	336	4.3%	16
53964-Westfield	54	1.4%	1	0.8%	-	30	1.6%	2	0.5%	-	83	1.1%	19
54909-Almond	7	0.2%	4	3.1%	-	5	0.3%	13	3.1%	-	1	0.0%	67
54923-Berlin	903	23.9%	1	0.8%	-	506	26.2%	2	0.5%	-	2,798	35.4%	34
54930-Coloma	46	1.2%	3	2.4%	-	25	1.3%	8	1.9%	-	54	0.7%	70
54941-Green Lake	164	4.3%	-	0.0%	-	72	3.7%	-	0.0%	-	279	3.5%	-
54943-Hancock	34	0.9%	9	7.1%	-	11	0.6%	24	5.8%	-	29	0.4%	184
54960-Neshkoro	266	7.0%	4	3.1%	-	88	4.6%	7	1.7%	-	410	5.2%	68
54963-Omro	55	1.5%	-	0.0%	-	25	1.3%	-	0.0%	-	89	1.1%	2
54965-Pine River	79	2.1%	2	1.6%	-	17	0.9%	2	0.5%	-	121	1.5%	62
54966-Plainfield	27	0.7%	9	7.1%	-	12	0.6%	17	4.1%	-	20	0.3%	191
54967-Poy Sippi	-	0.0%	-	0.0%	-	-	0.0%	-	0.0%	-	-	0.0%	-
54968-Princeton	218	5.8%	-	0.0%	-	128	6.6%	-	0.0%	-	408	5.2%	1
54970-Redgranite	257	6.8%	3	2.4%	-	137	7.1%	9	2.2%	-	822	10.4%	112
54971-Ripon	285	7.5%	-	0.0%	-	91	4.7%	-	0.0%	-	239	3.0%	3
54982-Wautoma	488	12.9%	30	23.6%	-	263	13.6%	149	35.8%	-	835	10.6%	1,424
54984-Wild Rose	149	3.9%	56	44.1%	-	60	3.1%	160	38.5%	-	95	1.2%	986
99992-Washara County - Masked	44	1.2%	1	0.8%	-	34	1.8%	3	0.7%	-	142	1.8%	78
99995-Green Lake County - Masked	20	0.5%	-	0.0%	-	8	0.4%	-	0.0%	-	74	0.9%	-
Other-Oshkosh	85	2.2%	-	0.0%	-	45	2.3%	-	0.0%	-	64	0.8%	24
Other-Except Oshkosh	185	4.9%	3	2.4%	-	141	7.3%	18	4.3%	-	673	8.5%	558
Total	3,779	100%	127	100%	-	1,928	100%	416	100%	-	7,902	100%	3,900

Demographics – Primary Service Area

Population by Age and Gender-PSA

Group	Male 2011	Female 2011	Total 2011	Male 2016	Female 2016	Total 2016	% Male Change	% Female Change	% Total Change
0 to 4	2,123	2,055	4,178	2,229	2,130	4,359	5.0%	3.6%	4.3%
5 to 14	4,315	4,169	8,484	4,299	4,109	8,408	-0.4%	-1.4%	-0.9%
15 to 24	5,009	4,333	9,342	5,024	4,516	9,540	0.3%	4.2%	2.1%
25 to 34	4,088	3,386	7,474	4,307	3,678	7,985	5.4%	8.6%	6.8%
35 to 44	4,348	3,940	8,288	4,081	3,436	7,517	-6.1%	-12.8%	-9.3%
45 to 54	5,838	5,699	11,537	5,067	4,953	10,020	-13.2%	-13.1%	-13.1%
55 to 64	5,414	5,527	10,941	5,880	5,965	11,845	8.6%	7.9%	8.3%
65 to 74	3,716	4,079	7,795	4,351	4,806	9,157	17.1%	17.8%	17.5%
75 to 84	2,123	2,629	4,752	2,197	2,712	4,909	3.5%	3.2%	3.3%
85 and up	706	1,541	2,247	816	1,709	2,525	15.6%	10.9%	12.4%
Total	37,680	37,358	75,038	38,251	38,014	76,265	1.5%	1.8%	1.6%

Population by Zip as a Percent of Total PSA

Zip	Male 2011	Female 2011	Total 2011	Male 2016	Female 2016	Total 2016
53926-Dalton	1.9%	1.9%	1.9%	1.8%	1.9%	1.9%
53946-Markesan	5.8%	5.7%	5.7%	5.7%	5.6%	5.7%
53949-Montello	7.9%	8.4%	8.2%	7.8%	8.4%	8.1%
53964-Westfield	4.2%	4.6%	4.4%	4.2%	4.6%	4.4%
54909-Almond	3.0%	2.9%	3.0%	3.0%	2.9%	3.0%
54923-Berlin	11.4%	11.5%	11.4%	11.2%	11.2%	11.2%
54930-Coloma	2.5%	2.4%	2.4%	2.5%	2.4%	2.4%
54941-Green Lake	3.8%	3.8%	3.8%	3.7%	3.7%	3.7%
54943-Hancock	2.9%	2.7%	2.8%	2.9%	2.8%	2.9%
54960-Neshkoro	3.6%	3.7%	3.6%	3.5%	3.6%	3.6%
54963-Omro	9.8%	9.8%	9.8%	10.1%	10.1%	10.1%
54965-Pine River	1.7%	1.6%	1.7%	1.7%	1.6%	1.6%
54966-Plainfield	3.0%	2.7%	2.8%	3.0%	2.7%	2.8%
54967-Poy Sippi	0.5%	0.4%	0.5%	0.5%	0.4%	0.5%
54968-Princeton	4.1%	4.4%	4.3%	4.1%	4.4%	4.2%
54970-Redgranite	4.8%	4.7%	4.8%	5.1%	5.0%	5.1%
54971-Ripon	14.1%	15.1%	14.6%	14.0%	15.0%	14.5%
54982-Wautoma	10.8%	9.6%	10.2%	10.9%	9.6%	10.3%
54984-Wild Rose	4.2%	4.1%	4.2%	4.1%	4.1%	4.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Individual amounts may not sum to total due to rounding

HEALTH INDICATOR/HEALTH OUTCOME DATA REPORT

The Community Health Network (CHN) service area encompasses Green Lake, Marquette, and Waushara Counties. The demographics of this area are fairly homogenous, creating trends in both health indicators and health outcomes that are also consistent.

Health Indicators

Health indicators impacting the CHN service area include increased levels of poverty and unemployment, fewer college-educated adults, elevated rates of poor health behaviors, and an aging population.

Poverty and unemployment in the three primary counties typically range 1-2% higher than the State average. The median household income is lower than the State average (\$52,374) in all 3 counties, with Green Lake County at \$48,937, Marquette County at \$45,046, and Waushara County at \$43,544. These factors influence access to, and the use of healthcare services, and are predictors of poor health behaviors and educational attainment. Access to healthcare includes the ability to navigate barriers such as transportation, cost, lack of insurance, and limited access to specialty care. Green Lake, Marquette, and Waushara Counties have all indicated that access to care is their area of greatest need. The UW-Population Health Institute's County Health Rankings indicate a higher level of uninsured in Marquette (12%) and Waushara (14%) Counties compared to the State (11%).

The relationship between college education and improved health outcomes is well established, with the number of years of formal education correlating strongly with improved work and economic opportunities, reduced stress, and healthier lifestyles. While the high school graduation rates are on par or better than the State average, college education among adults is significantly lower in the three counties. (Green Lake – 50%, Marquette – 46%, Waushara – 48%, Wisconsin – 64%)

Health behaviors such as poor nutrition, lack of physical activity, tobacco use, and other substance abuse contribute to increased rates of obesity, diabetes, and other chronic and life-threatening conditions. The CHN service area has identified nutrition and physical activity as well as alcohol, tobacco and other drug abuse as high priority areas that require attention. The County Health Rankings has supported this claim ranking Marquette County as one of the poorest ranking counties in the State for health behaviors, and showing higher than average obesity and physical inactivity rates in all three counties.

The percentage of the population aged 65 years and over in Green Lake County (20.1%), Marquette County (21.6%), and Waushara County (21.1%) is significantly higher than the State population (14.4%). An aging population influences the economic make-up of the work force, the support services needed locally, and the demand and type of services provided by local healthcare providers.

These indicators provide insight to the bigger picture as the synergies of these factors reveal themselves as health outcomes. At the same time, they allow us to identify opportunities for prevention and means to better predict and respond to the needs of the community.

Health Outcomes

Health outcomes are characterized by the presentation of a specific illness, health condition or even death that results from living conditions, behavior, environment, culture, and genetics. Perhaps the most definitive outcome is the years of potential life lost (YPLL). This is a figure that measures premature death by accounting for difference between the age of death, and a life expectancy of 75 years. The earlier an individual dies, the more years of potential life are lost. This measure weights younger deaths and highlights opportunities for prevention.

The County Health Rankings utilize this statistic as a foundation for measuring health outcomes. In this process, the CHN service area ranks lower than the majority of the State. Compared to the State average of 5,878 YPPL, all three counties report higher rates of premature death with Green Lake County at 7,422 YPPL, Marquette County at 8,009 YPPL, and Waushara County at 6,879 YPPL. The YPLL is highest among those ages 45-64 indicating high levels of premature death in this age range. A healthy population would expect that the YPLL be lower for the majority of the population with any peaks closer to age 75.

This information is best put into context by noting the leading causes of death in the CHN service area. The leading cause of death in both Green Lake and Waushara Counties is heart disease, followed by cancer. Notably, Marquette County cancer rates exceed their heart disease rate, bucking the trend in Wisconsin and the nation. Other common causes of death include diabetes, chronic respiratory diseases, cerebrovascular diseases, and accidents. These causes of death can be indicative of the high level of poverty, lower education levels, and poor health behaviors mentioned earlier. Coupled with the high rates of premature death, this presents a bigger picture of health trends and outcomes in the CHN service area. The three counties have all listed health behaviors among their top concerns. Poor and inadequate nutrition, inactive lifestyles, and the use of alcohol, tobacco and other drugs contribute to the deadly health conditions responsible for our area's premature deaths.

CHN has recognized an opportunity to support their community and engage in local efforts to improve health behaviors through wellness promotions, civic action, and contributing to County initiatives to improve health. CHN is uniquely positioned to extend specialized care into rural areas that have been historically underserved. Through our continued growth and regular assessment of our community's needs, CHN continues to serve and advocate for the health of rural Wisconsin.

COMMUNITY INPUT SUMMARY REPORT

Each county coalition applied different methodologies including the surveys and focus groups. Themes from these groups are found in the comments and concerns and reflected in the final outcome of the health incomes and outcome data report in each respective County CHNA.

COMMUNITY NEEDS AND IMPLEMENTATION STRATEGY

Green Lake County Community Health Needs Assessment:

<http://www.co.green-lake.wi.us/uploads/forms/CHIP-2010-Plan.pdf>

Marquette County Community Health Needs Assessment and Improvement Plan:

<http://www.co.marquette.wi.us/Departments/Health/pdf/assesplan/Marquette%20County%20Community%20Health%20Assessment%20and%20Health%20Improvement%20Plan%202012.pdf>

Waushara County Community Health Improvement Plan:

http://www.wausharacountypublichealth.com/Community_Health_Needs_Assessment_-_CHA.pdf

HOSPITAL FINAL IMPLEMENTATION PLAN

Initial Actions/Assessment

As a first step in creating its implementation plan, CHN examined the needs in its medical service area and audited the programs and services that it currently provides to address these needs. CHN's participation on each of the aforementioned coalitions provides an outlet for education related to these existing programs.

Green Lake County

- Physical activity
 - Continue to sponsor healthy activities:
 - 13.1
 - Run/Walk for Cancer
 - Wellness Program
- Nutrition and Access to Healthy Foods
 - Employs three dieticians and two diabetic educators in our primary service area.
- Healthy Growth & Development
 - Outreach health education program targeting children elementary and middle school aged called "Read Run Reach".
 - CHN Wellness sponsors Greenway Trails
- Alcohol and Drugs
 - CHN's primary care physicians for referrals and resources for those struggling with addiction
- Behavioral Health
 - CHN physicians manage behavioral health issues and refer when it is outside of their scope

Marquette County

- Access to Care
 - We are the only provider of health care services in Marquette County with a primary care clinic located in Montello, Wisconsin.
- Alcohol and Drugs
 - CHN's primary care physician for referrals and resources for those struggling with addiction
- Physical and Nutrition
 - CHN is sponsoring a Wellness Campaign for residents in Marquette County
- Behavioral
 - CHN physicians manage behavioral health issues and refer when it is outside of their scope

Waushara County

- Adequate, Appropriate, and Safe Food and Nutrition
 - Employs three dieticians and two diabetic educators in our primary service area.
- Alcohol and Other Drug Use
 - CHN's primary care physician for referrals and resources for those struggling with addiction
- Chronic Disease Prevention and Control
 - Continue to sponsor healthy activities
 - Provide preventative care through primary care physicians
 - Diabetic education
- Environmental and Occupation
 - CHN has an Occupational Health program that offers Health Risk Assessments and small scale sleep studies.
- Healthy Growth and Development
 - Sponsor "Reach the Peak," a kid's fun run at Mount Morris that benefits the after school programs in the area
- Injury and Violence
 - Currently not part of our three year plan due to financial and staff constraints.
- Mental Health
 - CHN physicians manage behavioral health issues and refer when it is outside of their scope
- Oral Health
 - Provide financial assistance to the County programs in our Medical Service Area addressing oral health care for area youth
- Physical Activity
 - Sponsor "Reach the Peak," a kid's fun run at Mount Morris that benefits the after school programs in the area
- Reproductive and Sexual Health
 - Provide Sexual Assault Nursing Services Program
- Tobacco Use and Exposure
 - Continue to work with three community coalitions to promote and enforce their tobacco cessation programs.

Implementation Plan

CHN identified three core initiatives that encompass as many of the identified needs in CHN's Medical Service Area as possible. CHN will work toward these initiatives in its implementation plan closely in conjunction with the three county coalitions in our medical service area. CHN's implementation plan will be organic as it intends to continually review and adjust the implementation of these initiatives to meet community needs. The following summary presents the initiatives we have currently identified and demonstrates the first steps on how we intend to do this.

1. Tobacco / Smoking Cessation
 - a. CHN will expand upon tobacco / smoking cessation education provided to our patients
 - b. CHN Wellness will create a tobacco cessation educational campaign to be used in both community and workplace settings
2. General Wellness and Physical Activity
 - a. CHN WorkWell will increase the number of employers offering workplace wellness initiatives in our medical service area
 - b. Expand the Read, Run, Reach Program with the school systems in our Medical Service Area to address physical activity, literacy, and kindness in our youth
 - c. Continue to offer an annual Night Out for Women's Health event that targets the three counties served by CHN.
 - d. Begin offering a Strong Bones trainer to Medical Service Area to provide education and outreach about weight training to maintain bone density in middle age to older women.
3. Access to Healthcare
 - a. Continue to work with the county coalitions to address needs as they are identified and participate meaningful in county-specific implementation plans
 - b. Take the healthcare to employers instead of having them come to us (i.e. HRAs, flu shots, diabetic screening)
 - c. Increase physician availability through administrative support of increased same day services
 - d. Provide financial assistance to the County programs in our Medical Service Area addressing oral health care for area youth

Unfortunately, CHN is not able to address all of the identified needs of its entire Medical Service Area due to a variety of factors.

For example, although we are active in the prevention of alcohol and drug abuse by participation on our county coalitions, we are unable to address beyond that based on financial constraints and difficulty in recruiting in this area. CHN manages these behaviors through primary care services. Additionally, we are actively looking for partnerships with larger health systems to increase specialty services that can address these needs.

We do not intend to address Environmental and Occupational Health in Waushara County the way that Community Health Needs Assessment identifies it as it is beyond our scope.

COMMUNITY AWARENESS OF ASSESSMENT

We will publish this document on our external website and also have copies available onsite at the Berlin Memorial Hospital campus.

ATTACHMENTS: COUNTY COALITION DETAILED MEMBERSHIPS

Green Lake County Wellness Coalition

Name / Title

Jackie Westover, WI Well Woman's Program
 Pamela Alf, Wellness Coordinator
 Riann Kreiling, Exercise Physiologist
 Terri St. Lawrence, Community Health Program
 Nancy Gimenez, RN, BSN/CDE
 Danielle Krueger, RD, CD
 Beth Johnson, Family Living Agent
 Judy Kasuboski, Public Health Nurse Services
 James Salasek, PhD, Dir. Behavioral Health
 LeRoy Dissing, Dir. Human Services
 Terri Mael, RN School Nurse
 Allison Montag, Certified Lactation Consultant
 Lauree Renaud, Community Member
 Philip Robinson, Deputy Director
 Victoria Shereshevsky, AHEC Intern
 Andrea Lyke, Summer Intern/Community Member
 Betty Bradley, Aging Unit Manager
 Jana Tetzlaff, Clinical Services Unit Manager
 Joel Gerth, Lieutenant
 John Feeney, CEO
 Katherine Vergos, CFO, RN
 Kelly Krause, VP Marketing
 Dr. Barry Rogers
 Morgan Fox
 Jeri Loewe, RN, Certified Lactation Consultant
 Tracy Soda, RN, Public Health Nurse
 Lacey Bruce, Exercise Physiologist
 Harper Mruk, Director
 Melanie Simpkins, RN, BSN, MPH, PN
 Ted Kay, Director
 Ken Bates, Administrator
 Charlotte Mertens, School Nurse
 Jodi Becker, Counselor
 Sue Kinas, Administrative Assistant
 Dawn Brantley, Services Coordinator
 Yolanda Gallegos, Program Coordinator
 Julie Dosogne
 Angela Danke, Public Relations
 Angie Johnson, Wellness Coordinator

Organization

Green Lake, Marquette and Waushara Counties
 Community Health Network
 Agnesian, Ripon Medical Center
 Agnesian Healthcare, Fond du Lac
 Community Health Network
 Community Health Network
 UW-Extension
 Green Lake County Dept. of Health & Human Services
 Agnesian Healthcare, Fond du Lac
 Green Lake County Dept. of Health & Human Services
 Berlin School District
 Family Health La Clinica/WIC
 Green Lake Greenways
 Green Lake County Dept. of Health & Human Services
 Green Lake County Public Health
 Green Lake County Public Health
 Green Lake County Dept. of Health & Human Services
 Green Lake County Dept. of Health & Human Services
 Green Lake County Sheriff's Office
 Community Health Network/Berlin Hospital
 Agnesian Health Care/Ripon Medical Center
 Community Health Network
 Community Member
 UW Extension
 Green Lake County Dept. of Health & Human Services
 Green Lake County Dept. of Health & Human Services
 Ripon Medical Center
 Boys & Girls Club of Berlin
 Coffee & a Handout LLC and Berlin Hospital
 Family Health La Clinica FQHC
 Green Lake Public School District
 Markesan School District
 Berlin Area School District
 Princeton School District
 Fox River Industries Sheltered Workshop
 Princeton Senior Center
 Community Member
 Heidel House Resort in Green Lake
 Farmers & Merchants Bank of Berlin

Waushara County Wellness Coalition

Name / Title

Melanie Simpkins, Diabetic Educator
 Shannon Myers
 Bridget Daly
 Pat Bero
 Paul Theyel
 Dennis Hibray, Regional Office Director
 Jody Moesch-Ebling, Nurse Consultant
 Dawn Shuman, Administrator
 Patti Wohlfeil, BCRN,MPA, Health Office Director
 Valerie Ladwig
 Richelle Morrow
 Claude Olson
 Chris Sluke
 Pam Alf
 Everett Ecksteing
 Jan Novak
 Brian Pothier
 Andrew Hoyer-Booth
 Brittany Innes
 Mary Babler
 Kevin Meighan
 Peggy Stanislawski
 Tim Rosin
 Lynn Boening
 Denise Rigden
 Bruce Williams
 Nancy Gimenez
 Craig Griffis
 Kathleen Ludwikowski
 Cheryl Wuyts
 Lafe Hendrickson
 Brigitte Henschel

Organization

Community Health Network
 ADRC
 Health Dept., AmeriCorps Member
 Human Services/Prevention Council
 Human Services/Mental Health
 DPH
 DPH
 WRCMH
 Waushara County Health Dept.
 Dept. of Aging
 WRCMH
 Wild Rose School District
 WASD
 Community Health Network
 County Board
 DHS
 EMS
 WPHCA
 FHLC
 Network Health
 WCHD
 Plainfield Trucking
 Waushara County EMS
 Waushara County Sheriff's Dept.
 Aging & Disability Resource Center
 WRCMH
 Community Health Network
 Community Health Network
 Family Health
 WHS
 WCSO
 Community Member

Marquette County Wellness Coalition

Name / Title

Jan Banicki
 Trish Beckett, Special Education Teacher
 former HCHY Grant Coordinator
 Megan Brakebush
 Lauren Calnin
 Susan Cartwright, County Board Youth Representative
 Sue Condon
 Cheryl Deskins, Manager
 Joyce Gaulke, Food Service Director
 Craig Griffis, VP of Business Development
 Shelly Hamel, Vice President
 Vicki Huffman, Literacy Volunteer
 Rhonda Hughes, Manager
 Ted Kay, CEO
 Pat Kilbey, Conservationist
 Chris Klahn
 Joe Konrath, Chief Deputy
 Brian Knoll, Officer
 Sue Kozlowski, Teacher
 Janelle Krueger, Counselor
 Jan Krueger, Manager - Long Term Support Services
 Chris Langenfeld
 Chris Lee
 Jenice Mischler, Counselor
 Jerry Smart
 Tina Schoebel, Director of Christian Formation
 Andrew Stoehr, Elementary Physical Education Teacher
 Robert Turner, Recent College Graduate
 Christa Van Treeck, 4H Development Educator

Organization

Marquette County Board, Board of Health
 Montello Schools
 Local Business - Brakebush Brothers
 HCHY Youth Mobilizer
 Montello School
 Divine Savior Health Care - Portage
 Kwik Trip
 Montello & Westfield Schools
 Community Health Network
 Prairie Sands Chapter of the Prairie Enthusiasts
 Marquette County
 Holliday Shopping Center
 Family Health LaClinicia
 Marquette County Land & Water
 DNR
 Marquette County Sheriff's Department
 Montello Police Department
 Montello Public Schools
 Marquette County Chemical Dependency Service
 Marquette County
 Renewable World Foundation
 CAP Services
 Montello Elementary School
 Marquette County Surveyor and former Montello Mayor
 St. Johns the Baptist Parish
 Montello Schools
 Community Member
 UW Extension