

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129003388

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

Doing business as

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

W180 N8085 Town Hall Road

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

Menomonee Falls, WI 53051

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

H(b) Are all subordinates included?

☐ Yes ☒ No

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

H(c) Group exemption number ▶

D Employer identification number

39-0987025

E Telephone number

(414) 777-0960

G Gross receipts \$ 227,615,650

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.froedtert.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1958

M State of legal domicile WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Community Memorial Hospital of Menomonee Falls, Inc (CMH) 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶324,574

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2018-05-09

Date

Scott R Hawig CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 191 W Nationwide Blvd Suite 500

Phone no (614) 249-2300

Columbus, OH 43215

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

Community Memorial Hospital of Menomonee Falls, Inc (CMH) 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 \$ 99,936,139 including grants of \$) (Revenue \$ 110,781,042)
See Additional Data

4b (Code) (Expenses \$ 62,733,058 including grants of \$) (Revenue \$ 69,540,744)
See Additional Data

4c (Code) (Expenses \$ 21,608,379 including grants of \$ 50,000) (Revenue \$ 23,953,284)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 20,848,401 including grants of \$) (Revenue \$ 23,110,835)

4e Total program service expenses ▶ 205,125,977

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	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	
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,967
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	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)?	4a	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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	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?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	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	18	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	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	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 ☐

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

Form **990** (2016)

[illegible]

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 ► 89

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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	0
---	--	---

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	6,961			
	d Related organizations	1d	45,698			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,981			
	g Noncash contributions included in lines 1a-1f \$	5,992				
	h Total. Add lines 1a-1f		62,640			
Program Service Revenue		Business Code				
	2a Emergency/Trauma Revenue	900099	23,110,835	23,110,835		
	b Inpatient Revenue	900099	110,781,042	110,781,042		
	c Outpatient Revenue	900099	69,540,744	69,540,744		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		203,432,621			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-199,272	-259,796		60,524
	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		12,233			
	c Gain or (loss)		46,030			
	d Net gain or (loss)		-33,797			-33,797
	8a Gross income from fundraising events (not including \$ 6,961 of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b	94,348			
	c Net income or (loss) from fundraising events		48,550			
	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			45,798		45,798
	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	1,308,437	1,308,437			
b Intercompany Revenue	900099	20,750,139	20,750,139			
c Other Dept Operating Rev	561499	1,176,774	1,176,774			
d All other revenue		977,730	977,730			
e Total. Add lines 11a-11d		24,213,080				
12 Total revenue. See Instructions		227,521,070	227,385,905		72,525	

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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,283,355		1,283,355	
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.	76,257,946	73,020,875	3,056,343	180,728
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	11,763	11,113	622	28
10 Payroll taxes.	5,312,470	5,019,009	281,030	12,431
11 Fees for services (non-employees):				
a Management.	63,594	63,594		
b Legal.	172,047		172,047	
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).	15,804,662	13,655,967	2,100,724	47,971
12 Advertising and promotion.	11,788	7,013	4,775	
13 Office expenses.	1,095,124	810,564	277,671	6,889
14 Information technology.	296,565	114,885	174,357	7,323
15 Royalties.	0			
16 Occupancy.	2,778,708	2,290,362	484,692	3,654
17 Travel.	50,942	27,650	22,145	1,147
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	204,393	191,939	11,124	1,330
20 Interest.	2,249,808	1,854,413	392,436	2,959
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	11,711,970	9,653,640	2,042,928	15,402
23 Insurance.	3,053	3,053		
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.	57,102,635	56,877,578	220,798	4,259
b Corporate Allocated Expenses.	32,082,843	19,209,085	12,834,819	38,939
c Affiliate Support-Comm Phys.	20,165,496	16,479,357	3,686,139	
d State Hospital Assessment.	5,316,061	5,316,061		
e All other expenses.	624,502	469,819	153,169	1,514
25 Total functional expenses. Add lines 1 through 24e.	232,649,725	205,125,977	27,199,174	324,574
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,378	1	8,528
	2	Savings and temporary cash investments		618,664	2	3,402,569
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		19,350,584	4	21,153,067
	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			7	0
	8	Inventories for sale or use		3,334,891	8	4,065,282
	9	Prepaid expenses and deferred charges		601,453	9	486,748
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	233,256,054		
	b	Less: accumulated depreciation	10b	128,802,708		
				111,500,586	10c	104,453,346
	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		12,232,221	15	24,269,343	
16	Total assets. Add lines 1 through 15 (must equal line 34)		147,646,777	16	157,838,883	
Liabilities	17	Accounts payable and accrued expenses		4,364,412	17	5,211,709
	18	Grants payable			18	
	19	Deferred revenue		3,627	19	3,115
	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		54,683,100	25	54,551,060
	26	Total liabilities. Add lines 17 through 25		59,051,139	26	59,765,884
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		86,817,844	27	97,021,129
	28	Temporarily restricted net assets		1,777,794	28	1,051,870
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		88,595,638	33	98,072,999
34	Total liabilities and net assets/fund balances		147,646,777	34	157,838,883	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	227,521,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	232,649,725
3	Revenue less expenses Subtract line 2 from line 1	3	-5,128,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,595,638
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	14,606,016
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,072,999

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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: 16000303
Software Version: 2016v3.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

Inpatient Services CMH, 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. CMH 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, CMH strives to enhance and improve the quality of life in Waukesha, Washington, Milwaukee and Ozaukee counties. CMH is approved for 237 beds of which 202 are staffed and had 8,799 patient admissions and 34,634 patient days related to a wide range of inpatient services, including hospitalist services, psychiatry, rehabilitation services, obstetrics and maternity care, critical care medicine, orthopedics, internal medicine, general surgery, and other specialty care for the twelve months ended June 30, 2017. CMH'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, CMH provides the excellent care to which patients are accustomed, while offering access to the specialty expertise of Froedtert Memorial Lutheran Hospital, Inc. (FMLH), eastern Wisconsin's only academic medical center. Through a connection to Froedtert & the Medical College of Wisconsin, patients at CMH 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 CMH'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 CMH, 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 2017, CMH had 631 cancer registry cases. CMH'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 2017, CMH had 11,607 cardiology procedures. At CMH's 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 2017, CMH had 841 births. In addition to the cardiac, cancer care and birthing services noted above, CMH 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 3,163 - Laboratory Tests 349,966 - CT Scans 4,247 - MRIs 771 - Nuclear Medicine Scans 291 - Ultrasounds 1,664

Form 990, Part III, Line 4b:

Outpatient Services CMH had 101,497 outpatient visits in the twelve months ended June 30, 2017. CMH 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 - Pedodontics - Perinatology - Periodontics - Physical Medicine and Rehabilitation - Plastic/Reconstructive Surgery - Podiatry - Psychiatry - Psychology - Pulmonary Medicine - Radiology - Radiation Oncology - Rheumatology - Thoracic Surgery - Urology - Vascular Surgery

Form 990, Part III, Line 4c:

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 (FH), a related party Investment Income - revenue derived from investments in affiliates (Menomonee Falls Ambulatory Surgery Center and Vanguard Health Services) Intercompany Revenue consists of revenue derived from medical and administrative services provided to the other FH 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

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
Beckman Marshall MD Director	1 00 0 00	X						0	0	0
Binzak Rick Director	1 00 1 00	X						0	0	0
Christianson Brad Director	1 00 0 00	X						0	0	0
Goldberg MD David F Dir&VP Med Afrs	50 00 0 00	X						486,479	0	56,370
Greco Patricia Director	1 00 0 00	X						0	0	0
Jacobson Catherine A Dir&FH Pres/CEO	1 00 48 00	X						0	1,978,716	335,745
Klein Kathleen Director	1 00 0 00	X						0	0	0
Raman Anuradha Director	1 00 0 00	X						0	0	0

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			
Hawig Scott FH CFO	1 00 48 00			X				0	814,229	165,151
Knoll Thomas Treasurer	1 00 43 00			X				0	189,372	36,057
Ericson Allen Chief Operating Officer	5 00 46 00				X			0	543,267	129,334
Ehn Diane VP Qlty & Perf Exc	40 00 0 00					X		249,463	0	52,866
Evenson Rock E VP Business Ops	50 00 0 00					X		264,770	0	49,962
McClure Debra Nurse Anesthetist	50 00 0 00					X		355,950	0	18,175
Newkirk Garret Dir of Pharmacy	40 00 0 00					X		202,946	0	36,979
Petry Patricia CHD Dir Wom Hlth	40 00 0 00					X		203,856	0	22,095
VanDeKreeke Jeffrey Former - Officer (CFO)	0 00 47 00						X	0	521,408	80,696

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
Open to Public Inspection

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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>		
1		
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>		
2		

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>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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>		
2		
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>		
3		

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>		
2a		
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>		
2b		
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>		
3a		
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>		
3b		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129003388

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

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) 2016

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,821,106	5,966,427	5,681,568	5,105,247	4,688,829
b Contributions	888,427	1,056,822	1,384,817	456,977	379,734
c Net investment earnings, gains, and losses	717,895	-56,083	68,760	638,515	440,545
d Grants or scholarships	261,912	309,173	431,060	450,133	397,266
e Other expenditures for facilities and programs	819,952	839,278	724,411	69,038	6,595
f Administrative expenses	-3,725	-2,391	13,247		
g End of year balance	6,349,289	5,821,106	5,966,427	5,681,568	5,105,247

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,711		80,711
b Buildings		133,650,480	60,005,823	73,644,657
c Leasehold improvements		5,491,892	1,943,314	3,548,578
d Equipment		52,001,187	35,972,022	16,029,165
e Other		42,031,784	30,881,549	11,150,235
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				104,453,346

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) Due from Affiliates	11,109,648
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	24,269,343

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates	23,698,046
Est Settlements-Third Party Payors	1,221,818
Pension Liability	29,631,196
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	54,551,060

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee Falls Inc

Supplemental 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 CMH and its programs

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	Froedtert Health, Inc (FH), the parent entity into which CMH's financial results are consolidated, applies ASC No 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in a company's financial statements. ASC No 740 prescribes a more-likely than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Under ASC No 740, tax positions are evaluated for recognition, derecognition, and measurement using consistent criteria and provide more information about the uncertainty in income tax assets and liabilities. As of June 30, 2017 and 2016, FH does not have an asset or liability recorded for unrecognized tax positions.

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

2016

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 Otis Spunkmeyer Cookies (event type)	(b) Event #2 Cheery Cherry Fall Fair (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	40,689	33,867	15,980	90,536
2	Less Contributions		2,310		2,310
3	Gross income (line 1 minus line 2)	40,689	31,557	15,980	88,226
Direct Expenses	4 Cash prizes		339		339
	5 Noncash prizes				
	6 Rent/facility costs		5,477		5,477
	7 Food and beverages	11,644	1,253		12,897
	8 Entertainment		1,289		1,289
	9 Other direct expenses		7,714	12,252	19,966
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,968
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				48,258

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))
1	Gross revenue				
Direct Expenses	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

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493129003388

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

Employer identification number
39-0987025

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☐ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☐ 200% ☒ Other 25000 0000000 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the 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)			1,095,649		1,095,649	0 470 %
b Medicaid (from Worksheet 3, column a)			22,572,795	8,927,219	13,645,576	5 870 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			23,668,444	8,927,219	14,741,225	6 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	38	10,486	1,042,148	3,007	1,039,141	0 450 %
f Health professions education (from Worksheet 5)	4	659	771,368		771,368	0 330 %
g Subsidized health services (from Worksheet 6)	1	743	113,608		113,608	0 050 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	15	3,269	508,986		508,986	0 220 %
j Total. Other Benefits	58	15,157	2,436,110	3,007	2,433,103	1 050 %
k Total. Add lines 7d and 7j	58	15,157	26,104,554	8,930,226	17,174,328	7 390 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		10,583		10,583	
3 Community support	1	458	2,073		2,073	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		11,353		11,353	
8 Workforce development	4	1,050	188,204	7,682	180,522	0.080 %
9 Other						
10 Total	7	1,508	212,213	7,682	204,531	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	47,034,366
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	70,989,768
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,955,402
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☒ Cost accounting system	☐ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?
1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
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
6 a 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-memorial/</u>		
b ☐ Other website (list url) _____		
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? If "Yes" (list url) <u>www.froedtert.com/community-memorial/community-engagement/</u>	10	Yes
a _____		
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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 Was widely publicized 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) <u>www.froedtert.com/financial-services</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>www.froedtert.com/financial-services</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>Same as 16a & 16b</u>			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Community Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Community Memorial Hospital

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	In alignment with the FH financial assistance policy, CMH 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 determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received and 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 or less than 250% of the FPL may qualify for a 100% discount. Patients who meet the requirements and have a gross income between 250% and 400% of the FPL may qualify for a discount on a sliding scale. In addition to income, CMH also takes certain assets into consideration. Assets protected from financial evaluation include a household's retirement assets, home equity, and a portion of cash and savings assets.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Every year, CMH 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, CMH Board of Directors, CMH leaders and staff, government officials, business leaders and other community members. A copy of the 2016 report can be found at https://www.froedtert.com/upload/docs/about/report-to-the-community.pdf

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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 \$232,649,725. 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).

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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 collectability of patients accounts receivable, FH 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, FH 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. FH 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 FH's uninsured patients will be unable or unwilling to pay for the services provided. Thus, FH records a significant provision for bad debts related to uninsured patients in the period the services are provided. See also pages 29 of the attached audited financial statements.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	CMH 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	In alignment with the FH Financial Assistance policy and Credit and Collection policy regarding the billing, collection and support for patients with payment obligations, CMH 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, CMH collaborated with JKV Research, LLC along with Aurora Health Care, Children's Hospital of Wisconsin, Columbia St. Mary's 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, Children's Hospital of Wisconsin, Columbia St. Mary's Health System, FH, 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. They 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 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 healthAll 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 that was conducted in 2014. Fifteen key infor

Form and Line Reference	Explanation
Part VI - Needs Assessment	mant interviews were conducted in Washington County Same processes were followed as the Waukesha CHNA Hospital Implementation Strategy Implementation Plan Development/Selection Process CMHs 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 CMH (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 Memberships 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 CMH to address the need (direct programs, clinical strengths and dedicated resources), alignment with FHs 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 CMHs Implementation Plan for fiscal 2016-2018 - Access to Care and Navigation - Mental Health/Alcohol and Other Drug Abuse- Chronic Disease Management Implementation Strategy Evaluation CMHs 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	CMH 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 FH website contains information regarding pricing, how to understand your hospital bill, and how to apply for Financial Assistance. CMH 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 CMH 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Community Information	Since its founding in 1964 by the citizens of the community it serves, 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 CY16 - Primary Service Area and Secondary Service Area Under \$24,999 - 19.34% and 11.78% \$25,000-\$49,999 - 23.2% and 17.51% \$50,000-\$99,999 - 33.78% and 32.39% \$100,000 and up - 23.68% and 38.32% Total Households - 114,328 and 60,944 Source: DataBav Ethnicity CY16 - Primary Service Area and Secondary Service Area White - 67.04% and 87.85% African American - 24.29% and 4.86% Asian/Hawaiian/Pacific Islander - 0.03% and 0.06% Native American - 0.38% and 0.01% Two or more races - 2.55% and 1.87% Other - 1.26% and 0.65% Hispanic* - 3.75% and 2.78% Total Population - 294,797 and 151,531 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. Payor Source FY16 - Primary Service Area and Secondary Service Area Commercial/Managed Care - 29.4% and 35.9% Medicare - 49.8% and 55.4% Medicaid - 18.6% and 7.0% Other Government - 0.5% and 0.4% Other Self Pay - 1.7% and 1.3% Source: DataBav Notes: Household Income & Ethnicity Data CY 2016 Payer Source FY 2016 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).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Community Building Activities	To promote the health of our communities, CMH participates in numerous community building activities, which are not included elsewhere on Schedule H. These activities include: 1) Economic Development: 4 leaders participate in local chamber of commerce boards focused on economic development to improve the local economy and local job opportunities. 2) Community Support: 30 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 f or the broad community, especially vulnerable populations (uninsured/underinsured) in the hospitals primary and secondary service areas CMHs mission is to advance the health of th e 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 Dis ease Management, Alcohol and Other Drug Abuse/Mental Health See activities described in Pa rt V, Section B, Line 11 as well as the Other Community Engagement Programs and Initiative s below Other Community Engagement Programs and Initiatives Community Engagement proactive ly addresses the social, cultural and economic determinants that underpin health and seeks to build partnerships with others to find solutions Froedtert & the Medical College of W isconsin are committed to making a positive, sustained difference in our community Commu nity Engagement will strengthen the economic vitality and quality of life of those communit ies we serve CMHs Community Engagement programming and health improvement activities are supported through staff resources, budgeted dollars for programming and community partners hips Flu Clinics (Chronic Disease)CMH offers flu clinics for uninsured populations utiliz ing services at three food pantries, the Touched Twice Free Clinic Event and the free clin ic in CMHs service area During the fall of Fiscal Year 2017, 123 people were immunized at five 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 C ampaign (Community Development)CMH collaborates with United Way of Greater Milwaukee and W aukesha County to address community needs in the areas of meeting basic needs, developing self-reliance, strengthening communities and community support CMH hosts an annual wor kpl ace giving campaign to support all local United Ways The implementation of the campaign t ook close to 500 hours of staff time to coordinate As a health system, Froedtert staff, p hysicians, and leaders raised \$489,061 in FY 2017 Community Health & Wellness Initiative C ommunity Garden (Prevention and Wellness)CMHs on-campus garden is providing produce to low -income populations residing in the hospitals service area that may not readily have acces s to fresh vegetables The community garden is a great way to help those who have chronic conditions access nutritious vegetables This summer and falls harvest, which included tom atoes, cucumbers, zucchini, peppers and beans, was distributed directly to patients who us e the Outreach Clinic and Sussex, Germantown, Menomonee Falls and the Silverspring Neighbo rhood Center food pantry clients In Fiscal Year 2017, over 2,000 pounds of produce was do nated and benefited hundreds of people Community Health Screenings (Prevention and Wellne ss)CMH offers free blood pressure, skin cancer and heart screenings With the goal to empo wer people and the community to make better decisions and take actions to improve and main tain their health, our community health screenings provide much needed access to services for many of our community members In Fiscal Year 2017, CMH provided free health screening s for 191 people Bobbie Nick Voss Colonoscopy Program (Access and Chronic Disease) CMH pa rtners with Bobbie Nick Voss Charitable Funds to provide free colonoscopies to patients (a ge 50 and above) in the COHC that show signs or symptoms of colorectal related health cond itions In Fiscal Year 2017, 3 patients received a colonoscopy at no cost Living Well wit h Chronic Conditions (Chronic Disease)Living Well with Chronic Conditions Workshop is a si x week series that teaches individuals with chronic conditions to become better self-manag ers of their health Topics covered include techniques to deal with problems such as frus tration, fatigue, pain and isolation, appropriate exercise for maintaining and improving s trength, flexibility, and endurance, appropriate use of medications, communicating effecti vely with family, friends and health professionals, nutrition, decision making, and evalua ting new treatments The program is highly interactive and designed to enhance current tre atment or disease specific education that patients are already receiving CMH offered two, six week workshops in Fiscal Year 2017 helping 21 individuals better manage their symptom s and live a healthier life Financial Assistance & Affordable Care Financial Counseling (Access to Care)FH (parent company of CMH) recognized the need to help individuals navigate financial resources including the new choices available to them through the Affordable Ca re Acts Insurance Marketplace and Medicaid reforms

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	Our network of certified application counselors assisted 3,857 individuals. These certified application counselors answer thousands of phone calls and assisted with questions. FH also partnered with the Milwaukee Enrollment Network which represented health systems, free clinics, health departments 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 CMHs executive teams commitment to the community, hospital leaders provided support to local initiatives, not-for-profit organizations and community events that align with the hospital's mission and directly support identified community needs. In FY 2017, CMH leaders provided over 350 hours to 20+ community organizations and coalitions. Subsidized Transportation Program (Access to Care) The Subsidized Medical Transportation Program at CMH 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 2017, CMH provided 445 subsidized rides to 402 patients. Community Outreach Steering Committee Grants (All Implementation Priority Areas) CMHs 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 hospital's service area. In 2017, nine local non-profit organizations received restricted grants totaling \$50,000 from the Community Outreach Steering Committee. Award recipients include Waukesha County UW-Extension (Strong Women Program) Chronic Disease Management Waukesha County Community Dental Clinic (Access to affordable oral health for low-income uninsured adults) Access to Care & Oral Health School District of Menomonee Falls (Wake Up Call - Stairway to Heroin Educational Series) - AODANAMI Waukesha County (SSI/SSDI Outreach & Access to Recovery Program) Mental Health YMCA of Greater Waukesha County (Lifeline) Chronic Disease Management Germantown School District (Understanding the Teenage Brain & AODA Prevention AODA Hope Network for Single Mothers (Healthy Babies Program) Access to Care ERAs Senior Network (The Caregiver Connection) Access to Care Addiction Resource Council (Outreach & Individual/Family Support) - AODA Health Care Career Academy (Health Professionals Education) The Healthcare Career Academy provides qualified students entering their junior or senior year at Menomonee 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 2017, 24 students participated in the program. High School Health Care Career Exploration CMH hosted 5 different high school career day events that included presentations, tours and hands-on activities with attendance of 181 students. In addition, CMH was very involved and provided 21 staff to a health care career expo that attracted 450 high school students. Center for HealthCare Careers The mission of the Center for Healthcare Careers Southeast WI (CHC SeW) is to unite all appropriate stakeholders in a viable, flexible structure to locate, educate and support a workforce from service to professional levels in the healthcare industry in SE Wisconsin with a vision to create

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Affiliated Health Care System Roles and Promotion	Affiliated Health SystemFH is comprised of FMLH in Milwaukee County, CMH in Waukesha County and St Josephs Hospital (SJH) in Washington County, along with our employed physician group that practice at satellite clinics around each hospital. CMH has several independent physicians with privileges to care for patients in our facility. CMH 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. FMLH, CMH and SJH made significant investments in the health of their communities. Patients who couldnt pay for their medical care received more than \$113 million in uncompensated services. Beyond providing care for the poor, we contributed \$83 million to improve access to care, teach future healthcare professionals, develop new medical therapies and participate in local partnerships aimed at reducing health disparities. FH 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, FH 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 FH, visit www.froedtert.com. Promotion of Community HealthThe Community Outreach Steering Committee (COSC), which is a subcommittee of the hospitals Board of Directors, actualizes the mission of CMH 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 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 - 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 CMH serves. Addressing Needs Through Targeted Outreach CMH develops and executes community outreach programming and activities based on identified community health needs. Since 1990, CMH conducts needs assessments every three years in order to determine priorities and strategies in addressing community health disparities. Every needs assessment cycle, CMH Community Engagement staff along with the hospitals COSC develops a Community Health Improvement Plan that is incorporated into the hospitals overall strategic plan to address the most critical needs in the communities we serve. The plan is reviewed annually by the COSC. CMH 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 2017 FH Report to the Community at https://www.froedtert.com/upload/docs/about/report-to-the-community.pdf

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	WI

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

Form and Line Reference	Explanation
Part VI - Additional Information	Community Benefit Data is reported annually to the Wisconsin Hospital Association Part V, Section B, Line 11 (Continued)Cancer Care Navigation, Awareness, Prevention, Screenings Co mmunity Memorial Cancer CenterCHNA Area of Focus Chronic Disease Cancer- Skin- Prostate- Colorectal (Bobbie Nick Voss Colorectal Screening Program)CHNA Community Health Need/ Rati onale - Washington and Waukesha County cancer incidence rate is higher than state average - Cancer is leading cause of death in Waukesha and Washington Counties - Difficulty in na vigating programs and services in CMHs service area Goal Decrease the cancer mortality ra te in Washington and Waukesha CountiesObjective Implement programs to increase cancer awa reness, screening and early detection at CMH and organizations across the hospitals servic e area FH Resources - CMH Cancer Center Nurses and Clinical Psychologist - CMF - CP-Froe dtert & MCW Cancer Care Network Physicians - Direct Financial Support through FHs Charitab le Gifts and Sponsorship Committee FH Collaborative Partners - American Cancer Society- Bobbie Nick Voss Charitable FundsFY 2017 Outcomes/Progress - 3 colonoscopies provided to un insured patients referred from the COHC - 10 individuals were screened for prostate cancer 20% of individuals screened were referred on for further evaluation - 6 presentations t o the Tri-County YMCA Livestrong program about health topics (Nutrition & Lymphedema) touc hing 23 individuals - 3 Community class about cancer related health topics - 4 different h ealth topic classes presented at community sites to a total of 94 people Navigation Result s from Jackie Grams, Oncology Social Worker and Cancer Navigator- 106 patients were screen ed and referred to community resources/assistance in FY 2017 Referrals include insurance resources, government assistance programs, transportation, food pantries and community bas ed outpatient behavioral health services Evidence Based Community Education and Wellness P rograms - Living Well Series, Service Line Outreach and Support GroupsCHNA Area of Focus Chronic DiseaseCHNA Community Health Need/ Rationale - 33% of Waukesha County residents r eported 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 ha ving diabetes - 8% of population did not take medications for their medical condition due to cost Goal Reduce morbidity and mortality from chronic conditionsObjectives Increase s elf-management for individuals living with chronic conditions and reinforce healthy lifest yles to encourage behavior change FH Resources - Community Engagement Staff Certified Liv ing Well Instructors- Case Management- Inpatient/Outpatient DepartmentsFH Collaborative Pa rtners - Wisconsin Institute for Healthy Aging - Waukesha County Aging and Disability Reso urce Center - Interfaith Senior Programs Waukesha County - Menomonee Falls, Sussex and Ger mantown Food Pantries - Area Community Education and Recreation Departments FY 2017 Outcom es/Progress - 21 people participated in the Living Well with Chronic Conditions workshop in FY17 - 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 - 29 people participated in the Be Strong Stay Strong program in FY17 This is an evidence based program that meets 2 times a week for 1 0 weeks Research indicates that it improves muscle mass, strength and bone density In ad dition, individuals who regularly strength train often have better blood glucose control, decreased arthritic symptoms, sleep better, and have decreased symptoms of depression - 12 0 people received a blood pressure screening at 10 community events in FY17 - 47 people pa rticipated in a Peripheral Artery Disease Heart Screening 6% of individuals screened were referred on for further evaluation - 11 people participated in a Cardiac Wellness Screen ing 82% of individuals screened were identified as pre-hypertension /hypertension and ove rweight/obese Education and coaching was provided to all individuals - 10 individuals wer e screened for prostate cancer 20% of individuals screened were referred on for further e valuation CNHA Area of Focus Mental Health/Alcohol and Other Drug AbuseCHNA Community He alth Need/ Rationale - 39% of Washington County and 29% of Waukesha County residents repo rted binge drinking - 4% of Waukesha County residents reported having a Mental Health Con dition - 6% of have problems with alcohol consumption - Issues with navigating and accessin g Mental Health/AODA treatment services especially uninsured/underinsured Goal Improve th e behavioral health of Waukesha CountyObjectives Increase community awareness of mental h ealth and alcohol and other drug abuse problems and collaborate for better case management and navigation of treatment FH Resources - Commu

Form and Line Reference	Explanation
Part VI - Additional Information	nity Engagement leadership/staff- Grant support through the Community Outreach Steering Co mmittee- FH Behavioral Health ServicesFH Collaborative Partners - Waukesha County Health a nd Human Services and Public Health Departments Lead Agencies - NAMI - Addiction Resource Council (Waukesha County) - Health care systems in Waukesha County - Waukesha County Schoo l Districts - Menomonee Falls Police DepartmentFY 2017 Outcomes/Progress Drug Collection (AODA/Mental Health)As part of our commitment to improve the quality of life in our commun ity and address drug/heroin addiction in our communities, CMH partnered with Waukesha Coun ty Drug Free Communities Coalition and the Menomonee Falls Police Department to host a dru g collection At the collection, area residents dropped off 1,230 pounds of prescription a nd over-the-counter medications and 640 area households participated in the collection Th is year alone, it took 47 staff and over 140 hours to make the collections possible CMH a nd FH is a member of the Waukesha County Community Health Improvement Plan and Process (CH IPP) Team/Steering Committee, a consortium led by Waukesha County Health and Human Service s and Division of Public Health The 2017 CHIPP Steering Committee officially kicked-off i n January 2017 to plan and develop Mental Health/AODA strategies for the next five years The plan first draft of the plan will be complete in December 2017 and implementation to b egin thereafter Once the plan is complete, it will be reviewed by the Community Outreach Steering Committee at CMH and added to the Implementation Strategy for FY 2018 Areas Not A ddressedTeen 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 Hea lth Literacy and Navigation Other community organizations are working to increase awarene ss of health services and health seeking behaviors among low income individuals Cigarette Use CMH supports the Multi-Jurisdictional Coalition of Tobacco Free Community Partnership Dodge, Jefferson and Waukesha Counties Mental Health CMH does not have the dedicated res ources, although partners with many organizations throughout the service area to address c ertain areas of need There are other local health and human service agencies and organiza tions dedicated to this issue in CMHs service area

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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		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
(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											
1	Community Memorial Hospital W180 N8085 Town Hall Road Menomonee Falls, WI 53051 www.froedtert.com	X	X					X			

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, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 5 - Account Input from Persons Who Represent the Community	The Waukesha County and Washington County Key Informant Interview Report is a summary of public health priorities for both counties, 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 and Washington County Community Health Surveys conducted through a partnership between FH (CMH) and Aurora Health Care, ProHealth Care, Childrens Hospital of Wisconsin, Wheaton Franciscan and Milwaukee Healthcare Partnership. The key informant interviews incorporate 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 Washington and Waukesha Counties were identified by the participating healthcare systems, Milwaukee Healthcare Partnership and supporting Health Departments. Through this collaboration, the CHNA team invited the informants to participate, and conducted the interviews using 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 information provided to the Center for Urban Population Health, Waukesha County Key Informant Interviews (2015): - Addiction Resource Council, Inc. - City of New Berlin - Fire Department - City of New Berlin Police Department - Community Outreach Health Clinic - Delafield Chamber of Commerce - Family Service of Waukesha - Hamilton School District - Hartland Chamber of Commerce - Hope Center, Inc. - HOPE Network, Inc. - Interfaith Senior Programs - Kettle Moraine School District - La Casa de Esperanza - Lake Area Free Clinic - Menomonee Falls Area Food Pantry - Menomonee Falls Chamber of Commerce, Inc. - Mukwonago Food Pantry and Mukwonago Food Pantry Resource Center - NAMI Waukesha, Inc. - New Berlin Food Pantry - Oconomowoc Area School District - Oconomowoc Chamber of Commerce - Safe Babies Healthy Families - Saint Josephs Medical Clinic, Inc. - School District of Menomonee Falls - School District of New Berlin - School District of Waukesha - Stillwaters Cancer Support Services - Sussex Outreach Services - United Way of Greater Milwaukee & Waukesha County - Village of Menomonee Falls - Police & Fire Department - Waukesha County Board - Waukesha County Business Alliance - Waukesha County Community Dental Clinic - Waukesha County Department of Health and Human Services - YMCA at Pabst Farms - YMCA of Greater Waukesha County - Washington County Key Informants Interviews (2014) - A

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, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 5 - Account Input from Persons Who Represent the Community	urora Health Care Parish Nurse Program/Still Waters Community United United Way Washington County Casa Guadalupe Education Center Germantown Rec Dept St Boniface Food Pantry Was hington County Mental Health West Bend Chamber of Commerce Hartford Parks & Recreation Ger mantown Police Department West Bend School District Germantown High School Kettle Moraine YMCA Elevate Inc Albrecht Free Clinic Washington County Health Department

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	Washington County Health Needs Assessment Collaboration FH (CMH) (Hospital/Health System)Aurora Health Care (Hospital/Health System)Childrens Hospital of Wisconsin (Hospital/Health System)Waukesha County Health Needs Assessment Collaboration FH (CMH) (Hospital/Health System)Aurora Health Care (Hospital/Health System)ProHealth Care (Hospital/Health System)Wheaton Franciscan Healthcare (Hospital/Health System)Waukesha County Public Health Department

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 7d - Description of Making Needs Assessment Widely Available	The full version of the report and other supporting documents can be found on FHs website Waukesha County Waukesha County Community Health Survey Summary 2015 https://www.froedtert.com/upload/docs/community-memorial/community-giving/benefit/waukesha-county-community-health-survey-summary-2015.pdf Waukesha Key Informant Report 2015 https://www.froedtert.com/upload/docs/community-memorial/community-giving/benefit/waukesha-key-informant-report-2015.pdf Waukesha Secondary Data Report 2015 https://www.froedtert.com/upload/docs/community-memorial/community-giving/benefit/waukesha-secondary-data-report-2015.pdf Washington County 2016 Washington County Community Health Survey Report https://www.froedtert.com/upload/docs/giving/community-benefit/2016-washington-county-community-health-survey-report.pdf 2016 Washington County Key Informant Results https://www.froedtert.com/upload/docs/giving/community-benefit/2016-washington-county-key-informant-results.pdf 2016 Washington County Secondary Data Source https://www.froedtert.com/upload/docs/giving/community-benefit/2016-washington-county-secondary-data-sources.pdf Additional Community Health Needs Assessments are posted on Washington-Ozaukee Public Health Department and Waukesha County Health Department websites Washington County Public Health Department - http://www.co.washington.wi.us/uploads/docs/2015-cha.pdf Waukesha County Public Health Department - https://www.waukesha-county.gov/HealthAndHumanServices/PublicHealth/chipp/

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 11 - Explanation of Needs Not Addressed and Reasons Why	Community Memorial Hospitals community health improvement initiatives are targeted for the broad community, especially vulnerable populations (uninsured/underinsured) in the hospitals primary and secondary service areas. Community Memorial Hospitals mission is to advance the health of the communities we serve through exceptional care enhanced by innovation and discovery. The Community Outreach Steering Committee prioritized community health improvement programs, activities and services that reflect the hospitals mission and scope of care. Access to Primary and Specialty Care, AODA, Chronic Disease Management and Health focused Prevention and Wellness programs. The following needs are not being addressed by Community Memorial Hospital 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. There are other local health and human service agencies and organizations dedicated to this issue.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 13b - Criteria For Providing Discounted Care If Not FPG	In alignment with the FH financial assistance policy, CMH 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 determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received and 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 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, CMH also takes certain assets into consideration. Assets protected from financial evaluation include a household's retirement assets, home equity, and a portion of cash and savings assets.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 13h - Other Factors Used in Determining Amounts Charged Patients	Out of Pocket Maximum Discount

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, Line 20e - Other Actions Took Before Any Collection Actions	We request additional documentation when an individual has submitted an incomplete financial assistance application

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
39-0987025

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Addiction Resource Council 741 N Grand Ave Suite 200 Waukesha, WI 53186	39-1174092	501(c)(3)	15,000	0			Outreach and Support Programs
(2) ERAS Senior Network 210 NW Barstow St Suite 101 Waukesha, WI 53188	39-1393171	501(c)(3)	10,000	0			Caregiver Connection Initiative

- 2

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

2
- 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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.

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 idemnification 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: 16000303

Software Version: 2016v3.0

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)	184,133	45,802	19,528	33,521	19,345	302,329	17,627
	(ii)	-----	-----	-----	-----	-	-	-----
1Ericson Allen Chief Operating Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	398,525	123,845	20,897	99,052	-	-	-----
						30,282	672,601	
2Evenson Rock E VP Business Ops	(i)	172,238	48,272	44,260	29,693	20,269	314,732	24,669
	(ii)	-----	-----	-----	-----	-	-	-----
3Goldberg MD David F Dir&VP Med Afrs	(i)	343,963	84,999	57,517	48,836	7,534	542,849	37,807
	(ii)	-----	-----	-----	-----	-	-	-----
4Hawig ScottFH CFO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	583,940	211,149	19,140	135,881	-	-	-----
						29,270	979,380	
5Jacobson Cathenne A Dir&FH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,155,843	617,496	205,377	304,727	-	-	203,809
						31,018	2,314,461	
6Knoll ThomasTreasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	162,709	25,275	1,388	8,927	-	-	-----
						27,130	225,429	
7Lux Theresa MDir&CMH Pres	(i)	227,329	59,441	46,097	41,645	11,404	385,916	27,107
	(ii)	-----	-----	-----	-----	-	-	-----
8McClure Debra Nurse Anesthetist	(i)	321,539	800	33,611	6,638	11,537	374,125	
	(ii)	-----	-----	-----	-----	-	-	-----
9Newkirk Garret Dir of Pharmacy	(i)	175,411	27,029	506	10,946	26,033	239,925	
	(ii)	-----	-----	-----	-----	-	-	-----
10Petry Patricia CHD Dir Wom Hlth	(i)	175,096	26,348	2,412	11,835	10,260	225,951	
	(ii)	-----	-----	-----	-----	-	-	-----
11Pollard Dennis Dir&CMH Pres	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	521,659	215,222	134,574	121,494	-	-	106,898
						25,152	1,018,101	
12VanDeKreeke Jeffrey Former - Officer (CFO)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	317,027	85,030	119,351	67,193	-	-	98,573
						13,503	602,104	
13Waala Shelly Dir&VP Pt Care	(i)	149,485	23,288	8,719	2,421	26,487	210,400	
	(ii)	-----	-----	-----	-----	-	-	-----

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493129003388	
SCHEDULE O (Form 990 or 990-EZ)	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 .				OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service				Employer identification number 39-0987025
	Name of the organization Community Memorial Hospital of Menomonee Falls Inc				

990 Schedule O, Supplemental Information

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 (FH), a related party Investment Income - revenue derived from investments in affiliates (Menomonee Falls Ambulatory Surgery Center and Vanguard Health Services) Intercompany Revenue consists of revenue derived from medical and administrative services provided to the other FH 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Teri Lux, David Goldberg, Shelly Walla, Dennis Pollard, Thomas Knoll, Allen Ericson all have Business Relationship with Scott Hawig and Catherine JacobsonCatherine Jacobson & Scott Hawig Business Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	FH is the sole corporate member of CMH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	FH, as the sole corporate member of CMH has the final approval of election of all board members

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	FH accounting staff prepare Form 990 which is reviewed by the FH financial leaders The 990 is then reviewed by KPMG, FH's outside accounting firm Next, the 990 is provided to the FH Finance Committee and Board of Directors Finally, the 990 is filed as required

990 Schedule O, Supplemental Information

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 FH 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 CMH 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 FH Finance Committee of the FH Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Compensation of Officers and Key Employees is paid by FH, a related organization, but a review is performed. In establishing the compensation of the organization's Officers and Key Employees, 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 reviewed and approved by the Compensation Committee of the FH (the related organization) Board of Directors. In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of Officers and Key Employees is paid by FH, a related organization, but a review is performed. In establishing the compensation of the organization's Officers and Key Employees, 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 reviewed and approved by the Compensation Committee of the FH (the related organization) Board of Directors. In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	FH'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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in APB other than net periodic benefit costs = \$12359044

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in Foundation restricted net assets = -\$725924

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Foundation unrestricted net assets = \$2165505

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Net asset transfer from affiliates = \$819952

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to affiliates = -\$12561

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part IX 24b Corporate Allocations	FH allocates certain revenues and expenses to FMLH, CMH, SJH & CP. The allocation is calculated by applying an allocation metric to each accounting unit at FH. Each entity then receives its portion of the FH allocation on a monthly basis.

990 Schedule O, Supplemental Information

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.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129003388

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Community Memorial Hospital of Menomonee Falls Inc

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.

See Additional Data Table

(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

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 Laboratories 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	
(5) Waukesha Surgery Center LLC 2400 Golf Road Pewaukee, WI 53072 81-1166201	Surgical Services	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?

	Yes	No
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 Yes	
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	109,990	Cash Transfer
(2)Community Memorial Foundation	c	800,000	Cash Transfer
(3)Community Memorial Foundation	q	28,583	Cash Transfer

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)

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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
(1) 9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-2014409	Management Services	WI	501(c)(3)	12	NA		No
(1) 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	
(2) W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1635057	Health and Welfare promotion	WI	501(c)(3)	10	Community Memorial Hospital of MF	Yes	
(3) 9200 West Wisconsin Avenue Milwaukee, WI 532263522 39-6105970	Hospital	WI	501(c)(3)	3	Froedtert Health Inc		No
(4) 3200 Pleasant Valley Road West Bend, WI 530953868 39-0806302	Hospital Care Services	WI	501(c)(3)	3	Froedtert Health Inc		No
(5) 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
(6) 9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-1431192	Health, welfare, research & educ promo	WI	501(c)(3)	10	Froedtert Memorial Lutheran Hospital Inc		No
(7) 9200 W Wisconsin Avenue Milwaukee, WI 53226 20-2636686	Healthcare Services	WI	501(c)(3)	12	Froedtert Health Inc		No