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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	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Community Memorial Hospital of Menomonee Falls Inc		D Employer identification number 39-0987025
	Doing business as		E Telephone number (414) 777-0960
	Number and street (or P O box if mail is not delivered to street address) W180 N8085 Town Hall Road	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Menomonee Falls, WI 53051		G Gross receipts \$ 201,005,005
F Name and address of principal officer Jacobson Catherine A W180 N8085 Town Hall Road Menomonee Falls, WI 53051		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☒ No If "No," attach a list (see instructions)	
J Website: ▶ www.froedtert.com		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1958	M State of legal domicile WI

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities Community Memorial Hospital of Menomonee Falls, Inc. advances the health of the communities we serve through exceptional care enhanced by innovation and discovery		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,505
	6 Total number of volunteers (estimate if necessary)	6	222
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Total unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	219,733	90,023
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,522,057	196,650,663
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	909,841	653,823
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,330,376	3,527,283
		181,982,007	200,921,792
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	44,250	50,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	67,999,986	71,968,546
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>301,665</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,223,675	120,046,805
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	183,267,911	192,065,351
	19 Revenue less expenses Subtract line 18 from line 12	-1,285,904	8,856,441
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		149,190,532	147,646,777
21 Total liabilities (Part X, line 26)		54,691,012	59,051,139
22 Net assets or fund balances Subtract line 21 from line 20		94,499,520	88,595,638

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

Sign Here	Signature of officer		Date		
	Scott R Hawig CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Mollie Longhouse	Preparer's signature Mollie Longhouse	Date	Check ☐ if self-employed	PTIN P00294881
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 191 W Nationwide Blvd Suite 500 Columbus, OH 43215			Phone no (614) 249-2300	

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

Community Memorial Hospital of Menomonee Falls, Inc advances the health of the communities we serve through exceptional care enhanced by innovation and discovery

2

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

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 92,652,467 including grants of \$) (Revenue \$ 11,949,514)

Inpatient Services Community Memorial Hospital, founded in 1964 by the citizens of the community it serves, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopaedics, womens health and advanced surgical procedures The hospital is accredited by The Joint Commission and regularly ranks as one of the top hospitals on Accreditation of Health Care Organizations Community Memorial Hospital enjoys a national reputation of excellence as a provider of top quality health care services and has received many awards for innovations Combining next-generation technology with personalized care, Community Memorial Hospital strives to enhance and improve the quality of life in Waukesha, Washington, Milwaukee and Ozaukee counties Community Memorial Hospital is approved for 237 beds of which 202 are staffed and had 8,632 patient admissions and 34,094 patient days related to a wide range of inpatient services, including hospitalist services, psychiatry, rehabilitation services, obstetrics and maternity care, general surgery, internal medicine, orthopedics, critical care medicine and other specialty care for the twelve months ended June 30, 2016 Community Memorial Hospital's Cancer Care Center is accredited by the American College of Surgeons Commission on Cancer and the American College of Radiology As a select location in the Froedtert & the Medical College of Wisconsin Cancer Network, Community Memorial provides the excellent care to which patients are accustomed, while offering access to the specialty expertise of Froedtert Hospital, eastern Wisconsin's only academic medical center Through a connection to Froedtert & the Medical College of Wisconsin, patients at Community Memorial Hospital have access to expanded services nationally and internationally known specialists who focus on specific cancers, advanced treatments and technologies, and clinical trials that may provide further options Medical College of Wisconsin cancer specialists are joined by radiation therapists, oncology nurses, genetic counselors, registered dietitians, psycho-oncology specialists, and support service specialists at Community Memorial Hospital's Cancer Care Center all of whom are keenly attuned to the needs, hopes and fears of cancer patients Each patient's care is coordinated with specialists from many areas of Community Memorial Hospital, who help and support patients and their families through the physical, emotional and economic phases of treatment By combining clinical research methods with the most advanced treatments, our doctors are battling cancer from every angle possible giving patients a stronger reason to believe in a full recovery During fiscal year 2016, Community Memorial had 714 cancer registry cases At Community Memorial Hospitals Birthing Center, we are committed to relationship-centered birthing care The Birthing Center includes 13 specialty equipped suites and provides the full spectrum of prenatal services for both normal and high-risk pregnancies The Level II NICU has the technology needed to provide long-term care for babies During fiscal year 2016, Community Memorial Hospital had 907 births Community Memorial Hospital's Heart and Vascular Center is nationally recognized for its excellent outcomes and superior service to patients At the Heart and Vascular Center, dedicated physicians work as a team with cardiac nurses and other specialized staff to provide the full spectrum of heart care services, from diagnostic tests and surgical procedures to cardiac rehabilitation Our extensive system of heart and vascular specialists collaborate to ensure that patients receive comprehensive, high-quality care During fiscal year 2016, Community Memorial Hospital had 11,466 cardiology procedures In addition to the cardiac, cancer care and birthing services noted above, Community Memorial Hospital is the Froedtert & Medical College of Wisconsin Center of Excellence for elective joint replacements The Hospital also provided a variety of inpatient ancillary treatments and procedures during the fiscal year including but not limited to the following - Surgeries 3,071 - Laboratory Tests 323,966 - CT Scans 4,172 - MRIs 659 - Nuclear Medicine Scans 246 - Ultrasounds 1,694

4b

(Code) (Expenses \$ 56,795,584 including grants of \$) (Revenue \$ 68,624,594)

Outpatient Services Community Memorial Hospital had 89,551 outpatient visits in the twelve months ended June 30, 2016 Community Memorial Hospital offers a wide variety of ancillary, specialty and subspecialty services including but not limited to the following - Allergy/Immunology - Cardiology - Clinical Genetics - Dermatology - Electrophysiology - Endocrinology - Family Practice - Gastroenterology - Gerontology - Gynecologic Oncology - Gynecology - Hand Surgery - Hematology - Infectious Disease - Internal Medicine - Interventional Radiology - Magnetic Resonance Imaging - Neonatology - Nephrology - Neurosurgery - Nuclear Medicine - Occupational Medicine - Oncology - Ophthalmology - Oral Surgery - Otolaryngology - Pathology - Pediatrics - Pododontology - Perinatology - Pododontology - Physical Medicine and Rehabilitation - Plastic/Reconstructive Surgery - Podiatry - Psychiatry - Psychology - Pulmonary Medicine - Radiology - Radiation Oncology - Rheumatology - Thoracic Surgery - Urology - Vascular Surgery

4c

(Code) (Expenses \$ 13,305,395 including grants of \$) (Revenue \$ 16,076,555)

Emergency Services Community Memorial Hospitals Emergency Department is a Level III Trauma Center and provides care for individuals with emergent, urgent, and non-urgent problems During fiscal year 2016, the emergency department had 23,853 emergency visits, with patients receiving expert care from board-certified emergency physicians and nurses certified in Advanced Cardiac Life Support, stroke and trauma care The newly renovated Emergency Department includes 23 exam rooms and an additional 4,000 square feet to meet the needs of critically ill patients and expanded capacity to treat patients with traumatic injuries Community Memorial Hospital is a Certified Advanced Primary Stroke Center, the highest level of stroke care recognized by the Joint Commission, demonstrating its ability to provide care from a multi-disciplinary team of neurologists, neurosurgeons, emergency department specialists, radiologists, nurses, therapists, pharmacists, technicians and more all working in a coordinated, collaborative system With our new telestroke technology (secure videoconferencing), our physicians are able to consult in real-time with board-certified stroke neurologists from the Froedtert & The Medical College of Wisconsin academic medical center This technology allows for faster diagnosis and treatment of stroke patients Our Emergency Department is strengthened by the availability of and access to highly trained specialists in trauma, neurosurgery, cardiology, cardiothoracic surgery including robotic surgery, orthopaedics, respiratory, obstetrics, gynecology, psychiatry and other specialties when the need arises

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,410,509 including grants of \$ 50,000) (Revenue \$ 4,120,827)

4e

Total program service expenses ▶ 166,163,955

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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	Yes	
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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	132		
b	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?		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.	1,505		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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?			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
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?			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			No
9a	Did the sponsoring organization make any taxable distributions under section 4966?			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			No
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		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	18	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
David Dirksmeyer N74W127501 Leatherwood Ct Menomonee Falls, WI 53051 (414) 777-0960

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

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

[illegible]

Part VII

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,903,859	4,348,266	1,229,056

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 ► 65

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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) Name and business address	(B) Description of services	(C) Compensation
WI Diagnostic Laboratories 9200 W Wisconsin Ave Milwaukee, WI 53226	Lab Services	123,030
Eppstein Uhen Consulting 3333 East Chicago Ave Milwaukee, WI 53202	Architecture Service	118,129
R&M Aviation Inc 43W526 US Highway 30 Sugar Grove, IL 60554	Medical Airline	105,000

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 ▶ 3

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,720			
	d	Related organizations	1d	88,303			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		7,598			
	h	Total. Add lines 1a-1f			90,023		
Program Service Revenue	2a	Emergency/Trauma Revenue	Business Code				
			900099	16,076,555	16,076,555		
	b	Inpatient Revenue	900099	111,949,514	111,949,514		
	c	Outpatient Revenue	900099	68,624,594	68,624,594		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			196,650,663		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		693,949	648,952		44,997
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses		40,126			
	c	Gain or (loss)		-40,126			
	d	Net gain or (loss)		-40,126			-40,126
	8a	Gross income from fundraising events (not including \$ 1,720 of contributions reported on line 1c) See Part IV, line 18	a	98,495			
	b	Less direct expenses	b	43,087			
	c	Net income or (loss) from fundraising events . . .		55,408			55,408
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances . .	a				
	b	Less cost of goods sold . . .	b				
	c	Net income or (loss) from sales of inventory . . .		0			
		Miscellaneous Revenue	Business Code				
	11a	Corporate Allocated Rev	561000	660,694	660,694		
	b	Dietary Revenue	561499	737,461	737,461		
	c	Other Dept Operating Rev	561499	1,506,550	1,506,550		
d	All other revenue		567,170	567,170			
e	Total. Add lines 11a-11d			3,471,875			
12	Total revenue. See Instructions			200,921,792	200,771,490		60,279

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	50,000	50,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,066,231		1,066,231	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	66,265,830	62,578,484	3,518,381	168,965
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	12,141	11,330	780	31
10	Payroll taxes.	4,624,344	4,315,577	297,114	11,653
11	Fees for services (non-employees):				
a	Management.	249,390	249,390		
b	Legal.	233,203	2,415	230,788	
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,887,228	10,302,869	2,543,379	40,980
12	Advertising and promotion.	35,493	20,007	15,486	
13	Office expenses.	887,154	504,959	371,676	10,519
14	Information technology.	438,622	96,633	340,747	1,242
15	Royalties.	0			
16	Occupancy.	2,771,849	2,296,377	471,667	3,805
17	Travel.	45,992	23,441	21,698	853
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	177,028	158,468	17,080	1,480
20	Interest.	2,274,749	1,884,548	387,079	3,122
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	10,644,203	8,818,340	1,811,252	14,611
23	Insurance.	3,117	3,117		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Medical Supplies.	36,450,404	36,307,385	137,274	5,745
b	Corporate Allocated Expenses.	27,656,790	16,684,138	10,935,373	37,279
c	Affiliate Support-Comm Phys.	17,184,822	13,945,483	3,239,339	
d	State Hospital Assessment.	5,223,872	5,223,872		
e	All other expenses.	2,882,889	2,687,122	194,387	1,380
25	Total functional expenses. Add lines 1 through 24e.	192,065,351	166,163,955	25,599,731	301,665
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		7,905	1	8,378	
	2	Savings and temporary cash investments		13,239,833	2	618,664	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net		17,965,709	4	19,350,584	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	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			6	0	
	7	Notes and loans receivable, net		10,000	7	0	
	8	Inventories for sale or use		4,369,956	8	3,334,891	
	9	Prepaid expenses and deferred charges		1,187,248	9	601,453	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	230,323,763			
	b	Less—accumulated depreciation	10b	118,823,177	96,565,175	10c	111,500,586
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		15,844,706	15	12,232,221	
16	Total assets. Add lines 1 through 15 (must equal line 34)		149,190,532	16	147,646,777		
Liabilities	17	Accounts payable and accrued expenses		8,976,586	17	4,364,412	
	18	Grants payable			18		
	19	Deferred revenue		3,205	19	3,627	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		45,711,221	25	54,683,100	
	26	Total liabilities. Add lines 17 through 25		54,691,012	26	59,051,139	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		92,801,497	27	86,817,844	
28		Temporarily restricted net assets		1,698,023	28	1,777,794	
29		Permanently restricted net assets			29		
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		94,499,520	33	88,595,638	
34		Total liabilities and net assets/fund balances		149,190,532	34	147,646,777	

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	200,921,792
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,065,351
3	Revenue less expenses Subtract line 2 from line 1	3	8,856,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	94,499,520
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,760,323
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	88,595,638

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 39-0987025

Name: Community Memorial Hospital of Menomonee Falls Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Abernathy Edna Director	1 00 0 00	X						0	0	0
Aggarwal Anil MD Director	1 00 0 00	X						0	0	0
White Michael Director	1 00 0 00	X						0	0	0
Binzak Rick Director	1 00 1 00	X						0	0	0
Ellis Sharon Q Director	1 00 1 00	X						0	0	0
Fitzgerald Mark Director	1 00 0 00	X						0	0	0
Goldberg MD David F Dir&VP Med Afrs	50 00 0 00	X						455,658	0	89,424
Greco Patricia Director	1 00 0 00	X						0	0	0
Jacobson Catherine A Dir&FH Pres/CEO	1 00 48 00	X						0	1,599,163	329,172
Lux Theresa M Dir&VP Pt Care	50 00 1 00	X						314,904	0	56,766

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Raman Anuradha Director	1 00 0 00	X						0	0	0
Shepherd MD Dennis W Director	1 00 0 00	X						0	0	0
Templin Susan Director	1 00 0 00	X						0	0	0
Turtenwald Robyn Director	1 00 0 00	X						0	0	0
Mays Cedric Dir&BOD Sec	1 00 0 00	X		X				0	0	0
Nelson Enc Dir&BOD Ch/V Ch	1 00 0 00	X		X				0	0	0
Pieters Robert B Director	1 00 0 00	X						0	0	0
Pollard Dennis Dir&Pres	1 00 46 00	X		X				0	847,320	146,336
Specht-Palmer Christine Dir&BOD Sec/VCh	1 00 0 00	X		X				0	0	0
Hawig Scott CFO	1 00 48 00			X				0	739,638	167,854

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Knoll Thomas Treasurer	1 00 43 00			X				0	165,408	39,279
Encson Allen Chief Operating Officer	5 00 46 00				X			0	488,937	131,520
Ehn Diane VP Qlty & Perf Exc	40 00 0 00					X		219,115	0	45,763
Evenson Rock E VP Pln & Prg Dvlp	50 00 0 00					X		259,685	0	56,569
McClure Debra Nurse Anesthetist	50 00 0 00					X		294,601	0	17,010
Newkirk Garret Pharmacist	40 00 0 00					X		179,726	0	40,404
Petry Patricia CHD Dir Wom Hlth	40 00 0 00					X		180,170	0	23,732
VanDeKreeke Jeffrey Former - Officer (CFO)	0 00 47 00						X	0	507,800	85,227

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization

Community Memorial Hospital of Menomonee Falls Inc

Employer identification number

39-0987025

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 (Form 990 or 990-EZ))
- 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. 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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI .	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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions): ☐		

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

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 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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) 2015

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	5,966,427	5,681,568	5,105,247	4,688,829	4,674,956
b Contributions	1,056,822	1,384,817	456,977	379,734	265,167
c Net investment earnings, gains, and losses	-56,083	68,760	638,515	440,545	80,003
d Grants or scholarships	309,173	431,060	450,133	397,266	321,940
e Other expenditures for facilities and programs	839,278	724,411	69,038	6,595	9,357
f Administrative expenses	-2,391	13,247			
g End of year balance	5,821,106	5,966,427	5,681,568	5,105,247	4,688,829

2

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

a

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

3b

Yes

b

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		80,711		80,711
b Buildings		131,646,835	55,515,466	76,131,369
c Leasehold improvements		2,164,035	1,798,503	365,532
d Equipment		45,245,617	33,150,553	12,095,064
e Other		51,186,565	28,358,655	22,827,910
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				111,500,586

Schedule D (Form 990) 2015

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The funds are held by Community Memorial Foundation of Menomonee Falls, Inc. (CMF), a related organization. The board designated endowment was created to support long range financial needs of Community Memorial Hospital of Menomonee Falls, Inc. and its programs.

Part XIII

Supplemental Information *(continued)*

Return Reference	Explanation

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" on 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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

Part I Fundraising Activities

Complete if the organization answered "Yes" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Otis Spunkmeyer Cookies (event type)	Cheery Cherry Fall Fair (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	39,818	38,865	14,388	93,071
	2 Less Contributions		132		132
	3 Gross income (line 1 minus line 2)	39,818	38,733	14,388	92,939
Direct Expenses	4 Cash prizes		200		200
	5 Noncash prizes				
	6 Rent/facility costs		5,257		5,257
	7 Food and beverages	11,395	1,449		12,844
	8 Entertainment		1,100		1,100
	9 Other direct expenses		8,401	10,635	19,036
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				38,437
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				54,502

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	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 activity 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 ▶ \$ _____

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization Community Memorial Hospital of Menomonee Falls Inc	Employer identification number 39-0987025
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	3b	Yes	
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			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			884,625		884,625	0 460 %
b Medicaid (from Worksheet 3, column a)			19,775,223	7,558,172	12,217,051	6 360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			20,659,848	7,558,172	13,101,676	6 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	41	7,463	823,208	2,202	821,006	0 430 %
f Health professions education (from Worksheet 5)	4	590	501,075		501,075	0 260 %
g Subsidized health services (from Worksheet 6)	1	812	129,949		129,949	0 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	16	3,771	459,200		459,200	0 240 %
j Total. Other Benefits	62	12,636	1,913,432	2,202	1,911,230	1 000 %
k Total. Add lines 7d and 7j	62	12,636	22,573,280	7,560,374	15,012,906	7 820 %

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						
2Economic development	1		5,375		5,375	
3Community support	2		7,337		7,337	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	1		119		119	
8Workforce development	5	671	158,350	7,351	150,999	0.080 %
9Other						
10Total	9	671	171,181	7,351	163,830	0.080 %

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

1,375,000

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

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

44,997,468

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

6

65,808,949

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

7

-20,811,481

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				

Schedule H (Form 990) 2015

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

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)

Community Memorial 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	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	Yes
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>www.froedtert.com/community-engagement</u>		
b ☒ Other website (list url) <u>Waukesha County Public Health-See Part V</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ 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>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>www.froedtert.com/community-memorial/community-engagement</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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

Financial Assistance Policy (FAP)

Community Memorial Hospital			
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	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	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0000 % and FPG family income limit for eligibility for discounted care of 400 0000 %		
b	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☐ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	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)	16	Yes
a	☒ The FAP was widely available on a website (list url) www froedtert com/financial-services		
b	☒ The FAP application form was widely available on a website (list url) www froedtert com/financial-services		
c	☒ A plain language summary of the FAP was widely available on a website (list url) www froedtert com/financial-services		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	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?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Community Memorial Hospital			
Name of hospital facility or letter of facility reporting group			
		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Notified individuals of the financial assistance policy on admission			
b ☒ Notified individuals of the financial assistance policy prior to discharge			
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 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? If "No," indicate why		21	Yes
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	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

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? _____

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

Part VI **Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	In alignment with the Froedtert Health, Inc financial assistance policy, Community Memorial Hospital reserves the right to review each application for financial assistance on its own merits and to consider other extenuating circumstances in the decision to approve or deny a patient's application for financial assistance The applicant's gross family income will be compared to the annual Federal Poverty guidelines set forth by the U S Department of Health and Human Services A patient who has an annual gross income equal to or less than 400% of the current year's poverty guidelines will not pay more than 15% of their annual gross income on any single account during the approved eligibility timeframe Patients who meet the requirements and have a gross income equal to or less than 250% of the FPG may qualify for a 100% discount Patients who meet the requirements and have a gross income between 250% and 400% of the FPG may qualify for a discount on a sliding scale In addition to income, Community Memorial Hospital also takes certain assets into consideration Assets protected from financial evaluation include a portion of a household's retirement assets, cash, savings assets and home equity

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Every year, Community Memorial Hospital produces an annual report to the community highlighting community outreach programs, patient impact stories and investments in the communities we serve The report is mailed to over 150 area non-profits, chambers of commerce, hospital partners, Community Memorial Hospital Board of Directors, Community Memorial Hospital leaders and staff, government officials, business leaders and other community members A copy of the 2016 report can be found at www.froedtert.com

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	Charity Care and certain other community benefits costs were determined by using internal information to reduce the various activities to cost. The costing methodology follows what is laid out in the instructions from the IRS. As a not-for-profit, emergency medical care and other medically necessary care is provided to all, regardless of ability to pay for that care. Making quality patient care available to all in our community, regardless of their economic means, qualifies bad debts as a community benefit.

Form and Line Reference	Explanation
Part I, Line 7, Column F - Explanation of Bad Debt Expense	Our total expense from Form 990, Part IX, line 25, column (A) was \$192,065,351. Bad debt expense is included in Form 990, Part VIII, Statement of Revenue, Lines 2a-2c as required by ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. Therefore, bad debt expense is not included on Form 990, Part IX, Statement of Functional Expenses, Line 25, Column (A).

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends. The ratio of patient care cost to charges is applied to the bad debt attributable to patient accounts to calculate the estimated cost of bad debt attributable to patient accounts that is reported on line 2. Discounts and payments on patient accounts are recorded as an adjustment to revenue, not bad debt expense.

Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	The financial assistance policy allows for accounts in bad debt to be approved for financial assistance if the patient meets the criteria. There are possible financial assistance accounts in bad debt, although the exact percentage is unknown as we do not have the appropriate tools to determine this percentage accurately.

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	Patients accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patients accounts receivable, Froedtert Health, Inc. analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, Froedtert Health, Inc. analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third party coverage exists for part of the bill), Froedtert Health, Inc. records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Froedtert Health, Inc. recognizes patient service revenue associated with services provided to patients who have third party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, Froedtert Health, Inc. recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of Froedtert Health, Inc.'s uninsured patients will be unable or unwilling to pay for the services provided. Thus, Froedtert Health, Inc. records a significant provision for bad debts related to uninsured patients in the period the services are provided. See also pages 29 and 30 of the attached audited financial statements.

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Community Memorial Hospital believes that all of the shortfall should be considered as community benefit. The IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients. Medicare shortfalls must be absorbed by the hospital in order to continue treating the elderly in our community. The hospital provides emergency medical care or other medically necessary care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries. The costing methodology used to determine the Medicare allowable costs is based on a calculation developed by the American Hospital Association in which the data is derived from the annual filed Medicare cost report.

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	In alignment with the Froedtert Health, Inc Financial Assistance policy and Credit and Collection policy regarding the billing, collection and support for patients with payment obligations, Community Memorial Hospital makes every effort to adhere to the policy and is committed to implementing and applying the policies for assisting those patients who may qualify for Financial Assistance in a professional and consistent manner. Staff members who work closely with patients such as Patient Financial Services Customer Service and Financial Counseling staff, as well as those involved in billing and collections are trained about these policies with an emphasis on treating all patients with dignity and respect regardless of their insurance or their ability to pay for services. Other staff who may have interactions with patients, such as Admitting staff are also aware of the policy, and able to provide patients a copy of an application upon request and also are committed to treating patients with dignity and respect regardless of their insurance or their ability to pay for services.

Form and Line Reference	Explanation
Part VI - Needs Assessment	In February 2015, Community Memorial Hospital collaborated with JKV Research, LLC along with Aurora Health Care, Childrens Hospital of Wisconsin, Columbia St Marys Health System, ProHealth Care, Wheaton Franciscan Healthcare, Washington County Health Department and Waukesha County Health Department to conduct a Community Health Needs Assessment (CHNA) in Washington and Waukesha Counties. The research from the needs assessment provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of Waukesha County residents. CHNA Overview/Objectives - Gather data on behavioral and lifestyle habits of the adult population and household-level data - Gather data on the prevalence of risk factors and disease conditions of the adult population - Compare health data of residents to previous health studies - Compare health data to national and state measurements. CHNA Methodology - 18 minute telephone survey of area residents- 400 completions from February 2 through February 23, 2015- Two-fold sampling 1) RDD landline sample of listed & unlisted #s (n=300) - Respondents randomly selected based on number of adults in household - Weighting based on number of adults and number of residential phone numbers in household 2) Cell phone only sample (n=100) -Adult answering the phone designated as the respondent- All data post-stratified by age and gender of adult residents as of 2010 Census proportions - Margin of error 5%Key Informant Interviews/Process (Waukesha County) The Key Informant Report presents a summary of public health priorities for Waukesha County, as identified in 2015 by a range of providers, policy-makers, and other local experts and community members (key informants). These findings are a critical supplement to the Waukesha County Community Health Survey conducted through a partnership between Aurora Health Care, Childrens Hospital of Wisconsin, Columbia St Marys Health System, Froedtert Health, ProHealth Care and Wheaton Franciscan Healthcare. The Community Health Needs Assessment incorporates input from persons representing the broad interests of the community served, and from those who possess special knowledge of or expertise in public health. Key informants in Waukesha County were identified by the five organizations listed above. We invited the informants to participate, and conducted the interviews from March to June 2015. The interviewers used a standard interview script that included the following elements: Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County, and for those five public health issues - Existing strategies to address the issue- Barriers/challenges to addressing the issue- Additional strategies needed- Key groups in the community that hospitals should partner with to improve community health. All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. Based on the summaries provided to the Center for Urban Population Health, this report presents the results of the 2015 key informant interviews for Waukesha County. The report first presents a summary of the health issue rankings, including a list of the five issues which were ranked most frequently by respondents. The next section describes the themes that presented themselves across the top ranked health topics. Finally, a summary of the strategies, barriers, and partners described by participants is provided as well. Limitations - Thirty-eight key informant interviews were conducted with 50 respondents in Waukesha County. Some interviews incorporated the views of more than one person from an agency or organization. The report relies on the opinions and experiences of a limited number of experts identified as having the community's pulse. However, responses may not be representative of the overall perception of community strengths and needs. It is possible that the results would have been substantially different if a different set of informants had been interviewed. Results should be interpreted with caution and in conjunction with other Waukesha County data (e.g., community health surveys and secondary data reports). Focus Area RankingIn 38 interviews (Waukesha County), a total of 50 key informants were asked to rank up to 5 of the major health-related issues in their county from a list of 13 focus areas identified in the State Health Plan. Importantly, not every informant ranked five issues, and some did not include an order ranking (e.g., included check marks, but no numbers). Those without an order ranking are included as being ranked in the top five, but are excluded from the top issue ranking. Additionally, CMH service area extends into southern Washington County. In determining health priorities and plans, the hospital used data from the Washington County Community Health Needs Assessment.

Form and Line Reference	Explanation
Part VI - Needs Assessment	Needs Assessment that was conducted in 2014. Fifteen key informant interviews were conducted in Washington County. Same processes were followed as the Waukesha CHNA Hospital Implementation Strategy Implementation Plan Development/Selection Process. Community Memorial Hospital's Community Engagement strategies are guided by the Community Outreach Steering Committee (COSC) which is a subcommittee of the hospital's Board of Directors. The COSC actualizes the mission of Community Memorial Hospital (CMH) through community engagement activities that improve the quality of life and enhance wellness resources which meet identified comprehensive health needs of the communities served. The Community Outreach Steering Committee is appointed annually by the hospital president and is advisory to the CMH Board and Administration. Membership appointments are made each June with members serving one year terms. The COSC meets quarterly and is composed of hospital and board representatives plus community members representing the various constituencies of the total service area. Functions include - Provide a leadership role in advocating community wide responses to health care needs in the community- Facilitate and support community and health care partnerships- Envision, assess and guide new community benefit opportunities- Identify and describe unmet health needs- Promote universal access to health care. Under the direction of the Community Engagement Leadership Team and trained meeting facilitator, the planning process included five steps in developing the Implementation Plan: 1) Reviewed the Community Health Needs Assessment results for identification and prioritization of community health needs (Waukesha and Washington Counties) 2) Reviewed previous Implementation Plan programs and results 3) Reviewed current hospital and community health improvement initiatives and strategies 4) Ranked and selected priority areas 5) Select evidence-based strategies, partnerships and programs to address community health needs. After several facilitated workout sessions in September 2015, findings from the assessment were categorized into ten areas: Access to Care and Resource Navigation, Chronic Disease Management, Mental Health Services, Nutrition, Obesity and Physical Activity, Oral Health, Alcohol, Drug, Tobacco, Abuse and Other identified needs. To identify the top ranked priorities, members of the Advisory Committee were asked to rate each priority based on the following criteria: feasibility of Community Memorial Hospital to address the need (direct programs, clinical strengths and dedicated resources), alignment with Froedtert Health's strategic priorities, current or potential community partners/coalitions and each need has achievable and measurable outcomes. Of those ten health needs categories, three overarching themes were identified as the focus for Community Memorial Hospital's Implementation Plan for fiscal 2016-2018 - Access to Care and Navigation - Mental Health/Alcohol and Other Drug Abuse- Chronic Disease Management. Implementation Strategy Evaluation. Community Memorial Hospital's Community Engagement team along with the Community Outreach Steering Committee will regularly monitor and report on progress towards the Implementation Strategy objectives and provide quarterly reports to the Hospital's Board of Directors and health systems. Community Engagement Steering Committee. Additional progress on the Implementation Plan will be reported annually through the hospital's IRS Form 990 Schedule H filing and other reporting sources associated with strategic partners and community coalitions.

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	Community Memorial of Menomonee Falls Inc informs and educates patients regarding financial assistance and government program eligibility in a number of ways Its communication efforts also address special needs of patients and their families, such as hearing or visual impairment or language interpretation Information on hospital-based financial support policies and government programs are made available to patients during the pre-registration and registration processes through brochures, signage and direct contact with financial counselors, social workers / case managers and registration staff Patient billing statements also inform patients that financial assistance is available The Froedtert Health, Inc website contains information regarding pricing, how to understand your hospital bill, and how to apply for Financial Assistance Community Memorial of Menomonee Falls Inc has made financial assistance forms and information available in Spanish Financial counselors screen uninsured patients for government program eligibility and social services staff are available to assist patients with enrollment processes Patients who are uninsured, those covered by government programs and those with limited financial means may also be eligible for charity care or discounts through the Community Memorial of Menomonee Falls Inc 's financial assistance program Financial counselors make every effort to determine a patient's eligibility prior to or at the time of admission or service However, determination for financial assistance can be made during any stage of the patient's stay after stabilization, or the collection cycle

Form and Line Reference	Explanation
Part VI - Community Information	Since its founding in 1964 by the citizens of the community it serves, Community Memorial (CMH) has focused on the emerging healthcare and wellness needs of over 400,000 people in the three county region of Waukesha, Washington, and northwest Milwaukee Counties. The following data highlights Community Memorial Hospitals primary and secondary service area in relationship to income, race/ethnicity and payer mix. Household Income CY15 - Primary Service Area and Secondary Service Area Under \$24,999 - 20.44% and 20.84% \$25,000-\$49,999 - 24.40% and 24.09% \$50,000-\$99,999 - 33.57% and 31.93% \$100,000 and up - 21.59% and 23.15% Total Households - 116,285 and 101,835 Source: DataBav Ethnicity CY15 - Primary Service Area and Secondary Service Area White - 68.18% and 61.17% African American - 23.99% and 28.95% Asian/Hawaiian/Pacific Islander - 3.92% and 5.11% Native American - 0.38% and 0.39% Two or more races - 2.35% and 2.65% Other - 1.19% and 1.22% Hispanic* - 3.58% and 3.90% Total Population - 299,659 and 261,059 Source: DataBav *In the 2010 Census, respondents are instructed to answer both the Hispanic origin and race questions. The instructions specifically says that Hispanic origins are not races. Therefore, the two groups are categorized separately. Payer Source FY15 - Primary Service Area and Secondary Service Area Commercial/Managed Care - 29.1% and 28.27% Medicare - 49.4% and 49.28% Medicaid - 19.0% and 17.63% Other Government - 0.4% and 0.61% Other Self Pay - 2.2% and 4.20% Source: DataBav Notes: Household Income & Ethnicity Data CY 2015 Payer Source FY 2015 There are three additional health care systems serving the community (ProHealth Care, Aurora Health Care and Wheaton Franciscan) and one Federally Qualified Health Center (Waukesha County Community Health Center operated by Sixteenth Street Community Health Centers).

Form and Line Reference	Explanation
Part VI - Community Building Activities	To promote the health of our communities, Community Memorial Hospital participates in numerous community building activities, which are not included elsewhere on Schedule H. These activities include: 1) Economic Development: 5 leaders participate in local chamber of commerce boards focused on economic development to improve the local economy and local job opportunities. 2) Community Support: 1 leader maintains a leadership role representing health care on the Emergency Preparedness Committee for Waukesha County. He was appointed and reappointed by the County Executive. He also supported Waukesha County complete a National Guard Drill. Close to 50 hours were dedicated to supporting youth focused coalitions to improve the community environment for youth to set them up for greater success. 3) Community Health Improvement Advocacy: Participation in creating the Community Health Improvement Plan with the local health departments to increase collaborative work in our communities. 4) Workforce Development: Diversity training and minority internship programs that recruit health professionals in our traditionally underserved communities to diversify our workforce population to better serve our communities. Work with high school students to increase their interest in health care careers and includes things such as HealthCare Career Academy, hospital tours, career events and observation experiences.

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	Community Memorial Hospitals (CMH) community health improvement initiatives are targeted for the broad community, especially vulnerable populations (uninsured/underinsured) in the hospitals primary and secondary service areas. CMHs mission is to advance the health of the communities we serve through exceptional care enhanced by innovation and discovery. The hospitals Community Outreach Steering Committee and Community Engagement staff prioritized community health improvement programs, activities and services that reflect the hospitals mission and scope of care. Access Care and Navigation of Community Resources, Chronic Disease Management, Alcohol and Other Drug Abuse/Mental Health See activities described in Part V, Section B, Line 11 as well as the Other Community Engagement Programs and Initiatives below Flu Clinics (Chronic Disease)Community Memorial Hospital offers flu clinics for uninsured populations utilizing services at three food pantries and the free clinic in Community Memorial Hospitals service area. During the fall of Fiscal Year 2016, 73 people were immunized at four locations. Each of the clinics was staffed by hospital pharmacists and support staff who were certified by the state to administer immunizations. United Way Employee Giving Campaign (Community Development) Community Memorial Hospital collaborates with United Way of Greater Milwaukee and Waukesha County to address community needs in the areas of meeting basic needs, developing self-reliance, strengthening communities and community support. Community Memorial Hospital hosts an annual workplace giving campaign to support all local United Ways. In addition to an employee campaign, Community Memorial Hospital matches donations up to \$10,000. Community Health & Wellness Initiative Community Garden (Prevention and Wellness)Community Memorial Hospitals on-campus garden is providing produce to low-income populations residing in the hospitals service area that may not readily have access to fresh vegetables. A community health survey conducted by the hospital in 2012 identified a need for affordable and healthy nutrition options for patients utilizing services in the Community Outreach Health Clinic and clients of three area food pantries. The community garden is a great way to help those who have chronic conditions access nutritious vegetables. This summer and fall's harvest, which included tomatoes, cucumbers, zucchini, peppers and beans, was distributed directly to patients who use the Outreach Clinic and Susssex, Germantown and Menomonee Falls food pantry clients. In Fiscal Year 2016, close to 2,000 pounds of produce was donated. Community Health Screenings (Prevention and Wellness) Community Memorial Hospital offers free blood pressure, skin cancer and heart screenings. With the goal to empower people and the community to make better decisions and take actions to improve and maintain their health, our community health screenings provide much needed access to services for many of our community members. In Fiscal Year 2016, Community Memorial Hospital provided free health screenings for 494 people. Bobbie Nick Voss Colonoscopy Program (Access and Chronic Disease) Community Memorial Hospital partners with Bobbie Nick Voss Charitable Funds to provide free colonoscopies to patients (age 50 and above) in the Community Outreach Health Clinic that show signs or symptoms of colorectal related health conditions. In Fiscal Year 2016, 9 patients received a colonoscopy at no cost. Living Well with Chronic Conditions (Chronic Disease)Living Well with Chronic Conditions Workshop is a six week series that teaches individuals with chronic conditions to become better self-managers of their health. Topics covered include techniques to deal with problems such as frustration, fatigue, pain and isolation, appropriate exercise for maintaining and improving strength, flexibility, and endurance, appropriate use of medications, communicating effectively with family, friends and health professionals, nutrition, decision making, and evaluating new treatments. The program is highly interactive and designed to enhance current treatment or disease specific education that patients are already receiving. Community Memorial Hospital offered two, six week workshops in Fiscal Year 2016 helping 25 individuals better manage their symptoms and live a healthier life. ACA Insurance Marketplace and Enrollment Assistance (Access to Care)Froedtert Health (parent company of Community Memorial Hospital) recognized the need to help individuals navigate the new choices available to them through the Affordable Care Acts Insurance Marketplace and Medicaid reforms. Our network of certified application counselors assisted 469 individuals in enrollment. In addition, our certified application counselors answered 19,000 phone calls and assisted with questions. Froedtert Health also partnered with the Milwaukee Enrollment Network which represented health systems, free clinics, health departments.

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	and other non-profit organizations to reach out to people throughout Milwaukee, Washington and Waukesha Counties in securing adequate and affordable health insurance Leadership Volunteerism/Community Support (Community Development)As an indication of Community Memorial Hospitals executive teams commitment to the community, 82 hospital leaders provided more than 1,500 hours of support to local initiatives, not-for-profit organizations and community events that align with the hospitals mission and directly support identified community needs Subsidized Transportation Program (Access to Care)The Subsidized Medical Transportation Program at Community Memorial Hospital contracts with local transportation organizations in order to provide transportation to and from the hospital service locations for ambulatory/non-ambulatory eligible patients (200% federal poverty level or below) who have difficulty arranging their own transportation and lack the financial resources to purchase transportation In Fiscal Year 2016, Community Memorial Hospital provided 499 subsidized rides to 396 patients Community Outreach Steering Committee Grants (All Implementation Priority Areas)Community Memorial Hospitals commitment includes grants to local not-for-profit organizations that support community health improvement efforts focused on access to primary care, chronic disease management, mental health and prevention and wellness in the hospitals service area In 2016, ten local non-profit organizations received grants totaling \$50,000 from the Community Outreach Steering Committee Award recipients include - Your Choice to Live (AODA Community Education) AODA Focus Area- Kennedy Middle School Safe Cultures Committee (Your Choice Drug & Alcohol Awareness Program) AODA Focus Area- Waukesha County Community Dental Clinic (Adult Dental/Outreach) Access to Care and Oral Health- Menomonie Falls Police Department (DARE/Safety Education Program) - AODA- NAMI Waukesha County (S SI/SSDI & Outreach) Mental Health- Germantown Police Department (Every 15 Minutes Program) - AODA- Tri-County YMCA (Lifeline) Chronic Disease Management- Addiction Resource Council (Outreach & Individual/Family Support) - AODA- Easter Seals Southeastern Wisconsin (Safe Babies Healthy Families) Access to Care and Navigation of Community Resources- Community Outreach Health Clinic (Annual Operating Expenses) Access to CareHealth Care Career Academy (Health Professionals Education)The Healthcare Career Academy provides qualified students entering their junior or senior year at Menomonie Falls High School, Germantown High School and Sussex Hamilton High School with the opportunity to expand their knowledge base as it relates to a wide array of professional healthcare career options The two-week program allows students to shadow and learn from professionals in various clinical and ancillary departments throughout the hospital Through observation, hands-on experience and classroom discussion, students are able to expand their awareness and interest in healthcare careers During Fiscal Year 2016, 24 students participated in the program For more information on Community Memorial Hospital Community Benefit programs, please visit www.froedtert.com/community-memorial or see attached Community Benefit Report

Form and Line Reference	Explanation
Part VI - Affiliated Health Care System Roles and Promotion	Affiliated Health System Froedtert Health is comprised of Froedtert Memorial Lutheran Hospital in Milwaukee County, Community Memorial Hospital in Waukesha County and St. Josephs Hospital in Washington County, along with our employed physician group that practice at satellite clinics around each hospital. Community Memorial Hospital has several independent physicians with privileges to care for patients in our facility. Community Memorial Hospital has an open medical staff and physicians must go through the credentialing process and apply for privileges. CMH has exclusivity rights for certain departments in the hospital, such as Radiology, Emergency and Anesthesia services. Froedtert Memorial Lutheran Hospital, Community Memorial Hospital and St. Josephs Hospital made significant investments in the health of their communities. Patients who couldn't pay for their medical care received more than \$110.6 million in uncompensated services. Beyond providing care for the poor, we contributed \$83.3 million to improve access to care, teach future healthcare professionals, develop new medical therapies and participate in local partnerships aimed at reducing health disparities. Froedtert Health members develop community benefit strategies and goals based on the unique needs of each of their communities. By conducting regular community needs assessments that monitor critical public health issues, and actively seeking community input, the hospitals have built important local relationships that provide meaningful outreach programs that link each hospital to their neighbors and patients. As a not-for-profit health system, Froedtert Health reinvests its surplus funds back into the community through programs to serve the poor and uninsured, teach future healthcare professionals, develop new medical therapies, manage chronic conditions like diabetes, health education and promotion initiatives, and participate in local partnerships aimed at reducing health disparities. For more information about Froedtert Health, visit www.froedtert.com. Promotion of Community Health The Community Outreach Steering Committee (COSC), which is a subcommittee of the hospital's Board of Directors, actualizes the mission of Community Memorial Hospital through community benefit activities that improve the quality of life and enhance wellness resources, which meet identified comprehensive health needs of the communities served. The COSC is appointed annually by the hospital president and is advisory to the Community Memorial Hospital Board and Administration. Membership appointments are made each June with members serving one year terms. The COSC meets quarterly and is composed of hospital and board representatives, plus community members representing the various constituencies of the total service area. Functions include - Provide a leadership role in advocating community wide responses to health care needs in the community - Facilitate and support community and health care partnerships - Envision, assess and guide new community benefit opportunities - Identify and describe unmet health needs - Promote universal access to health care - Determine allocation of the Community Outreach Services Fund, which awards \$50,000 annually towards area non-profits efforts to improve health disparities focused on Access to Care/Navigation, Mental Health/AODA and Chronic Disease Management in the communities. Community Memorial Hospital serves Addressing Needs Through Targeted Outreach. Community Memorial Hospital develops and executes community outreach programming and activities based on identified community health needs. Since 1990, Community Memorial Hospital conducts needs assessments every three years in order to determine priorities and strategies in addressing community health disparities. Every needs assessment cycle, Community Memorial Hospital Community Engagement staff along with the hospital's COSC develops a Community Health Improvement Plan that is incorporated into the hospital's overall strategic plan to address the most critical needs in the communities we serve. The plan is reviewed annually by the COSC. Community Memorial Hospital Community Outreach staff, leaders and external community partners work collaboratively to develop key goals and strategies to address community health needs. Progress towards community outreach programs/activities and goals are reported quarterly through the COSC, Physician Advisory Council, Leadership Meetings and the Board of Directors. Based on the results from the 2015 Community Health Needs Assessment, programs and activities are focused around the following identified health needs - Access to Care and Navigation of Community Resources- AODA/Mental Health- Chronic Disease Management (Prevention/Treatment) For more information on specific community outreach efforts, please refer to the 2016 Froedtert Health Report to the Community at http://www.froedtert.com/upload/docs/about/report-to-the-community.pdf

Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	WI

Form and Line Reference	Explanation
Part V - Explanation of Number of Facility Type	Community Memorial Hospital is the only facility listed under this reporting of the IRS Form 990, Schedule H

Section B, Line 11 (Continued) Evidence Based Community Education and Wellness Programs - Living Well Series, Service Line Outreach and Support Groups

CNHA Area of Focus Chronic Disease

CNHA Community Health Need/ Rationale - 33% of Waukesha County residents reported having High Blood Pressure and 26% High Blood Cholesterol - 7% of Waukesha County residents reported having Heart Disease or related condition - 9% of population reported having diabetes - 8% of population did not take medications for their medical condition due to cost

Goal Reduce morbidity and mortality from chronic conditions

Objectives Increase self-management for individuals living with chronic conditions and reinforce healthy lifestyles to encourage behavior change

Froedtert Health Resources - Community Engagement Staff

Certified Living Well Instructors- Case Management- Inpatient/Outpatient Departments

Froedtert Health Collaborative Partners - Wisconsin Institute for Healthy Aging - Waukesha County Aging and Disability Resource Center - Interfaith Senior Programs Waukesha County - Menomonee Falls, Sussex and Germantown Food Pantries - Area Community Education and Recreation Departments

FY 2016 Outcomes/Progress - 25 people participated in the Living Well with Chronic Conditions workshop in FY16 - Wisconsin Institute for Healthy Aging follows class participants and found that participants have reduced healthcare expenditures, more appropriate utilization of health care resources and better health outcomes

Partnership Waukesha County Health Improvement Plan Steering Committee (March 2016)

CNHA Area of Focus Mental Health/Alcohol and Other Drug Abuse

CNHA Community Health Need/ Rationale - 39% of Washington County and 29% of Waukesha County residents reported binge drinking - 4% of Waukesha County residents reported having a Mental Health Condition - 6% of have problems with alcohol consumption - Issues with navigating and accessing Mental Health/AODA treatment services especially uninsured/underinsured

Goal Improve the behavioral health of Waukesha County

Objective s Increase community awareness of mental health and alcohol and other drug abuse problems and collaborate for better case management and navigation of treatment

Froedtert Health Resources - Community Engagement leadership/staff- Grant support through the Community Outreach Steering Committee- Froedtert Health Behavioral Health Services

Froedtert Health Collaborative Partners - Waukesha County Health and Human Services and Public Health Departments

Lead Agencies - NAMI - Addiction Resource Council (Waukesha County) - Health care systems in Waukesha County - Waukesha County School Districts - Menomonee Falls Police Department

FY 2016 Outcomes/Progress Drug Collection (AODA/Mental Health)

As part of our commitment to improve the quality of life in our community and address drug/heroin addiction in our communities, Community Memorial Hospital partnered with Waukesha County Drug Free Communities Coalition and the Menomonee Falls Police Department to host a drug collection. At the collection, area residents dropped off 1,081 pounds of prescription and over-the-counter medications and 754 area households participated in the collection. This year alone, it took 22 staff and over 200 hours to make the collections possible. Community Memorial Hospital and Froedtert Health is a member of the Waukesha County Community Health Improvement Plan and Process (CHIPP) Team/Steering Committee, a consortium led by Waukesha County Health and Human Services and Division of Public Health. The 2016 CHIPP Steering Committee will officially kick-off in January 2017 to plan and develop Mental Health/AODA strategies for the next five years. Once those strategies and tactics have been developed, those will roll into CMHs Implementation Strategy going forward.

Areas Not Addressed Oral & Dental Health Services. Community Memorial Hospital does not have dedicated resources to provide dental services in Washington and Waukesha Counties. There are other local organizations/dental offices dedicated to improve access to dental care. Teen Pregnancy, United Way, Public Health, Safe Babies Healthy Families, the Hope Network and a number of other community organizations are working on this health issue. Health Literacy and Navigation. Other community organizations are working to increase awareness of health services and health seeking behaviors among low income individuals. Cigarette Use. Community Memorial Hospital supports the Multi-Jurisdictional Coalition of Tobacco Free Community Partnership. Dodge, Jefferson and Waukesha Counties Mental Health. Community Memorial Hospital does not have the dedicated resources, although partners with many organizations throughout the service area to address certain areas of need. There are other local health and human service agencies and organizations dedicated to this issue in CMHs service area.

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

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

1

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Community Memorial Hospital W180 N8085 Town Hall Road Menomonee Falls, WI 53051 www.froedtert.com	X	X					X			

2015

**Open to Public
Inspection**

39-0987025

☒ Yes ☐ No[illegible]

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

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

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

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	Organizations submit grant requests to the Community Outreach Steering Committee (the Committee) On a quarterly basis the fund allocations are determined Each organization selected for funds receives an award letter detailing the expectations and conditions of the grant money In order to comply with applicable tax laws, regulations and the Community Outreach Services Fund policy, the Community Outreach Services Fund will provide grant support to organizations with the understanding that 1) Grant funds distributed will be used only for the purposes designated in the award letter 2) No funds will be used for any political campaign or to support attempts to influence legislation of any governmental body 3) If the organization loses exempt status, any unexpended funds will be returned to the Community Outreach Steering Committee 4) Adequate accounting records of the expenditures of funds will be maintained by the organization 5) This is a one time grant distribution Future funding requests will be considered on a case by case basis In addition, the Committee includes a Final Report Form with each organizations award letter The form requires the organization to provide a brief description of the activity and measurable outcomes/benefits, an expenditure report, follow up actions to the Committee's recommendations, and future plans The Committee requests that each organization submit the Final Report Form to the Committee within thirty days after the completion of the project for which the funds were intended or within a maximum of one year from the receipt of funds

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Addiction Resource Council 741 N Grand Ave Ste 200 Waukesha, WI 53186	39-1174092	501(c)(3)	10,000	0			Outreach & Support Programs
Community Outreach Hlth Cln W180 N8085 Town Hall Road Menomonee Falls, WI 53051	39-1743056	501(c)(3)	15,000	0			Support operations of 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" on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		No

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1a. Relevant information in regards to selections on 1a.	Health club dues. Evenson, Rock - \$120. Newkirk, Garret - \$120.

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 39-0987025

Name: Community Memorial Hospital of Menomonee Falls 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Ehn DianeVP Qlty & Perf Exc	(i)	163,014	28,622	27,479	28,515	17,248	264,878	26,675
	(ii)					-	-	
1Ericson AllenChief Operating Officer	(i)							
	(ii)	379,048	90,179	19,710	101,454	30,066	620,457	
2Evenson Rock EVP Pln & Prg Dvlp	(i)	161,467	35,151	63,067	31,331	25,238	316,254	43,524
	(ii)					-	-	
3Goldberg MD David FDir&VP Med Afrs	(i)	323,131	61,893	70,634	54,136	35,288	545,082	50,937
	(ii)					-	-	
4Hawig ScottCFO	(i)							
	(ii)	566,750	153,748	19,140	138,669	29,185	907,492	
5Jacobson Catherine ADir&FH Pres/CEO	(i)							
	(ii)	1,103,617	330,002	165,544	297,849	31,323	1,928,335	164,026
6Knoll ThomasTreasurer	(i)							
	(ii)	155,996	8,082	1,330	12,599	26,680	204,687	
7Lux Theresa MDir&VP Pt Care	(i)	212,008	43,282	59,614	45,415	11,351	371,670	40,624
	(ii)					-	-	
8McClure DebraNurse Anesthetist	(i)	274,727	800	19,074	5,122	11,888	311,611	
	(ii)					-	-	
9Newkirk GarretPharmacist	(i)	170,497	8,747	482	14,914	25,490	220,130	
	(ii)					-	-	
10Petry PatriciaCHD Dir Wom Hlth	(i)	169,346	8,506	2,318	14,469	9,263	203,902	
	(ii)					-	-	
11Pollard DennisDir&Pres	(i)							
	(ii)	503,254	156,718	187,348	122,913	23,423	993,656	162,958
12VanDeKreeke JeffreyFormer - Officer (CFO)	(i)							
	(ii)	304,861	61,916	141,023	71,987	13,240	593,027	120,216

**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.**2015****Open to Public
Inspection**Name of the organization
Community Memorial Hospital of Menomonee
Falls Inc**Employer identification number**

39-0987025

**Return
Reference****Explanation**Form 990, Part
III, Line 4d
Other Program
Services
Description

OTHER PROGRAM SERVICES 4 As part of operating an acute care hospital and providing health care services to the community, other revenue is derived in the following areas Other Department Operating Revenue - revenue derived from different services through the process of providing patient care and in the normal operation of a medical facility Included in this category are items such as meaningful use revenue, medical staff application fees, and revenue from classes, pump rentals, and other wellness services Dietary Revenue revenue derived from cafeteria sales, vending machine sales, guest tray sales and employee meals Dietary services are necessary to support services to patient families while their loved one is receiving care in the Hospital The revenue from employee meals is a benefit provided by the Hospital as an employer and it allows our staff to remain on site for patient care Corporate Allocated Revenue - revenue passed through from Froedtert Health, a related party Investment Income - revenue derived from investments in affiliates (Menomonee Falls Ambulatory Surgery Center, Vanguard Health Services, & Community Memorial Foundation) Intercompany Revenue consists of revenue derived from medical and administrative services provided to the other Froedtert Health entities All of these services support the delivery of healthcare to the community Miscellaneous Revenue - revenue derived from different services through the process of providing patient care in the normal operation of a medical facility Included in this category are items such as recycling revenue, taxable sales, and sale of medical records

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Dennis Pollard, Thomas Knoll, Sharon Ellis, Rick Binzak & Susan Templin - Business Relationship Allen Ericson, Catherine Jacobson, Scott Haw ig & Dennis Pollard - Business Relationship Anuradha Ramen, Catherine Jacobson, Dennis Pollard, & Scott Haw ig - Business Relationship Rock Evenson & Teresa Lux - Business Relationship Allen Ericson, Catherine Jacobson, Thomas Knoll, Teresa Lux & Scott Haw ig - Business Relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Froedtert Health, Inc is the sole corporate member of Community Memorial Hospital of Menomonee Falls, Inc

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Froedtert Health, Inc , as the sole corporate member of Community Memorial Hospital of Menomonee Falls, Inc has the final approval of election of all board members

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Froedtert Health, Inc , as the sole corporate member of Community Memorial Hospital of Menomonee Falls, Inc , retains certain reserved powers and authorities with respect to specific governance matters, and strategic and mission-related initiatives of Community Memorial Hospital

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Froedtert Health, Inc accounting staff prepare Form 990 w hich is review ed by the Froedtert Health financial leaders and legal counsel The 990 is then review ed by KPMG, Froedtert Health's outside accounting firm Next, the 990 is provided to the Froedtert Health Finance Committee and Board of Directors Finally, the 990 is filed as required

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	On an annual basis all officers, directors, trustees, key employees are required to complete a conflict of interest disclosure statement. The data is compiled, and the Froedtert Health, Inc. Vice President-Chief Compliance Officer (CCO), the Senior Vice-President-General Counsel and/or delegate will review all forms and notifications to determine if any conflicts of interest exist in the disclosure documents. If it is determined that a conflict of interest exists, then the person making the disclosure shall be relieved of his/her obligations on behalf of Community Memorial Hospital with respect to the transaction or arrangement that creates the conflict of interest. A report of all conflicts of interest will be made by the CCO at least annually to the Froedtert Health, Inc. Finance Committee of the Froedtert Health, Inc. Board of Directors.

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Compensation of Top Management is paid by Froedtert Health, Inc , a related organization, but a review is performed In establishing the compensation of the organization's Top Management, independent compensation consultants are utilized, compensation studies are completed to gather comparative data, persons with a conflict of interest regarding the compensation arrangements at issue are not involved in the decision making process, and amounts are review ed and approved by the Compensation Committee of the Froedtert Health, Inc (the related organization) Board of Directors In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of Top Management is paid by Froedtert Health, Inc , a related organization, but a review is performed In establishing the compensation of the organization's Top Management, independent compensation consultants are utilized, compensation studies are completed to gather comparative data, persons with a conflict of interest regarding the compensation arrangements at issue are not involved in the decision making process, and amounts are review ed and approved by the Compensation Committee of the Froedtert Health, Inc (the related organization) Board of Directors In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Froedtert Health, Inc 's quarterly financial information is made available to the public online through the Digital Assurance Corporation, Inc website Anyone can register to receive ongoing access to and notifications regarding financial statements at the online website Additionally, Governing Documents and Conflict of Interest Policy are made available to the public through the corporate office upon request

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in APB other than net periodic benefit costs = -\$15343841

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Foundation restricted net assets = \$79771

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in Foundation unrestricted net assets = -\$374040

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Net asset transfer from affiliates = \$892787

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to affiliates = -\$15000

Return Reference	Explanation
Part IX 24b Corporate Allocations	Froedtert Health, Inc allocates certain revenues and expenses to Froedtert Memorial Lutheran Hospital, Community Memorial Hospital of Menomonee Falls, St Joseph's Community Hospital, and Froedtert & The Medical College of Wisconsin Community Physicians The allocation is calculated by applying an allocation metric to each accounting unit at Froedtert Health, Inc Each entity then receives its portion of the Froedtert Health, Inc allocation on a monthly basis

Return Reference	Explanation
Part VII - Section A 1a Columns C-F	Individuals listed as 'former' but receiving compensation during the year is due to the fact the individual is currently, or was during the tax year, still employed by the organization, but is no longer in the role of director, officer, key employee, etc in the current year. Such individual was reported as such on the organization's 990 in the previous five years.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

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

Employer identification number
39-0987025

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Wisconsin Diagnostic Laboratones LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 39-1896819	Laboratory Services	WI	N/A					No			No	
(2) D1 Sports Training of Milwaukee LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 47-3322294	Sports Therapy	WI	N/A					No			No	
(3) FHHP LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 45-2221564	Health Care Services	WI	N/A					No			No	
(4) FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 26-0629591	Real Estate	WI	N/A					No			No	

Part IV

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

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

1a

No

b

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

1b

Yes

c

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

1c

Yes

d

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

1d

No

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

Yes

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

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

1j

No

k

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

1k

Yes

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

Yes

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

Yes

q

Reimbursement paid by related organization(s) for expenses

1q

Yes

r

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

1r

Yes

s

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

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Community Outpatient Health Services	q	97,144	Cash Transfer
(2)Community Memorial Foundation	c	982,420	Cash Transfer
(3)Community Memorial Foundation	q	193,901	Cash Transfer

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Froedtert Health Inc 9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-2014409	Management Services	WI	501(c)(3)	Ln 11, Type 111-FI	NA		No
Community Outpatient Health Services W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1743056	Outpatient Medical and Dental Services	WI	501(c)(3)	3	Community Memorial Hospital of MF	Yes	
Community Memorial Foundation W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1635057	Health and Welfare promotion	WI	501(c)(3)	9	Community Memorial Hospital of MF	Yes	
Froedtert Memorial Lutheran Hospital Inc 9200 West Wisconsin Avenue Milwaukee, WI 532263522 39-6105970	Hospital	WI	501(c)(3)	3	Froedtert Health Inc		No
St Josephs Community Hospital Inc 3200 Pleasant Valley Road West Bend, WI 530953868 39-0806302	Hospital Care Services	WI	501(c)(3)	3	Froedtert Health Inc		No
St Josephs Community Foundation Inc 3200 Pleasant Valley Road West Bend, WI 530953868 39-2034296	Health and welfare promotion	WI	501(c)(3)	7	St Josephs Comm Hosp of West Bend Inc		No
Froedtert Hospital Foundation Inc 9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-1431192	Health, welfare, research & educ promo	WI	501(c)(3)	9	Froedtert Memorial Lutheran Hospital Inc		No
QHS 1 Inc 9200 W Wisconsin Avenue Milwaukee, WI 53226 20-2636686	Healthcare Services	WI	501(c)(3)	Ln 11, Type 1	Froedtert Health Inc		No