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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

St Michael's Hospital of Stevens Point Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

900 Illinois Avenue

Room/suite

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

Stevens Point, WI 54481

F Name and address of principal officer

Jeffrey L Martin

900 Illinois Avenue

Stevens Point, WI 54481

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Website:

www.ministryhealth.org/smh

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1955

M State of legal domicile

WI

| Part I                      | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|---|----|---|-------------------------------------------------------------------------------|---|----|---|------------------------------------------------------------------------------|---|-----|---|----------------------------------------------------|---|-----|----|----------------------------------------------------------------------|----|--------|----|----------------------------------------------------------------|----|
| Activities & Governance     | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>To improve the health and well-being of all people in the communities we serve</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>12</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>890</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>210</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>42,168</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-3,729</td></tr></table> | 3                         | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 890 | 6 | Total number of volunteers (estimate if necessary) | 6 | 210 | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 42,168 | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b |
| 3                           | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3                         | 15                                                                |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| 4                           | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                         | 12                                                                |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| 5                           | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                         | 890                                                               |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| 6                           | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                         | 210                                                               |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7a                        | 42,168                                                            |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7b                        | -3,729                                                            |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| Revenue                     | <div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Prior Year                | Current Year                                                      |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 521,814                   | 561,680                                                           |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 188,041,963               | 189,285,670                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2,885,198                 | 1,871,798                                                         |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 306,217                   | 620,219                                                           |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 191,755,192               | 192,339,367                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| Expenses                    | <div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                         | 0                                                                 |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                         | 0                                                                 |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 115,016,981               | 115,161,740                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                         | 28,167                                                            |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 28,167                    |                                                                   |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 59,534,475                | 64,346,602                                                        |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 174,551,456               | 179,536,509                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
| Net Assets or Fund Balances | <div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17,203,736                | 12,802,858                                                        |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Beginning of Current Year | End of Year                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>20</div><div>Total assets (Part X, line 16)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 188,771,725               | 200,290,548                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 23,657,451                | 25,637,214                                                        |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |
|                             | <div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 165,114,274               | 174,653,334                                                       |   |    |   |                                                                               |   |    |   |                                                                              |   |     |   |                                                    |   |     |    |                                                                      |    |        |    |                                                                |    |

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

2016-05-16

Brian Regan Interim CFO

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RACHEL BECKER

Preparer's signature

RACHEL BECKER

Date

Check ☐ if self-employed

PTIN

P00966076

Firm's name

DELOITTE TAX LLP

Firm's EIN

86-1065772

Firm's address

555 EAST WELLS STREET SUITE 1400

MILWAUKEE, WI 53202

Phone no

(414) 271-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

St Michael's Hospital of Stevens Point, Inc 's mission as a Catholic hospital is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor We provide acute health care services to the communities regardless of the person's ability to pay

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$ 127,681,363 including grants of \$ ) (Revenue \$ 189,128,574 )

ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC ("THE HOSPITAL") PROVIDES INPATIENT, OUTPATIENT, EMERGENCY ROOM AND ANCILLARY SERVICES REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY OR METHOD OF PAYMENT THE HOSPITAL ALSO PROVIDES EDUCATION PROGRAMS AND SERVICES ON HEALTH CARE ISSUES TO THE COMMUNITY IT SERVES SEE SCHEDULE H FOR FURTHER DETAILS REGARDING THE COMMUNITY BENEFITS THAT ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC PROVIDES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 127,681,363

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                      | Yes     | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                 | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                               | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                               | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                               | 4 Yes   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                        | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                             | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                     | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                                  | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                      | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                           | 10 Yes  |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                    |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                              | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                              | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                              | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                            | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                         | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                                                 | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional               | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                 | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                      | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                          | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                    | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                              | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                | 17 Yes  |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                    | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                              | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                 | 20a Yes |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                  | 20b Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>                                                                                               | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                    | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.                                                                                                  | 121 |     |
| 1b                                                                                                                                                                                                                                             | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0   |     |
| c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                    |                                                                                                                                                                                | 1c  | Yes |
| 2a                                                                                                                                                                                                                                             | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 890 |     |
| b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>                                                                                                                         |                                                                                                                                                                                | 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:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                     |                                                                                                                                                                                |     |     |
| 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |                                                                                                                                                                                | 5a  | No  |
| b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |                                                                                                                                                                                | 5b  | No  |
| c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          |                                                                                                                                                                                | 5c  |     |
| 6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |                                                                                                                                                                                | 6a  | No  |
| b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               |                                                                                                                                                                                | 6b  |     |
| 7. Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                               |                                                                                                                                                                                |     |     |
| a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             |                                                                                                                                                                                | 7a  | No  |
| b. If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             |                                                                                                                                                                                | 7b  |     |
| c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        |                                                                                                                                                                                | 7c  | No  |
| d. If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                          |                                                                                                                                                                                | 7d  |     |
| e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |                                                                                                                                                                                | 7e  | No  |
| f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |                                                                                                                                                                                | 7f  | No  |
| g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            |                                                                                                                                                                                | 7g  |     |
| h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          |                                                                                                                                                                                | 7h  |     |
| 8. Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                  |                                                                                                                                                                                | 8   |     |
| 9a. Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |                                                                                                                                                                                | 9a  |     |
| b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           |                                                                                                                                                                                | 9b  |     |
| 10. Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |                                                                                                                                                                                |     |     |
| a. Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                   |                                                                                                                                                                                | 10a |     |
| b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                |                                                                                                                                                                                | 10b |     |
| 11. Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |                                                                                                                                                                                |     |     |
| a. Gross income from members or shareholders.                                                                                                                                                                                                  |                                                                                                                                                                                | 11a |     |
| b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                |                                                                                                                                                                                | 11b |     |
| 12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |                                                                                                                                                                                | 12a |     |
| b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |                                                                                                                                                                                | 12b |     |
| 13. Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |                                                                                                                                                                                |     |     |
| a. Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                            |                                                                                                                                                                                | 13a |     |
| b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                  |                                                                                                                                                                                | 13b |     |
| c. Enter the amount of reserves on hand.                                                                                                                                                                                                       |                                                                                                                                                                                | 13c |     |
| 14a. Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                |                                                                                                                                                                                | 14a | No  |
| b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>                                                                                                                           |                                                                                                                                                                                | 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 . . . . .                                                                                                                                 |     |     |
|    | 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 . . . . .                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | Yes |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | Yes |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| a  | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

Section B. Policies

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     | WI |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records<br>Craig Attama                                                                                                                                                                                                                                                                                 |    |

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                              |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                            |                                                                                               |
| (1) KATHY DAVIES<br>VICE CHAIR                               | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (2) DANIEL NEUFELDER<br>MINISTRY HEALTH CARE CEO & PRESIDENT | 0 10<br>.....<br>63 20                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 1,071,649                                                                  | 17,365                                                                                        |
| (3) DICK OKRAY<br>BOARD CHAIR                                | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (4) RICK RETTLER<br>SECRETARY/TREASURER                      | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (5) JEFFREY L MARTIN<br>PRESIDENT                            | 30 00<br>.....<br>10 50                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 1,023,508                                                                  | 18,196                                                                                        |
| (6) JIM ANDERSON<br>BOARD MEMBER                             | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (7) SUE BUDJAC<br>BOARD MEMBER                               | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (8) NADINE DAVY<br>BOARD MEMBER                              | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (9) JEANNE GROOS MD<br>BOARD MEMBER                          | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (10) JEFF LANDIN<br>BOARD MEMBER                             | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (11) MARY PATOKA<br>BOARD MEMBER                             | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (12) JAMES WEISHAN<br>BOARD MEMBER                           | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| (13) TODD WILLIAMS MD<br>BOARD MEMBER                        | 0 30<br>.....<br>36 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 728,064                                                                    | 42,576                                                                                        |
| (14) FREDERICK EICHMILLER<br>BOARD MEMBER                    | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |



Part VII

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15) JEFF WHITROCK<br>BOARD MEMBER                       | 0 30<br>.....<br>0                                                                         | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) NICHOLAS DESIEN<br>MINISTRY HEALTH CARE CEO         | 0 30<br>.....<br>55 30                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 2,134,343                                                                 | 18,803                                                                                        |
| (17) JEFFREY FRANCIS<br>MINISTRY HEALTH CARE CAFO        | 0 30<br>.....<br>54 50                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 1,021,840                                                                 | 19,803                                                                                        |
| (18) TYLER C CHRISTOPHERSON<br>DENTIST                   | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 130,890                                                              | 0                                                                         | 34,669                                                                                        |
| (19) GEORGE W DAVIDSON<br>DENTIST SENIOR                 | 32 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 131,753                                                              | 0                                                                         | 19,711                                                                                        |
| (20) DAVID M GROEN<br>DIRECTOR PHARMACY                  | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 156,529                                                              | 0                                                                         | 21,062                                                                                        |
| (21) MARK KIENBAUM<br>CLINICAL STAFF PHARMACIST          | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 126,258                                                              | 0                                                                         | 3,274                                                                                         |
| (22) CHRISTOPHER J THOMPSON<br>CLINICAL STAFF PHARMACIST | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 141,244                                                              | 0                                                                         | 21,597                                                                                        |
| (23) JEFF BADGER<br>FORMER OFFICER                       | 0 00<br>.....<br>0 00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 659,840                                                                   | 13,832                                                                                        |

|    |                                                                 |   |         |           |         |
|----|-----------------------------------------------------------------|---|---------|-----------|---------|
| 1b | Sub-Total . . . . .                                             | ▶ |         |           |         |
| c  | Total from continuation sheets to Part VII, Section A . . . . . | ▶ |         |           |         |
| d  | Total (add lines 1b and 1c) . . . . .                           | ▶ | 686,674 | 6,639,243 | 230,888 |

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▶11

|   |                                                                                                                                                                                                                                               | Yes   | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3 Yes |    |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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)<br>Name and business address                                         | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------|--------------------------------|---------------------|
| FLAD & ASSOCIATES INC<br>PO BOX 5620<br>MADISON, WI 53705                | ARCHITECTS                     | 1,912,232           |
| ELLIS STONE CONSTRUCTION CO INC<br>PO BOX 366<br>STEVENS POINT, WI 54481 | CONTRACTOR (SCH O)             | 1,880,647           |
| MARSHFIELD CLINIC<br>100 N OAK AVENUE<br>MARSHFIELD, WI 54449            | MEDICAL SERVICES               | 846,705             |
| MARSHFIELD LABORATORIES<br>100 NORTH OAK AVENUE<br>MARSCHFIELD, WI 54449 | MEDICAL SERVICES               | 761,128             |
| WEATHERBY LOCUMS INC<br>PO BOX 972633<br>DALLAS, TX 75397                | LOCUMS                         | 541,458             |

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 ▶14

Part VIII

Statement of Revenue

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

|                                                           |                       |                                                                                                                                            | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |           |
|-----------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|-----------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . . . . 1a                                                                                                           | 5,000                | 561,680                                            |                                         |                                                                     |           |
|                                                           | b                     | Membership dues . . . . . 1b                                                                                                               |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Fundraising events . . . . . 1c                                                                                                            |                      |                                                    |                                         |                                                                     |           |
|                                                           | d                     | Related organizations . . . . . 1d                                                                                                         | 215,505              |                                                    |                                         |                                                                     |           |
|                                                           | e                     | Government grants (contributions) 1e                                                                                                       | 59,757               |                                                    |                                         |                                                                     |           |
|                                                           | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above 1f                                                       | 281,418              |                                                    |                                         |                                                                     |           |
|                                                           | g                     | Noncash contributions included in lines<br>1a-1f \$ 32,542                                                                                 |                      |                                                    |                                         |                                                                     |           |
|                                                           | h                     | Total. Add lines 1a-1f . . . . .                                                                                                           |                      |                                                    |                                         |                                                                     |           |
| Program Service Revenue                                   |                       |                                                                                                                                            | Business Code        |                                                    |                                         |                                                                     |           |
|                                                           | 2a                    | Net patient rev-hosp                                                                                                                       | 622110               | 133,157,275                                        | 133,157,275                             |                                                                     |           |
|                                                           | b                     | Net patient rev-clinic                                                                                                                     | 621400               | 54,391,514                                         | 54,391,514                              |                                                                     |           |
|                                                           | c                     | Medicare/Medicaid Stimulus                                                                                                                 | 900099               | 570,562                                            | 570,562                                 |                                                                     |           |
|                                                           | d                     | Rent from exempt org                                                                                                                       | 531120               | 262,543                                            | 262,543                                 |                                                                     |           |
|                                                           | e                     | Pharmacy                                                                                                                                   | 900099               | 261,551                                            | 261,551                                 |                                                                     |           |
|                                                           | f                     | All other program service revenue                                                                                                          |                      | 642,225                                            | 577,280                                 | 0                                                                   |           |
|                                                           | g                     | Total. Add lines 2a-2f . . . . .                                                                                                           |                      | 189,285,670                                        |                                         |                                                                     |           |
| Other Revenue                                             | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                  |                      | 2,123,231                                          |                                         |                                                                     | 2,123,231 |
|                                                           | 4                     | Income from investment of tax-exempt bond proceeds . . . . .                                                                               |                      |                                                    |                                         |                                                                     |           |
|                                                           | 5                     | Royalties . . . . .                                                                                                                        |                      |                                                    |                                         |                                                                     |           |
|                                                           | 6a                    | (i) Real                                                                                                                                   |                      | 40,237                                             |                                         |                                                                     | 40,237    |
|                                                           |                       | (ii) Personal                                                                                                                              |                      |                                                    |                                         |                                                                     |           |
|                                                           |                       | 40,237                                                                                                                                     |                      |                                                    |                                         |                                                                     |           |
|                                                           |                       |                                                                                                                                            |                      |                                                    |                                         |                                                                     |           |
|                                                           | b                     | Less rental expenses                                                                                                                       |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Rental income or (loss)                                                                                                                    |                      | 40,237                                             | 0                                       |                                                                     |           |
|                                                           | d                     | Net rental income or (loss) . . . . .                                                                                                      |                      | 40,237                                             |                                         |                                                                     |           |
|                                                           | 7a                    | (i) Securities                                                                                                                             |                      | -251,433                                           |                                         |                                                                     | -251,433  |
|                                                           |                       | (ii) Other                                                                                                                                 |                      |                                                    |                                         |                                                                     |           |
|                                                           |                       | 33,478                                                                                                                                     |                      |                                                    |                                         |                                                                     |           |
|                                                           |                       | 284,911                                                                                                                                    |                      |                                                    |                                         |                                                                     |           |
|                                                           | b                     | Less cost or other basis and sales expenses                                                                                                |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Gain or (loss)                                                                                                                             |                      | 0                                                  | -251,433                                |                                                                     |           |
|                                                           | d                     | Net gain or (loss) . . . . .                                                                                                               |                      | -251,433                                           |                                         |                                                                     |           |
|                                                           | 8a                    | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                     |           |
|                                                           | a                     |                                                                                                                                            |                      |                                                    |                                         |                                                                     |           |
|                                                           | b                     | Less direct expenses . . . . .                                                                                                             |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Net income or (loss) from fundraising events . . . . .                                                                                     |                      |                                                    |                                         |                                                                     |           |
|                                                           | 9a                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |                      |                                                    |                                         |                                                                     |           |
|                                                           | a                     |                                                                                                                                            |                      |                                                    |                                         |                                                                     |           |
|                                                           | b                     | Less direct expenses . . . . .                                                                                                             |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Net income or (loss) from gaming activities . . . . .                                                                                      |                      |                                                    |                                         |                                                                     |           |
|                                                           | 10a                   | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                         |                      |                                                    |                                         |                                                                     |           |
|                                                           | a                     |                                                                                                                                            |                      |                                                    |                                         |                                                                     |           |
|                                                           | b                     | Less cost of goods sold . . . . .                                                                                                          |                      |                                                    |                                         |                                                                     |           |
|                                                           | c                     | Net income or (loss) from sales of inventory . . . . .                                                                                     |                      |                                                    |                                         |                                                                     |           |
|                                                           | Miscellaneous Revenue |                                                                                                                                            | Business Code        |                                                    |                                         |                                                                     |           |
|                                                           | 11a                   | Cafeteria                                                                                                                                  | 722210               | 672,133                                            |                                         | 42,168                                                              | 629,965   |
|                                                           | b                     | Employee assist program                                                                                                                    | 624100               | 432,169                                            | 432,169                                 |                                                                     |           |
|                                                           | c                     | Mfld clinic oncology                                                                                                                       | 900099               | -941,208                                           | -941,208                                |                                                                     |           |
|                                                           | d                     | All other revenue . . . . .                                                                                                                |                      | 416,888                                            | 416,888                                 | 0                                                                   | 0         |
|                                                           | e                     | Total. Add lines 11a-11d . . . . .                                                                                                         |                      | 579,982                                            |                                         |                                                                     |           |
|                                                           | 12                    | Total revenue. See Instructions . . . . .                                                                                                  |                      | 192,339,367                                        | 189,128,574                             | 42,168                                                              | 2,606,945 |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                          |                       |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                     |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                              |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      |                       |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 91,915,611            | 74,528,473                      | 17,387,138                             |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 3,447,368             | 2,628,204                       | 819,164                                |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 15,297,305            | 9,712,085                       | 5,585,220                              |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 4,501,456             | 3,447,149                       | 1,054,307                              |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      | 8,489                 | 8,489                           |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       | 28,167                |                                 |                                        | 28,167                      |
| 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).                                                                                                                                    | 4,335,067             | 2,155,766                       | 2,179,301                              | 0                           |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 39,978                | 39,978                          | 0                                      |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 15,454,642            | 13,932,042                      | 1,522,600                              |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 440,347               | 437,584                         | 2,763                                  |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 3,844,213             | 2,505,136                       | 1,339,077                              |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 366,809               | 330,962                         | 35,847                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 1,092,508             | 550,728                         | 541,780                                |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 11,750                |                                 | 11,750                                 |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 11,234,344            | 5,203,242                       | 6,031,102                              |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 738,228               | 220,039                         | 518,189                                |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                              |                       |                                 |                                        |                             |
| a                                                                              | Purchased services.                                                                                                                                                                                                                            | 13,750,399            | 4,421,191                       | 9,329,208                              |                             |
| b                                                                              | Pharmaceuticals.                                                                                                                                                                                                                               | 5,899,002             | 5,844,029                       | 54,973                                 |                             |
| c                                                                              | State assessment.                                                                                                                                                                                                                              | 2,767,784             |                                 | 2,767,784                              |                             |
| d                                                                              | Anesthesia services.                                                                                                                                                                                                                           | 898,653               | 898,653                         |                                        |                             |
| e                                                                              | All other expenses.                                                                                                                                                                                                                            | 3,464,389             | 817,613                         | 2,646,776                              | 0                           |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 179,536,509           | 127,681,363                     | 51,826,979                             | 28,167                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

☒

|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | (A)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----|-------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                      |               | 11,665,438        | 1   | 21,859,684  |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |               | 509,307           | 2   | 509,307     |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             |               |                   | 3   |             |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                       |               | 21,743,798        | 4   | 23,398,911  |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |               | 0                 | 5   | 0           |
|                             | 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. |               | 0                 | 6   |             |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                                |               | 77                | 7   | 0           |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                    |               | 2,184,778         | 8   | 2,191,836   |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          |               | 227,639           | 9   | 106,049     |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                           | 10a87,981,473 |                   |     |             |
|                             | b                                                                                                                                                                 | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | 10b17,678,883 | 67,673,627        | 10c | 70,302,590  |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                         |               |                   | 11  |             |
|                             | 12                                                                                                                                                                | Investments—other securities. See Part IV, line 11.                                                                                                                                                                                                                                                                            |               | 0                 | 12  |             |
|                             | 13                                                                                                                                                                | Investments—program-related. See Part IV, line 11.                                                                                                                                                                                                                                                                             |               | 2,913,117         | 13  | 2,607,149   |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                              |               | 5,377,164         | 14  | 3,212,607   |
|                             | 15                                                                                                                                                                | Other assets. See Part IV, line 11.                                                                                                                                                                                                                                                                                            |               | 76,476,780        | 15  | 76,102,415  |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).                                                                                                                                                                                                                                                              |               | 188,771,725       | 16  | 200,290,548 |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                          |               | 11,506,321        | 17  | 20,106,628  |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                                 |               |                   | 18  |             |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                               |               | 13,326            | 19  | 87,759      |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                    |               |                   | 20  |             |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |               |                   | 21  |             |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.                                                                                                                                          |               | 0                 | 22  |             |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                                 |               |                   | 23  |             |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                   |               |                   | 24  |             |
|                             | 25                                                                                                                                                                | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |               | 12,137,804        | 25  | 5,442,827   |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25.                                                                                                                                                                                                                                                                             |               | 23,657,451        | 26  | 25,637,214  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |               | 162,197,490       | 27  | 172,042,518 |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                              |               | 865,506           | 28  | 570,430     |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |               | 2,051,278         | 29  | 2,040,386   |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 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                                                                                                                                                                | <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                       |               | 165,114,274       | 33  | 174,653,334 |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                          |               | 188,771,725       | 34  | 200,290,548 |

Part XI Reconciliation of Net Assets

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

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 192,339,367 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 179,536,509 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 12,802,858  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 165,114,274 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | -3,305,583  |
| 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  | 41,785      |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 174,653,334 |

Part XII Financial Statements and Reporting

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| c  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                                                                                       | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                        |                                              |
|------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br>39-0808443 |
|------------------------------------------------------------------------|----------------------------------------------|

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

| (i)Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI )                                                                                            |          |          |          |          |          |           |
| 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 section 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                               |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                     | 14 |  |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                            | 15 |  |
| 16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶    |    |  |
| b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ |    |  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶                                                                                                                                                                                                                                                       |    |  |

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.)                                                                                 |          |          |          |          |          |           |
| 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 section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                        | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                    |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                       |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              |  |  |  |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                           |  |  |  |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1              |                             |
| a                                | Average monthly value of securities                                                                                            | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                               | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets                                                                   | 2              |                             |
| 3                                | Subtract line 2 from line 1d                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 5              |                             |
| 6                                | Multiply line 5 by .035                                                                                                        | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                          |   | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1 |              |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3 |              |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

|                                                                        |                                                  |
|------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br><br>39-0808443 |
|------------------------------------------------------------------------|--------------------------------------------------|

**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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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 |     | 8,489  |
| j  | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |     | 8,489  |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No  |        |
| b  | If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                           |     |     |        |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                  |     |     |        |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |     |        |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

| Return Reference                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule C, Part II-B, Line 1<br>DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | Lobbying expenses represent the portion of dues paid to national and state hospital associations that are specifically allocated to lobbying. St Michael's Hospital of Stevens Point, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |



## Part IV

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                        |                                                  |
|------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br><br>39-0808443 |
|------------------------------------------------------------------------|--------------------------------------------------|

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 value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 2,242,492       | 2,192,062     | 2,117,254           | 2,091,682           | 2,094,568          |
| b Contributions . . . . .                                  | 147             | 38,158        | 59,121              | 36,147              | 9,294              |
| c Net investment earnings, gains, and losses               | 74,840          | 86,289        | 38,866              | 10,812              | 8,948              |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 | 51,366        | 1,037               |                     |                    |
| f Administrative expenses . . . . .                        | 112,131         | 22,651        | 22,142              | 21,387              | 21,128             |
| g End of year balance . . . . .                            | 2,205,348       | 2,242,492     | 2,192,062           | 2,117,254           | 2,091,682          |

- 2

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

Board designated or quasi-endowment

0 %
- b

Permanent endowment

93 %
- c

Temporarily restricted endowment

7 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

|                                                                                       | Yes    | No  |
|---------------------------------------------------------------------------------------|--------|-----|
| (i) unrelated organizations . . . . .                                                 | 3a(i)  | No  |
| (ii) related organizations . . . . .                                                  | 3a(ii) | Yes |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     | 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 . . . . .                                                                                |                                      | 3,367,518                      |                              | 3,367,518      |
| b Buildings . . . . .                                                                            |                                      | 40,924,137                     | 5,915,152                    | 35,008,985     |
| c Leasehold improvements . . . . .                                                               |                                      | 888,856                        | 223,934                      | 664,922        |
| d Equipment . . . . .                                                                            |                                      | 31,983,005                     | 11,301,224                   | 20,681,781     |
| e Other . . . . .                                                                                |                                      | 10,817,957                     | 238,573                      | 10,579,384     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 70,302,590     |



**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.

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

**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.

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

**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                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | Income from the Ministry Dental Center Endowment is available to cover operation deficits. This ensures dental care can be provided to those who could not otherwise afford to pay. This endowment is administered by Saint Michael's Foundation of Stevens Point, Inc. (39-1657410)                                                                                                                                   |
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote        | From the consolidated audited financial statements of Ministry Health Care, Inc., which includes the activity of St. Michael's Hospital of Stevens Point, Inc. The Health Ministry accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                        |

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                                        |                                              |
|------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br>39-0808443 |
|------------------------------------------------------------------------|----------------------------------------------|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)             | (ii) Activity                          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                                       |                                        | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1<br>DETONATOR LLC<br>2011 N RIVERWALK WAY<br><br>MILWAUKEE, WI 53212 | CONSULT ON BREAST CARE CENTER CAMPAIGN |                                                                | No |                                   | 28,167                                                           | -28,167                                           |
| 2                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                                     |                                        |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                                    |                                        |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                                     |                                        |                                                                |    | 0                                 | 28,167                                                           | -28,167                                           |

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- WI
- 
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1                                                            | (b) Event #2 | (c) Other events | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|----|-------------------------------------------------------------------------|--------------|------------------|------------------------------------------------------|
|                 |    | (event type)                                                            | (event type) | (total number)   |                                                      |
| Revenue         | 1  | Gross receipts . . . .                                                  |              |                  |                                                      |
|                 | 2  | Less Contributions . . .                                                |              |                  |                                                      |
|                 | 3  | Gross income (line 1<br>minus line 2) . . . .                           |              |                  |                                                      |
| Direct Expenses | 4  | Cash prizes . . . .                                                     |              |                  |                                                      |
|                 | 5  | Noncash prizes . . .                                                    |              |                  |                                                      |
|                 | 6  | Rent/facility costs . . .                                               |              |                  |                                                      |
|                 | 7  | Food and beverages .                                                    |              |                  |                                                      |
|                 | 8  | Entertainment . . . .                                                   |              |                  |                                                      |
|                 | 9  | Other direct expenses .                                                 |              |                  |                                                      |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |              |                  |                                                      |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |              |                  |                                                      |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                                                                                                            | (b) Pull tabs/Instant<br>bingo/progressive bingo                                           | (c) Other gaming                                                                           | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------|
|                 |   |                                                                                                                      |                                                                                            |                                                                                            |                                                      |
| Direct Expenses | 1 | Gross revenue . . . . .                                                                                              |                                                                                            |                                                                                            |                                                      |
|                 | 2 | Cash prizes . . . . .                                                                                                |                                                                                            |                                                                                            |                                                      |
|                 | 3 | Non-cash prizes . . . .                                                                                              |                                                                                            |                                                                                            |                                                      |
|                 | 4 | Rent/facility costs . . . .                                                                                          |                                                                                            |                                                                                            |                                                      |
|                 | 5 | Other direct expenses . . .                                                                                          |                                                                                            |                                                                                            |                                                      |
|                 | 6 | <div>Volunteer labor . . . . .</div> <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div><div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div></div> | <div><div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div></div> |                                                      |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶                                               |                                                                                            |                                                                                            |                                                      |
|                 | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶                                        |                                                                                            |                                                                                            |                                                      |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
St Michael's Hospital of Stevens Point Inc

Employer identification number  
39-0808443

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 | 376                           | 752,738                             | 0                             | 752,738                           | 0 42 %                       |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 | 17,692                        | 27,535,237                          | 17,166,791                    | 10,368,446                        | 5 78 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 | 1,168                         | 2,337,659                           | 1,491,074                     | 846,585                           | 0 47 %                       |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    | 0                                               | 19,236                        | 30,625,634                          | 18,657,865                    | 11,967,769                        | 6 67 %                       |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . | 8                                               | 583                           | 423,183                             | 0                             | 423,183                           | 0 24 %                       |
| f Health professions education (from Worksheet 5) . . . . .                                           | 1                                               | 0                             | 807,724                             | 0                             | 807,724                           | 0 45 %                       |
| g Subsidized health services (from Worksheet 6) . . . . .                                             | 0                                               | 0                             | 0                                   | 0                             | 0                                 | 0 %                          |
| h Research (from Worksheet 7) . . . . .                                                               | 0                                               | 0                             | 0                                   | 0                             | 0                                 | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   | 10                                              | 0                             | 351,432                             | 0                             | 351,432                           | 0 20 %                       |
| j <b>Total</b> Other Benefits . . . . .                                                               | 19                                              | 583                           | 1,582,339                           | 0                             | 1,582,339                         | 0 88 %                       |
| k <b>Total</b> . Add lines 7d and 7j . . . . .                                                        | 19                                              | 19,819                        | 32,207,973                          | 18,657,865                    | 13,550,108                        | 7 55 %                       |

Part IICommunity Building Activities

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

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 2Economic development                                      | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 3Community support                                         | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 4Environmental improvements                                | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 5Leadership development and training for community members | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 6Coalition building                                        | 1                                               | 0                             | 76                                   | 0                             | 76                                 | 0 %                          |
| 7Community health improvement advocacy                     | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 8Workforce development                                     | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 9Other                                                     | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |
| 10Total                                                    | 1                                               | 0                             | 76                                   | 0                             | 76                                 | 0 %                          |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

7,446,130

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

49,427,935

6Enter Medicare allowable costs of care relating to payments on line 5.

6

70,679,704

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-21,251,769

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

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

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

St Michael's Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No  |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| 1                                 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .                                                                                                                                                                                                                                                                       | 1   | No  |
| 2                                 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .                                                                                                                                                                                                                                          | 2   | No  |
| 3                                 | 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 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                         | 3   | 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 significant 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 Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |     |     |
| 4                                 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
| 5                                 | 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | 5   | Yes |
| 6a                                | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                     | 6a  | No  |
| b                                 | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .                                                                                                                                                                                                                                                                                        | 6b  | Yes |
| 7                                 | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                            | 7   | Yes |
| a                                 | <input checked="" type="checkbox"/> Hospital facility's website (list url)<br><u>http //ministryhealth org/SaintMichaelsHospital/Ministry_Saint_Michaels_Hospital_CHNA_2013_5_28_2013</u>                                                                                                                                                                                                                                                                      |     |     |
| b                                 | <input type="checkbox"/> Other website (list url) _____                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
| c                                 | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |     |     |
| d                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |     |     |
| 8                                 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .                                                                                                                                                                                                                                                              | 8   | Yes |
| 9                                 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 10                                | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url)                                                                                                                                                                                                                                                                                                                                 | 10  | Yes |
| a                                 | <u>http //ministryhealth org/SaintMichaelsHospital/MSMH_Implementation_Plan_2013_6_10_2013_FINAL</u>                                                                                                                                                                                                                                                                                                                                                           |     |     |
| b                                 | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                           | 10b | No  |
| 11                                | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                            |     |     |
| 12a                               | 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)? . . . . .                                                                                                                                                                                                                                                                                                  | 12a | No  |
| b                                 | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                     | 12b |     |
| c                                 | If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

St Michael's Hospital

|                                                                                                                                                                                                                                                                                                          | Yes           | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>Financial Assistance Policy (FAP)</b>                                                                                                                                                                                                                                                                 |               |    |
| <b>13</b> 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | <b>13</b> Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>20</u> % and FPG family income limit for eligibility for discounted care of <u>40</u> %                                                                  |               |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                    |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                 |               |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                           |               |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                            |               |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                     |               |    |
| <b>g</b> <input checked="" type="checkbox"/> Residency                                                                                                                                                                                                                                                   |               |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                          |               |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                               | <b>14</b> Yes |    |
| <b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                 | <b>15</b> Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                      |               |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                          |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                        |               |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                             |               |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                          |               |    |
| <b>16</b> 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)                                                                                                      | <b>16</b> Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>http://ministryhealth.org/Ministry_Health_Care/Financial_Assistance_Program_RC08</u>                                                                                                             |               |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4</u>                                                                                            |               |    |
| <b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4</u>                                                                                            |               |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                            |               |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                           |               |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                |               |    |
| <b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility                                                                                                                                                              |               |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                         |               |    |
| <b>i</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                          |               |    |
| <b>Billing and Collections</b>                                                                                                                                                                                                                                                                           |               |    |
| <b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment?                             | <b>17</b> Yes |    |
| <b>18</b> 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                                                    |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                        |               |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                          |               |    |
| <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                       |               |    |
| <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                          |               |    |
| <b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                                               |               |    |

Part V

Facility Information (continued)

St Michael's Hospital

Name of hospital facility or letter of facility reporting group

|                                                                                                                                                                                                                                                                                                                                                                                      |           | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>19</b> Did the hospital facility or other 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? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                   | <b>19</b> |     | No |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                    |           |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                      |           |     |    |
| <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                   |           |     |    |
| <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                      |           |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)                                                                                                                                                                                         |           |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                    |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                              |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                         |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                    |           |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                      |           |     |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                    |           |     |    |
| <b>Policy Relating to Emergency Medical Care</b>                                                                                                                                                                                                                                                                                                                                     |           |     |    |
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .<br>If "No," indicate why | <b>21</b> | Yes |    |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                                                    |           |     |    |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                                                  |           |     |    |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                                            |           |     |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                      |           |     |    |
| <b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>                                                                                                                                                                                                                                                                                       |           |     |    |
| <b>22</b> 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                                                                                                                                                                                    |           |     |    |
| <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged                                                                                                                                                                                                                |           |     |    |
| <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged                                                                                                                                                                                          |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged                                                                                                                                                                                                                                  |           |     |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                      |           |     |    |
| <b>23</b> 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? . . . . .<br>If "Yes," explain in Section C                                                           | <b>23</b> |     | No |
| <b>24</b> 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? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | <b>24</b> |     | No |

Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference   | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **21**

| Name and address                   | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| <b>1</b> See Additional Data Table |                             |
| <b>2</b>                           |                             |
| <b>3</b>                           |                             |
| <b>4</b>                           |                             |
| <b>5</b>                           |                             |
| <b>6</b>                           |                             |
| <b>7</b>                           |                             |
| <b>8</b>                           |                             |
| <b>9</b>                           |                             |
| <b>10</b>                          |                             |

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 6a<br>Community benefit report prepared by related organization | MINISTRY HEALTH CARE, INC (39-1490371) - ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC IS INCLUDED IN THE ANNUAL COMMUNITY BENEFIT REPORT WHICH IS PUBLISHED BY MINISTRY HEALTH CARE, INC AND AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.MINISTRYHEALTH.ORG THIS REPORT INCLUDES ALL OF THE RELATED ENTITIES WITHIN THE MINISTRY HEALTH CARE INC NETWORK OF HOSPITALS, CLINICS AND OTHER HEALTH-RELATED ORGANIZATIONS |

| Form and Line Reference                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | Amounts calculated in Part 1, Line 7 are determined both on a cost accounting system and a cost-to-charge ratio. Other benefits are determined based on the direct and indirect costs (where allocated) associated with a program net of earned revenue. Detail for each program/activity is maintained and determined at the department level. Charity care and means-tested programs are determined based on a cost-to-charge ratio consistent with Worksheet 2, Ratio of Patient Care Cost to Charges. |

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part II Community Building Activities | COMMUNITY BUILDING ACTIVITIES, WHILE NOT DIRECTLY RELATED TO HEALTH CARE, PROVIDE OPPORTUNITIES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES SUPPORT THE COMMUNITY BY OFFERING THE EXPERTISE AND RESOURCES OF THE ORGANIZATION. THESE ACTIVITIES HELP TO IDENTIFY VARIOUS HEALTH PROBLEMS AFFECTING THE SURROUNDING AREA. |

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

| Form and Line Reference                                   | Explanation                                                                                                                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | St Michael's Hospital of Stevens Point, Inc has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients |

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

| Form and Line Reference                                                                           | Explanation                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 8<br>Community benefit & methodology for<br>determining medicare costs | Ascension Health and related Health Ministries follow the Catholic Health Association ("CHA")<br>guidelines for determining community benefit CHA community benefit reporting guidelines suggest<br>that the Medicare shortfall is not treated as a community benefit |



| Form and Line Reference                                                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 9b<br>Collection practices for patients eligible for financial assistance | The Organization has a debt collection policy which sets forth collection practices for patients who are known to qualify or may qualify for financial assistance under the charity care program. Sufficient financial counseling support is made available to patients so they can easily access patient financial service representatives and have their questions answered, and gain an understanding of the reasons why they owe a balance. Accounts are designated as charity care in the business offices so no additional time is spent on collection efforts. |

| Form and Line Reference                             | Explanation                                                                                                                                                                                                              |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16a FAP website | - St Michael's Hospital Line 16a URL<br><a href="http://ministryhealth.org/Ministry_Health_Care/Financial_Assistance_Program_RC08">http //ministryhealth org/Ministry_Health_Care/Financial_Assistance_Program_RC08,</a> |

| Form and Line Reference                                         | Explanation                                                                                                                                                                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16b FAP Application website | - St Michael's Hospital Line 16b URL<br><a href="http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4">http //ministryhealth org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4,</a> |

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

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | Ministry Health Care, Inc ("MHC") has financial counselors located at every hospital. If a patient indicates they are unable to pay their bill at any point during pre-service, admission, discharge or billing process, the financial counselors will assist the patient in either securing a funding source (grants, COBRA coverage, disability benefits, Medicaid, VA, etc ) if eligible or assist them in completing a financial assistance program. |

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 4<br>Community information | St, Michael's Hospital of Stevens Point, Inc serves Stevens Point, WI and the surrounding villages and towns, including Plover, Whiting, Custer, Park Ridge, Stockton, and the town of Hull It is located in the center of the state in Portage County According to 2010 census information, the city of Stevens Point has a population of over 26,000 while Portage County's population exceeds 70,000 The racial makeup of the city is 91.7% White, 4.68% Asian, 0.92% African American, 0.43% Native American and 2.27% from other races The population age is widespread, with 16% under the age of 18, 31.2% from ages 18 to 24, 27.3% from ages 25 to 49, 13.5% from ages 50 to 64, and 12% who were 65 years of age and above Based on 2010 estimates, the per capita income of the city was \$21,653 About 17.3% of the population had incomes below the poverty line Like much of the country, the area continues to feel the effects of the economic downturn and has experienced a very slow recovery after the significant loss of jobs since 2009 Stevens Point is home to the University of Wisconsin - Stevens Point, which enrolls almost 10,000 students in both undergraduate and graduate degree programs Mid-State Technical College ("MSTC"), a technical college, is also located in the city Major employers include Sentry Insurance, the University of Wisconsin - Stevens Point, Ministry Health Care, Inc , Associated Banc-Corp and Travel Guard |

| Form and Line Reference                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 5<br>Promotion of community health | The Organization strives to further its exempt purposes by the following (1) The Organization's governing board consists primarily of persons who reside within the primary service area who are not employees of the Organization (2) As mentioned, the Organization provides several services which are not otherwise available being in a rural setting (3) Based on the Organization's mission, emergency rooms are made available to all patients regardless of the ability to pay (4) The Organization also participates in the education and training of healthcare professionals through internship programs Certain specialized services available include dental services to primarily the indigent, fertility clinic services and WIC home visits to new mothers and infants |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Schedule H, Part VI, Line 6 Affiliated health care system | <p>MINISTRY HEALTH CARE, INC (MINISTRY OR THE HEALTH MINISTRY) IS A MEMBER OF ASCENSION HEALTH. IN DECEMBER 2011, ASCENSION HEALTH ALLIANCE, DOING BUSINESS AS ASCENSION, BECAME THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTH CARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 STATES AND THE DISTRICT OF COLUMBIA. IN ADDITION TO SERVING AS THE SOLE CORPORATE MEMBER OF ASCENSION HEALTH, ASCENSION SERVES AS THE MEMBER OR SHAREHOLDER OF VARIOUS OTHER SUBSIDIARIES. ASCENSION, ITS SUBSIDIARIES, AND THE HEALTH MINISTRIES ARE REFERRED TO COLLECTIVELY FROM TIME TO TIME HEREAFTER AS THE SYSTEM. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE, THE CONGREGATION OF ST. JOSEPH, THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI-US/CARIBBEAN PROVINCE. THE HEALTH MINISTRY IS A WISCONSIN NON-STOCK, TAX-EXEMPT CORPORATION THAT MANAGES, PROMOTES, AND SUPPORTS HEALTH CARE AND RELATED MINISTRIES IN WISCONSIN AND MINNESOTA. THE HEALTH MINISTRY PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF WISCONSIN AND MINNESOTA. ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA. THE HEALTH MINISTRY IS RELATED TO ASCENSION HEALTH'S OTHER SPONSORED ORGANIZATIONS THROUGH COMMON CONTROL. SUBSTANTIALLY ALL EXPENSES OF THE HEALTH MINISTRY ARE RELATED TO PROVIDING HEALTH CARE SERVICES. EFFECTIVE NOVEMBER 1, 2014, THE HEALTH MINISTRY SOLD 50% OF ITS OWNERSHIP IN NETWORK HEALTH, INC. TO AN UNRELATED HEALTH SYSTEM (SEE NOTE 3). ON FEBRUARY 1, 2015, THE HEALTH MINISTRY TRANSFERRED ITS OWNERSHIP IN MINISTRY HOME CARE, INC. TO ASCENSION HEALTH. THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING AFFILIATES LOCATED PRIMARILY IN WISCONSIN, IN WHICH MINISTRY HAS A CONTROLLING INTEREST AND/OR IS THE SOLE SPONSOR: AFFINITY HEALTH SYSTEM, INC. (AFFINITY); CALUMET MEDICAL CENTER, INC. (CMC); AFFINITY MEDICAL GROUP (AMG); TWIN MED, LLC; MERCY MEDICAL CENTER, INC.; MERCY HEALTH FOUNDATION; ST. ELIZABETH HOSPITAL; CATALPA HEALTH; ST. ELIZABETH FOUNDATION; AGAPE COMMUNITY CENTER OF MILWAUKEE, INC.; DOOR COUNTY MEMORIAL HOSPITAL (DOOR COUNTY); GOOD SAMARITAN HEALTH CENTER OF MERRILL; GOOD SAMARITAN HEALTH CENTER FOUNDATION; HOWARD YOUNG HEALTH CARE, INC. (HOWARD YOUNG); DR. KATE NEWCOMB CONVALESCENT CENTER; HOWARD YOUNG MEDICAL CENTER, INC.; DR. HOWARD YOUNG FOUNDATION; EAGLE RIVER MEMORIAL HOSPITAL, INC.; MINISTRY MEDICAL GROUP, INC.; MINISTRY HOLDINGS, INC. (THROUGH NOVEMBER 1, 2014); NETWORK HEALTH (NH) (THROUGH NOVEMBER 1, 2014); NETWORK HEALTH INSURANCE CORPORATION (NHIC) (THRU NOVEMBER 1, 2014); OUR LADY OF VICTORY HOSPITAL; SACRED HEART HOSPITAL-ST. MARY'S HOSPITAL, INC.; ST. CLARE'S HOSPITAL OF WESTON, INC.; FOUNDATION OF ST. CLARE'S HOSPITAL OF WESTON, INC.; ST. ELIZABETH'S HOSPITAL OF WABASHA, INC.; ST. JOSEPH'S HOSPITAL OF MARSHFIELD, INC.; FOUNDATION OF ST. JOSEPH'S HOSPITAL OF MARSHFIELD, INC.; ST. MICHAEL'S HOSPITAL OF STEVENS POINT, INC.; SAINT MICHAEL'S FOUNDATION OF STEVENS POINT, INC. THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE THAT SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES. IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND TO OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND FOR COMMUNITY BENEFIT PROGRAMS: 1. TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. Return Reference Identifier Explanation 2. UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS. 3. COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND THE OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME. 4. COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH</p> |



| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 6 Affiliated health care system | H PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY OR IN THE COST OF OTHER COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OF OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF TOTAL OPERATING EXPENSES TO BILLED CHARGES FOR PATIENT CARE THE AMOUNT OF TRADITIONAL CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS APPROXIMATELY \$12,600 AND \$18,400 FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, RESPECTIVELY THE AMOUNT OF UNPAID COST OF PUBLIC PROGRAMS, COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS, AND COST OF COMMUNITY BENEFIT PROGRAMS ARE REPORTED IN THE ACCOMPANYING SUPPLEMENTARY INFORMATION |



## Additional Data

**Software ID:** 14000329

**Software Version:** 2014v1.0

**EIN:** 39-0808443

**Name:** St Michael's Hospital of Stevens Point Inc

### Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Schedule H, Part V, Section B, Line 6b<br>Facility , 1 | Facility , 1 - ST MICHAEL'S HOSPITAL THE CHNA WAS CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES UNITED WAY OF PORTAGE COUNTY PORTAGE COUNTY PUBLIC HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | Facility , 1 - St Michael's Hospital Using the CHNA completed in Fiscal Year 2013 (tax year 2012), the hospital developed, adopted, and worked on executing an Implementation Strategy to address priority community health needs In 2014, the hospital implemented the following plan to address the priority needs 1 Mental Health Reduce suicides in Portage County - Provide Men and Depression Professional workshop - Provide community suicide prevention education - Provide QPR training to community members - Implement a website to provide mental health resources - Establish online depression screening 2 Oral Health Improve community oral health - Provide community education targeting ages 0-5 - Increase oral health skills of other health care providers including fluoride application training - Provide oral health care for Portage and Waupaca County residents who are on BadgerCare 3 Obesity Prevention - Provide physical activity program for children ages 6-12 St Michael's Hospital worked to identify the community health needs that they felt were within their scope of expertise However, they did recognize that there were other needs that had been identified and are of continuing concern to the community Employment opportunities that generate a living wage, Aging populations, Benefits and academic achievement gap, Low-income community inability to save money, heating costs, and cost of car repairs The reasons that the St Michael's Hospital did not plan on addressing these community health issues was because it felt that these needs are being appropriately addressed by other community leaders, organizations and coalitions within Portage County and there are other community resources who can effectively address these needs |

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) |
|----------------------------------------------------------------------------------------------|-----------------------------|
| Ministry Medical Group<br>824 Illinois Avenue<br>Stevens Point, WI 54481                     | OP Clinic                   |
| Ministry Medical Group-Plover<br>2401 Plover Road<br>Plover, WI 54467                        | OP Clinic                   |
| Ministry Medical Group-Point<br>3398 E Maria Drive<br>Stevens Point, WI 54481                | OP Clinic                   |
| Ministry Medical Group - Hoover<br>3500 Hoover Road<br>Stevens Point, WI 54481               | OP Clinic                   |
| Ministry St Michael's Hospital Rehab<br>3500 Hoover Road<br>Stevens Point, WI 54481          | OP Clinic                   |
| Ministry Dental Clinic<br>3504 E Maria Drive<br>Stevens Point, WI 54481                      | OP Clinic                   |
| Ministry Medical Group Employer Solutions<br>5412 Highway 10 East<br>Stevens Point, WI 54481 | OP Clinic                   |
| Ministry St Michael's Hospital Rehab<br>2401 Plover Rd<br>Plover, WI 54467                   | OP Clinic                   |
| Ministry Behavioral Health<br>209 Prentice Street N<br>Stevens Point, WI 54481               | OP Clinic                   |
| Ministry Medical Group - PFP<br>3301 Stanley Street<br>Stevens Point, WI 54481               | OP Clinic                   |
| Ministry Medical Group - COL<br>190 Grand Seasons Drive<br>Waupaca, WI 54981                 | OP Clinic                   |
| Ministry Medical Group Employer Solutions<br>3301 Cranberry Blvd<br>Weston, WI 54476         | OP Clinic                   |
| Ministry Behavioral Health<br>201 Prentice Street N<br>Stevens Point, WI 54481               | OP Clinic                   |
| Ministry Medical Group Employer Solutions<br>1020 Kabel Avenue<br>Rhinelander, WI 54501      | OP Clinic                   |
| Ministry Medical Group - Iola<br>205 S Main Street<br>Iola, WI 54945                         | OP Clinic                   |

**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) |
|---------------------------------------------------------------------------------------|-----------------------------|
| Ministry Medical Group<br>1000 Riverview Expressway<br>Wisconsin Rapids, WI 54494     | OP Clinic                   |
| Ministry Behavioral Health<br>190 Grand Seasons Drive<br>Waupaca, WI 54981            | OP Clinic                   |
| Ministry Medical Group-Amherst<br>272 Christy Street<br>Amherst, WI 54406             | OP Clinic                   |
| AEAS<br>1820 Post Road Suite 5<br>Plover, WI 54467                                    | OP Clinic                   |
| AEAS<br>2811 8th Street S Suite 80<br>Wisconsin Rapids, WI 54494                      | OP Clinic                   |
| Ministry Medical Group Employer Solutions<br>601 S Center Avenue<br>Merrill, WI 54452 | OP Clinic                   |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
St Michael's Hospital of Stevens Point Inc

Employer identification number  
39-0808443

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>1b</div><div>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.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <div><div>3</div><div>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.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                                                                    |     |    |
| <div><div>4</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | No |
| <div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes |    |
| <div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <div><div></div><div><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div><div>5</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div><div>5a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| <div><div>6</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>6a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| <div><div>7</div><div>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.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | No |
| <div><div>8</div><div>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.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**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 in column(B) reported as deferred in prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

Part III Supplemental Information

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

| Return Reference                                                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 3<br>Arrangement used to establish the top management official's compensation | Ministry Health Care, Inc , a related organization of St Michael's Hospital of Stevens Point, Inc , uses the following to establish the compensation of the organization's CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study, and - Approval by the Board or Compensation Committee                                                                                                                                                                                                                                                                                                                                                                                                               |
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified retirement plan                               | Executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the Organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following received current year distributions of: JEFF MARTIN \$200,949; JEFFREY FRANCIS \$260,079. |



Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 39-0808443

Name: St Michael's Hospital of Stevens Point Inc

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

| (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 in column (B) reported as deferred in prior Form 990 |
|-------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                             |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| DANIEL NEUFELDER<br>MINISTRY HEALTH CARE<br>CEO & PRESIDENT | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 791,344                                            | 259,379                             | 20,926                              | 0                                              | 17,365                  | 1,089,014                       | 0                                                                     |
| JEFFREY L MARTIN<br>PRESIDENT                               | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 428,700                                            | 166,683                             | 428,125                             | 0                                              | 18,196                  | 1,041,703                       | 0                                                                     |
| TODD WILLIAMS MD<br>BOARD MEMBER                            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 705,257                                            | 0                                   | 22,807                              | 17,950                                         | 24,626                  | 770,640                         | 0                                                                     |
| JEFF BADGER<br>FORMER OFFICER                               | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 264,031                                            | 374,899                             | 20,910                              | 0                                              | 13,832                  | 673,672                         | 0                                                                     |
| NICHOLAS DESIEN<br>MINISTRY HEALTH CARE<br>CEO              | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 1,009,502                                          | 1,079,643                           | 45,198                              | 0                                              | 18,803                  | 2,153,146                       | 0                                                                     |
| JEFFREY FRANCIS<br>MINISTRY HEALTH CARE<br>CAFO             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                             | (ii) | 438,327                                            | 141,768                             | 441,745                             | 0                                              | 19,803                  | 1,041,644                       | 0                                                                     |
| TYLER C CHRISTOPHERSON<br>DENTIST                           | (i)  | 128,701                                            | 0                                   | 2,189                               | 14,239                                         | 20,430                  | 165,559                         | 0                                                                     |
|                                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| GEORGE W DAVIDSON<br>DENTIST SENIOR                         | (i)  | 101,255                                            | 0                                   | 30,498                              | 9,794                                          | 9,917                   | 151,464                         | 0                                                                     |
|                                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| DAVID M GROEN<br>DIRECTOR PHARMACY                          | (i)  | 138,953                                            | 2,800                               | 14,776                              | 3,179                                          | 17,883                  | 177,591                         | 0                                                                     |
|                                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| CHRISTOPHER J THOMPSON<br>CLINICAL STAFF<br>PHARMACIST      | (i)  | 114,720                                            | 16,750                              | 9,774                               | 2,931                                          | 18,666                  | 162,841                         | 0                                                                     |
|                                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                        |                                              |
|------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br>39-0808443 |
|------------------------------------------------------------------------|----------------------------------------------|

| Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)<br>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? |
|                                                                                                                                                                                                                                     |                                 |                                                               |                                | YesNo          |
|                                                                                                                                                                                                                                     |                                 |                                                               |                                |                |

|   |                                                                                                                                |      |  |
|---|--------------------------------------------------------------------------------------------------------------------------------|------|--|
| 2 | Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . | ▶ \$ |  |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .                                    | ▶ \$ |  |

Part II

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (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 |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |

|       |      |  |  |  |
|-------|------|--|--|--|
| Total | ▶ \$ |  |  |  |
|-------|------|--|--|--|

| Part III Grants or Assistance Benefiting Interested Persons.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 27. |                                                                 |                          |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (a) Name of interested person                                                                                                              | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|                                                                                                                                            |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                                                                                                                                                                                                                                      | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                     | Yes                                     | No |
| (1) JIM ANDERSON              | BOARD MEMBER                                                    | 4,824,116                 | JIM ANDERSON IS PRESIDENT AND 50% OWNER OF ELLIS STONE CONSTRUCTION COMPANY THE MAJORITY OF THE PAYMENTS RELATE TO THE EXPANSION AND RENOVATION OF THE EMERGENCY DEPARTMENT AT ST MICHAEL'S HOSPITAL AS THE INDEPENDENT CONTRACTOR THE CONTRACT WAS NEGOTIATED AT ARM'S LENGTH AND MR ANDERSON RECUSED HIMSELF FROM ANY BOARD VOTES RELATED TO THIS |                                         | No |

**Part V Supplemental Information**

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

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

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
St Michael's Hospital of Stevens Point Inc

Employer identification number  
39-0808443

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII,<br>line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     |                                  |                                                        |                                                                                       |                                                              |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ▶ ( WISCOM Radio System )                                         | X                                | 1                                                      | 32,542                                                                                | Market value                                                 |
| 26 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 27 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference                                                                | Explanation                                                         |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Schedule M, Part I Explanations of reporting method for number of contributions | Other THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS |

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 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                                        |                                                  |
|------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br><br>39-0808443 |
|------------------------------------------------------------------------|--------------------------------------------------|

| Return Reference                                           | Explanation                                                                                                                                                            |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 2<br>FAMILY/BUSINESS RELATIONSHIPS | MANY OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH<br>OTHER BY VIRTUE OF EMPLOYMENT BY RELATED MINISTRY HEALTH CARE, INC RELATED ENTITIES |

| Return<br>Reference                                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 15<br>COMPENSATION<br>OF OFFICERS | IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS PERFORMED BY MINISTRY HEALTH CARE, INC , A RELATED ORGANIZATION OF ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE, WHICH IS ASSISTED BY AN INDEPENDENT CONSULTING FIRM, REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED IN DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS PERFORMED BY MINISTRY HEALTH CARE, INC , A RELATED ORGANIZATION OF ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE, ASSISTED BY AN INDEPENDENT CONSULTING FIRM, REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES |

| Return Reference                                             | Explanation                                                                                          |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 6 Classes of members or stockholders | St Michael's Hospital of Stevens Point, Inc has a single corporate member, Ministry Health Care, Inc |



| Return Reference                                                                      | Explanation                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | St Michael's Hospital of Stevens Point, Inc has a single corporate member, Ministry Health Care, Inc who has the ability to elect members to the governing body of St Michael's Hospital of Stevens Point, Inc |

| Return Reference                                                                   | Explanation                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | All decisions that have a material impact to the St Michael's Hospital of Stevens Point, Inc financial information or corporation as a whole are subject to approval by its sole corporate member, Ministry Health Care, Inc |

| Return Reference                                                       | Explanation                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b<br>Review of form 990 by<br>governing body | Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all board members are provided the Form 990 and management team members are available to answer any Board Members' questions. |

| Return<br>Reference                                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part<br>VI, Line 12c<br>Conflict of<br>interest policy | <p>The Organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the Conflict of Interest Policy, has read and understands the policy, has agreed to comply with the policy, and understands that the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.</p> |

| Return Reference                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19<br>Required documents<br>available to the public | The Ministry web page is available to the public for inspection with a good deal of information regarding who Ministry Health Care, Inc is and the entities included along with our mission. The Articles of Incorporation, Bylaws, Conflict of Interest Policy and financial statements are not included on any web page. However, if any inquiry is made for any documents they are shared as appropriate. |

| Return Reference                                                             | Explanation                                                                                                                        |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VII, Section B, Line 1, Column (B)<br>Independent Contractors | Amounts paid to Ellis Stone Construction Co , Inc represent payments for both services and goods These amounts cannot be separated |

| Return Reference                                           | Explanation                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Reference Lab - Total Revenue 64945, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 64945, Integrated Lab Services - Total Revenue 577280, Related or Exempt Function Revenue 577280, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

| Return Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII,<br>Line 11d Other<br>Miscellaneous<br>Revenue | Rebates - Total Revenue 114023, Related or Exempt Function Revenue 114023, Unrelated Business Revenue ,<br>Revenue Excluded from Tax Under Sections 512, 513, or 514 , Medical Director Fees - Total Revenue 165132, Related<br>or Exempt Function Revenue 165132, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512,<br>513, or 514 , Meals on Wheels - Total Revenue 126117, Related or Exempt Function Revenue 126117, Unrelated<br>Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other Revenue - Total Revenue<br>11616, Related or Exempt Function Revenue 11616, Unrelated Business Revenue , Revenue Excluded from Tax Under<br>Sections 512, 513, or 514 , |



| Return Reference                                                       | Explanation                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | FUND BALANCE TRANSFER - FOUNDATION - -26919, MDC LOSS FUNDING TRANSFER - 68704, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                        |                                              |
|------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>St Michael's Hospital of Stevens Point Inc | Employer identification number<br>39-0808443 |
|------------------------------------------------------------------------|----------------------------------------------|

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |                                              |    |

Part III

Identification of Related Organizations Taxable as a Partnership

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

| (a)<br>Name, address, and EIN of<br>related organization               | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                        |                         |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                    | No |                                                                            | Yes                                       | No |                                |
| (1) TWIN MED LLP<br><br>PO BOX 8005<br>MENASHA, WI 54952<br>39-1180341 | RENTAL<br>PROPERTY      | WI                                                              | NA                                     | N/A                                                                                                        |                                 |                                          |                                        |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a)<br>Name, address, and EIN of<br>related organization                                                | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                         |                              |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) NETWORK HEALTH PLAN<br>INC<br><br>1570 MIDWAY PLACE<br>MENASHA, WI 54952<br>39-1442058              | INSURANCE                    | WI                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2) NETWORK HEALTH<br>INSURANCE CORPORATION<br><br>1570 MIDWAY PLACE<br>MENASHA, WI 54952<br>39-2020474 | INSURANCE                    | WI                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3) MINISTRY HOLDINGS INC<br><br>1570 MIDWAY PLACE<br>MENASHA, WI 54952<br>42-2966177                   | INSURANCE HOLDING<br>COMPANY | WI                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

Part V

Transactions With Related Organizations

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

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

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

aReceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

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

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

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

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

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

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

Yes

No

Yes

No

No

No

Yes

No

No

Yes

No

Yes

Yes

Yes

Yes

Yes

Yes

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                          | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |

**Part VII**   **Supplemental Information**

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

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

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 39-0808443

Name: St Michael's Hospital of Stevens Point Inc

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

| (a)<br>Name, address, and EIN of related organization                                                                                   | (b)<br>Primary activity          | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity           | (g)<br>Section 512 (b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|--------------------------------------------|-----------------------------------------------|----|
|                                                                                                                                         |                                  |                                                  |                            |                                                     |                                            | Yes                                           | No |
| (1) ASCENSION HEALTH ALLIANCE<br><br>PO BOX 45998<br>ST LOUIS, MO 63145<br>45-3358926                                                   | NATIONAL HEALTH SYSTEM           | MO                                               | 501(c)(3)                  | Type I                                              | N/A                                        |                                               | No |
| (1) ASCENSION HEALTH<br><br>PO BOX 45998<br>ST LOUIS, MO 63145<br>31-1662309                                                            | NATIONAL HEALTH SYSTEM           | MO                                               | 501(c)(3)                  | Type I                                              | ASCENSION HEALTH ALLIANCE                  |                                               | No |
| (2) MINISTRY HEALTH CARE INC<br><br>10925 W LAKE PARK DR STE 100<br>MILWAUKEE, WI 53224<br>39-1490371                                   | PARENT CORPORATION               | WI                                               | 501(c)(3)                  | Type II                                             | ASCENSION HEALTH                           |                                               | No |
| (3) AGAPE COMMUNITY CENTER OF MILWAUKEE INC<br><br>6100 NORTH 42ND STREET<br>MILWAUKEE, WI 53209<br>39-1461846                          | COMMUNITY CENTER                 | WI                                               | 501(c)(3)                  | 7                                                   | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (4) CALUMET MEDICAL CENTER INC<br><br>614 MEMORIAL DRIVE<br>CHILTON, WI 53014<br>39-0905385                                             | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | AFFINITY HEALTH SYSTEM                     | Yes                                           |    |
| (5) CATALPA HEALTH INC<br><br>N4642 COUNTY N<br>APPLETON, WI 54914<br>45-4681563                                                        | MENTAL HEALTH FACILITY           | WI                                               | 501(c)(3)                  | 3                                                   | ST ELIZABETH HOSPITAL INC                  | Yes                                           |    |
| (6) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC<br><br>900 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1657410                 | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | Type I                                              | ST MICHAEL'S HOSPITAL OF STEVENS POINT INC | Yes                                           |    |
| (7) DOOR COUNTY MEMORIAL HOSPITAL<br><br>323 SOUTH 18TH AVENUE<br>STURGEON BAY, WI 54235<br>39-0806324                                  | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (8) DR KATE NEWCOMB CONVALESCENT CENTER INC<br><br>PO BOX 829<br>WOODRUFF, WI 54568<br>39-1357365                                       | NURSING/ASSISTED LIVING SERVICES | WI                                               | 501(c)(3)                  | 9                                                   | HOWARD YOUNG HEALTH CARE INC               | Yes                                           |    |
| (9) EAGLE RIVER MEMORIAL HOSPITAL INCORPORATED<br><br>201 HOSPITAL ROAD<br>EAGLE RIVER, WI 54521<br>39-0985690                          | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | THE HOWARD YOUNG MEDICAL CENTER INC        | Yes                                           |    |
| (10) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON INC<br><br>3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>75-3193633                  | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | Type I                                              | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (11) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD<br><br>611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-1684957           | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | Type I                                              | SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC  | Yes                                           |    |
| (12) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC<br><br>601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-0808503            | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (13) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WISCONSIN INC<br><br>601 SOUTH CENTER AVENUE<br>MERRILL, WI 54452<br>39-1627755 | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | Type I                                              | GOOD SAMARITAN HEALTH CENTER OF MERRILL    | Yes                                           |    |
| (14) HOWARD YOUNG FOUNDATION INC<br><br>240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1521169                                            | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | 7                                                   | HOWARD YOUNG HEALTH CARE INC               | Yes                                           |    |
| (15) HOWARD YOUNG HEALTH CARE INC<br><br>240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-1499115                                           | HOME OFFICE                      | WI                                               | 501(c)(3)                  | Type II                                             | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (16) THE HOWARD YOUNG MEDICAL CENTER INC<br><br>240 MAPLE STREET<br>WOODRUFF, WI 54568<br>39-0873606                                    | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | HOWARD YOUNG HEALTH CARE INC               | Yes                                           |    |
| (17) MERCY HEALTH FOUNDATION INC<br><br>PO BOX 3370<br>OSHKOSH, WI 54903<br>23-7140261                                                  | CHARITABLE FOUNDATION            | WI                                               | 501(c)(3)                  | 9                                                   | AFFINITY HEALTH SYSTEM                     | Yes                                           |    |
| (18) MERCY MEDICAL CENTER OF OSHKOSH INC<br><br>500 S OAKWOOD ROAD<br>OSHKOSH, WI 54904<br>39-0806268                                   | HOSPITAL                         | WI                                               | 501(c)(3)                  | 3                                                   | MINISTRY HEALTH CARE INC                   | Yes                                           |    |
| (19) MINISTRY HOMECARE INC<br><br>611 STJOSEPH AVENUE 4S<br>MARSHFIELD, WI 54449<br>39-1936201                                          | HOME CARE/HOSPICE                | WI                                               | 501(c)(3)                  | 9                                                   | MINISTRY HEALTH CARE INC                   | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity                        | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity?<br><br>YesNo |  |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|--|
| (21) MINISTRY MEDICAL GROUP INC<br><br>824 ILLINOIS AVENUE<br>STEVENS POINT, WI 54481<br>39-1965593                | CLINICS                                        | WI                                                        | 501(c)(3                      | Type III-FI                                                   | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (1) MINISTRY WEIGHT MANAGEMENT<br><br>2251 NORTH SHORE DRIVE<br>RHINELANDER, WI 54501<br>39-1829015                | HEALTH SERVICES                                | WI                                                        | 501(c)(3                      | 3                                                             | SACRED HEART-ST<br>MARY'S HOSPITALS | Yes                                                                 |  |
| (2) NETWORK HEALTH SYSTEM INC<br><br>1570 APPLETON RD<br>MENASHA, WI 54952<br>39-1127163                           | CLINICAL HEALTHCARE<br>SERVICES                | WI                                                        | 501(c)(3                      | 3                                                             | AFFINITY HEALTH<br>SYSTEM           | Yes                                                                 |  |
| (3) OUR LADY OF VICTORY HOSPITAL<br><br>1120 PINE STREET<br>STANLEY, WI 54768<br>39-0807065                        | HOSPITAL                                       | WI                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (4) SACRED HEART-ST MARY'S HOSPITALS INC<br><br>PO BOX 347<br>STEVENS POINT, WI 54481<br>39-1390638                | HOSPITAL                                       | WI                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (5) SAINT CLARE'S HOSPITAL OF WESTON INC<br><br>3400 MINISTRY PARKWAY<br>WESTON, WI 54476<br>72-1531917            | HOSPITAL                                       | WI                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (6) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC<br><br>1200 GRANT BLVD WEST<br>WABASHA, MN 55981<br>41-0693877       | HOSPITAL                                       | MN                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (7) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC<br><br>1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-1256677      | CHARITABLE<br>FOUNDATION                       | WI                                                        | 501(c)(3                      | 7                                                             | AFFINITY HEALTH<br>SYSTEM           | Yes                                                                 |  |
| (8) ST ELIZABETH HOSPITAL INC<br><br>1506 S ONEIDA STREET<br>APPLETON, WI 54915<br>39-0816818                      | HOSPITAL                                       | WI                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (9) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC<br><br>611 SAINT JOSEPH AVENUE<br>MARSHFIELD, WI 54449<br>39-1847631 | HOSPITAL                                       | WI                                                        | 501(c)(3                      | 3                                                             | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |
| (10) AFFINITY HEALTH SYSTEM<br><br>1570 MIDWAY PLACE<br>MENASHA, WI 54952<br>39-1568866                            | SUPPORT RELATED<br>HEALTHCARE<br>ORGANZIATIONS | IL                                                        | 501(c)(3                      | Type II                                                       | MINISTRY HEALTH<br>CARE INC         | Yes                                                                 |  |



Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of related organization             | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC | C                               | 215,505                | FMV                                             |
| SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC | O                               | 164,033                | FMV                                             |
| MINISTRY HEALTH CARE INC                        | P                               | 26,527,890             | FMV                                             |
| MINISTRY HEALTH CARE INC                        | E                               | 2,432,439              | FMV                                             |
| MERCY MEDICAL CENTER OF OSHKOSH INC             | M                               | 132,000                | FMV                                             |
| MINISTRY MEDICAL GROUP INC                      | M                               | 1,458,867              | FMV                                             |
| MINISTRY HEALTH CARE INC                        | O                               | 912,230                | FMV                                             |
| MINISTRY MEDICAL GROUP INC                      | O                               | 13,635,248             | FMV                                             |
| SACRED HEART-ST MARY'S HOSPITALS INC            | L                               | 330,626                | FMV                                             |
| HOWARD YOUNG HEALTH CARE INC                    | L                               | 166,360                | FMV                                             |
| MINISTRY MEDICAL GROUP INC                      | L                               | 219,901                | FMV                                             |