

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
Marshfield Clinic Inc
% CATHY BUKOWSKI VP OF FINANC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 N OAK AVENUE
City or town, state or province, country, and ZIP or foreign postal code
MARSHFIELD, WI 54449

D Employer identification number
39-0452970
E Telephone number
(715) 387-5511
G Gross receipts \$ 1,078,196,464

F Name and address of principal officer
IVAN SCHALLER MD BOARD CHAIR
1000 N OAK AVENUE
MARSHFIELD, WI 54449

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.MARSHFIELDCLINIC.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1916
M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE ENRICH LIVES TO CREATE HEALTHY COMMUNITIES THROUGH ACCESSIBLE, AFFORDABLE, COMPASSIONATE HEALTH CARE

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: *****
Date: 2020-08-14
NARAYANA MURALI MD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-08-13
Check if self-employed: PTIN: P01800653
Firm's name: KPMG LLP
Firm's EIN:
Firm's address: 4200 Wells Fargo Ctr 90 S 7th, Minneapolis, MN 55402
Phone no: (612) 305-5000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE ENRICH LIVES TO CREATE HEALTHY COMMUNITIES THROUGH ACCESSIBLE, AFFORDABLE, COMPASSIONATE HEALTH CARE

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 \$ 889,968,064 including grants of \$ 30,539,218) (Revenue \$ 852,967,977)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 889,968,064

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	944			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 (CATHY BUKOWSKI VP OF FINANC 1000 N OAK AVENUE MARSHFIELD, WI 54449 (715) 387-5511)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,235,614				
	e Government grants (contributions)	1e	29,604,071				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f			34,839,685			
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
		621110	679,755,524	660,587,491	19,168,033		
	b INTERCOMPANY REVENUE	621110	167,654,295	167,654,295			
	c MISC OTHER OPERATING REVENUE	621110	24,724,226	24,724,226			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			872,134,045				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,875,767		190,380	5,685,387	
	4 Income from investment of tax-exempt bond proceeds		446,423			446,423	
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		283,334					
		b Less rental expenses	530,252				
		c Rental income or (loss)	-246,918	0			
	d Net rental income or (loss)			-246,918		-246,918	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		164,604,772	10,473				
		b Less cost or other basis and sales expenses	155,308,148	124,993			
		c Gain or (loss)	9,296,624	-114,520			
	d Net gain or (loss)			9,182,104		9,182,104	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a		0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a Vending Revenue	900099	1,965	1,965				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			1,965				
12 Total revenue. See Instructions			922,233,071	852,967,977	19,358,413	15,066,996	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	630,303	630,303		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	29,908,915	29,908,915		
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.	5,058,791		5,058,791	
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.	444,002,325	434,378,215	9,624,110	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	24,676,788	23,317,649	1,359,139	
9 Other employee benefits.	36,711,680	33,108,749	3,602,931	
10 Payroll taxes.	16,396,228	15,557,318	838,910	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	50,661		50,661	
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	427,792	427,792		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,982,773	22,766,426	216,347	
12 Advertising and promotion.	122,711	111,204	11,507	
13 Office expenses.	7,802,599	7,226,046	576,553	
14 Information technology.	2,918,758	2,726,183	192,575	
15 Royalties.	0			
16 Occupancy.	10,839,784	10,817,277	22,507	
17 Travel.	2,078,035	1,875,673	202,362	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	315,569	300,609	14,960	
20 Interest.	15,558,362	15,558,362		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	30,012,402	30,012,402		
23 Insurance.	1,140,964	1,140,964		
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	241,090,838	241,019,319	71,519	
b I/C PURCHASED SERVICES	93,703,570		93,703,570	
c EQUIPMENT REPAIRS	7,657,818	7,608,733	49,085	
d PROVISION FOR BAD DEBTS	10,108,602	10,108,602		
e All other expenses	1,408,884	1,367,323	41,561	
25 Total functional expenses. Add lines 1 through 24e.	1,005,605,152	889,968,064	115,637,088	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	39,358,840
	2 Savings and temporary cash investments	2,694,135	2	8,786,125
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	68,204,055	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	32,083,518	7	24,528,935
	8 Inventories for sale or use	23,176,892	8	22,013,658
	9 Prepaid expenses and deferred charges	4,452,641	9	2,703,983
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 817,211,733		
	b Less accumulated depreciation	10b 417,904,224	492,200,420	10c 399,307,509
	11 Investments—publicly traded securities	139,822,612	11	145,685,511
	12 Investments—other securities See Part IV, line 11	190,676,867	12	200,171,977
	13 Investments—program-related See Part IV, line 11	9,519,889	13	8,166,493
	14 Intangible assets	370,691	14	370,691
	15 Other assets See Part IV, line 11	1,028,129	15	1,028,129
16 Total assets. Add lines 1 through 15 (must equal line 34)	964,229,849	16	852,121,851	
Liabilities	17 Accounts payable and accrued expenses	93,675,884	17	120,999,297
	18 Grants payable	0	18	0
	19 Deferred revenue	1,159,611	19	874,161
	20 Tax-exempt bond liabilities	356,028,439	20	347,944,053
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	73,294,430	25	74,932,059
	26 Total liabilities. Add lines 17 through 25	524,158,364	26	544,749,570
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	438,960,586	27	306,218,241
	28 Temporarily restricted net assets	82,770	28	125,911
	29 Permanently restricted net assets	1,028,129	29	1,028,129
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	440,071,485	33	307,372,281	
34 Total liabilities and net assets/fund balances	964,229,849	34	852,121,851	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	922,233,071
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,005,605,152
3	Revenue less expenses Subtract line 2 from line 1	3	-83,372,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	440,071,485
5	Net unrealized gains (losses) on investments	5	659,682
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-55,099,305
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,112,500
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	307,372,281

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 39-0452970

Name: Marshfield Clinic Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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			
Ivan Schaller MD Chair	41 0 2 0	X		X				246,826	0	55,901
Edward Fernandez MD Vice Chair	41 0 2 0	X		X				575,074	0	59,708
Alpa Shah MD Secretary	41 0 1 0	X		X				214,053	0	29,497
Matthew Thomas MD Treasurer	41 0 2 0	X		X				529,805	0	52,402
Timothy Wengert MD Board Member	41 0 1 0	X						413,228	0	50,118
Sushma Thappeta MD Board Member	41 0 1 0	X						392,560	0	56,508
Seth Fagbemi MD Board Member	41 0 1 0	X						667,720	0	54,242
Richard Fossen MD Board Member	41 0 1 0	X						372,575	0	59,192
Elvis Peter MD Board Member	41 0 1 0	X						818,065	0	58,192
Kent Ray DO Board Member	41 0 1 0	X						339,337	0	51,292

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			
Neelakatan Namboodiri MD Board Member	41 0	X						361,550	0	48,101
Narayana Murali MD Executive Director	1 0				X			0	854,715	55,886
Jerard Jensen MCHS General Counsel	46 0				X			0	874,226	53,928
Gordon Edwards MCHS CFO/COO	1 0				X			0	702,259	57,140
Susan Turney MD MCHS CEO	44 0				X			0	2,454,892	291,090
William Melms MD Chief Medical Officer	40 0				X			423,519	0	51,292
Steven Kulick Chief Experience Officer	1 0				X			0	225,580	11,227
Vivekananda Gonugunta MD Physician	40 0					X		1,472,462	0	29,497
Adedayo Onitilo MD Physician	40 0					X		1,343,211	0	48,842
John Neal MD Physician	40 0					X		1,299,408	0	56,204

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			
Scott Paulman MD Physician	40 0 0 0					X		1,217,023	0	31,021
David Simenstad MD Physician	40 0 0 0					X		1,135,999	0	57,569
Brian Ewert MD Former President	40 0 0 0						X	352,174	0	53,417
Dan Erickson MD Former Vice President	40 0 0 0						X	137,281	0	27,598
William Barkley MD Former Chief Medical Officer	40 0 0 0						X	168,661	0	45,737
Rod Sorensen MD Former Salary Committee	40 0 0 0						X	263,992	0	53,552
Daniel Ramsey Former MCHS COO	0 0 0 0						X	0	557,013	456

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Marshfield Clinic Inc

Employer identification number
39-0452970

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Form 990 Sch A Part I	PER IRS INSTRUCTIONS FOR THE FORM 990, THE DEFINITION OF HOSPITALS FOR SCHEDULE A (FORM 990 OR 990-EZ), PART I, IS DIFFERENT FROM THE DEFINITION FOR SCHEDULE H (FORM 990), HOSPITALS ACCORDINGLY, AN ORGANIZATION THAT CHECKS THIS BOX MAY OR MAY NOT BE REQUIRED TO COMPLETE SCHEDULE H (FORM 990) MARSHFIELD CLINIC IS NOT RECOGNIZED BY ANY STATE AS A HOSPITAL THEREFORE, MARSHFIELD CLINIC IS NOT REQUIRED TO COMPLETE SCHEDULE H

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Marshfield Clinic Inc

Employer identification number
39-0452970

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ► \$ _____ 3,527,576

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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				54,751,273	55,590,273
b Contributions				394,000	708,000
c Net investment earnings, gains, and losses				6,037,000	-96,000
d Grants or scholarships					
e Other expenditures for facilities and programs				1,980,000	1,451,000
f Administrative expenses					
g End of year balance				59,202,273	54,751,273

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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 | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | | |
| 3a(ii) | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		20,806,197		20,806,197
b Buildings		515,168,596	223,275,998	291,892,598
c Leasehold improvements		6,871,872	4,372,614	2,499,258
d Equipment		252,160,412	179,068,336	73,092,076
e Other		22,204,656	11,187,276	11,017,380
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				399,307,509

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) BOND MUTUAL & COMMINGLED FUNDS	142,439,193	
(B) REAL ESTATE LPS	17,508,374	
(C) LP BOND FUNDS & PRIVATE EQUITY	40,224,410	
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	200,171,977	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION	62,922,875
MALPRACTICE CLAIMS RESERVE	9,759,194
SEVERANCE & SABBATICAL LIABILITY	2,249,990
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	74,932,059

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:

Software Version:

EIN: 39-0452970

Name: Marshfield Clinic Inc

Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part III Line 4	THE MISSION OF MARSHFIELD CLINIC IS TO SERVE PATIENTS THROUGH ACCESSIBLE, HIGH QUALITY HEALTH CARE, RESEARCH AND EDUCATION AS PART OF SERVING PATIENTS, THE CLINIC STRIVES TO PROVIDE AN INVITING ATMOSPHERE TO TREAT PATIENTS AND ASSIST IN THE HEALING PROCESS PLEASANT FACILITIES AND GROUNDS, PLUS APPROPRIATE WORKS OF ART ALL ASSIST IN THIS HEALING PROCESS, AS WELL AS SERVE TO ENHANCE THE CLINIC'S EDUCATIONAL MISSION BY DISPLAYING ART WORK FOR SCHOOL CHILDREN AS WELL AS PATIENTS AND VISITORS

Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part X Line 2	THE ORGANIZATION APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES (ASC 740), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS ASC 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 740, TAX POSITIONS WILL BE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND WILL PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES BASED ON AN ANALYSIS PREPARED BY THE SYSTEM, IT WAS DETERMINED THAT THE APPLICATION OF ASC 740 HAD NO MATERIAL EFFECT ON THE ORGANIZATION AT SEPTEMBER 30, 2019 OR 2018

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Marshfield Clinic Inc

Employer identification number
39-0452970

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments	N/A	2,492,383
3a Sub-total					2,492,383
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,492,383

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Marshfield Clinic Inc

Employer identification number

39-0452970

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Charity Care Assistance to Individuals	2310	29,908,915			
(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
Form 990 Sch I Part I Line 2	MARSHFIELD CLINIC, INC PROVIDES GRANTS (PRIMARILY CONTRIBUTIONS) TO A VARIETY OF ORGANIZATIONS, ALL OF WHICH ARE 501(C)(3) MARSHFIELD CLINIC MAKES DETERMINATIONS ON GRANTS AND OTHER ASSISTANCE BASED ON THE RECIPIENT ORGANIZATION'S MISSION, REPUTATION, AND THE ORGANIZATION'S INTENDED USE OF FUNDS Marshfield Clinic Health System (including Marshfield Clinic) provides emergency and medically necessary health care services for free or at discounted rates to patients who meet certain eligibility criteria Patients seeking financial assistance apply by completing a financial assistance application Free care is available for patients with income and excess asset values at or below 200% of the Federal Poverty Guidelines

Additional Data

Software ID:
Software Version:
EIN: 39-0452970
Name: Marshfield Clinic Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Health Center of Marshfield Inc 1000 N Oak Ave Marshfield, WI 54449	39-1681547	501(c)(3)	560,000				General Support
City of Eau Claire - Ambulance Service PO Box 1087 Eau Claire, WI 54702	39-6005436	501(c)(3)	52,258				GENERAL SUPPORT General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lakeland Union High School 9573 Hwy 70 West Minocqua, WI 54548	39-6025018	501(c)(3)	8,000				GENERAL SUPPORT General Support

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Marshfield Clinic Inc

Employer identification number
39-0452970

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>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</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a	Yes			
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b	Yes			
<p>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</p>					
<p>a The organization?</p>	6a	Yes			
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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
Form 990 Sch J Part I Line 1a	THE ORGANIZATION MAY OCCASIONALLY REIMBURSE OR PROVIDE A HOUSING ALLOWANCE FOR KEY EXECUTIVES IN ORDER TO ASSIST WITH RELOCATING TO THE AREA. THE ORGANIZATION MAY ALSO CONTRIBUTE TO OR REIMBURSE FOR HEALTH AND SOCIAL CLUB DUES AS DEEMED NECESSARY IN ORDER TO SUPPORT A BUSINESS NEED.

Return Reference	Explanation
Form 990 Sch J Part I Line 3	THE MARSHFIELD CLINIC HEALTH SYSTEM'S (MCHS) INDEPENDENT COMPENSATION COMMITTEE (THE COMMITTEE) HAS FINAL AUTHORITY FOR APPROVING COMPENSATION AND BENEFITS OF ALL DISQUALIFIED PERSONS EMPLOYED BY ANY OF THE ORGANIZATIONS IN THE SYSTEM THE COMMITTEE USES COMBINATIONS OF THE FOLLOWING TO EVALUATE COMPENSATION COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE, AND WRITTEN EMPLOYMENT CONTRACTS

Return Reference	Explanation
Form 990 Sch J Part I Line 4a	SEVERANCE DANIEL RAMSEY - \$557,469

Return Reference	Explanation
Form 990 Sch J Part I Line 4b	457(F) PLAN SUSAN TURNEY, MD - \$165,215

Return Reference	Explanation
Form 990 Sch J Part I Line 5a & 5b	SEVERAL INDIVIDUALS MAY RECEIVE INCENTIVE COMPENSATION BASED ON A VARIETY OF FACTORS, INCLUDING NOT ONLY FINANCIAL MEASURES SUCH AS REVENUE GROWTH OR EARNINGS, BUT ALSO QUALITY, SERVICE, MARKET EXPANSION, COMMUNITY & EMPLOYEE ENGAGEMENT, AND OTHER OUTCOMES OR EXPECTATIONS SET BY THE BOARD AND/OR CEO ANY PERFORMANCE BONUS IS SUBJECT TO REVIEW BY THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE FOR REASONABLENESS

Return Reference	Explanation
Form 990 Sch J Part I Line 6a & 6b	SEVERAL INDIVIDUALS MAY RECEIVE INCENTIVE COMPENSATION BASED ON A VARIETY OF FACTORS, INCLUDING NOT ONLY FINANCIAL MEASURES SUCH AS REVENUE GROWTH OR EARNINGS, BUT ALSO QUALITY, SERVICE, MARKET EXPANSION, COMMUNITY & EMPLOYEE ENGAGEMENT, AND OTHER OUTCOMES OR EXPECTATIONS SET BY THE BOARD AND/OR CEO ANY PERFORMANCE BONUS IS SUBJECT TO REVIEW BY THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE FOR REASONABLENESS



Additional Data

Software ID:
Software Version:
EIN: 39-0452970
Name: Marshfield Clinic 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				
Ivan Schaller MD Chair	(i)	232,003	10,410	4,413	29,497	28,084	304,407	0
	(ii)	-----	-----	-----	0	0	0	0
Edward Fernandez MD Vice Chair	(i)	426,883	125,719	22,472	29,497	32,416	636,987	0
	(ii)	-----	-----	-----	0	0	0	0
Alpa Shah MD Secretary	(i)	211,560		2,493	29,497	1,566	245,116	0
	(ii)	-----	-----	-----	0	0	0	0
Matthew Thomas MD Treasurer	(i)	493,259	15,250	21,296	29,497	25,110	584,412	0
	(ii)	-----	-----	-----	0	0	0	0
Timothy Wengert MD Board Member	(i)	394,290	14,000	4,938	29,497	22,826	465,551	0
	(ii)	-----	-----	-----	0	0	0	0
Sushma Thappeta MD Board Member	(i)	311,669	78,528	2,363	29,497	29,036	451,093	0
	(ii)	0	0	0	0	0	0	0
Seth Fagbemi MD Board Member	(i)	645,248	0	22,472	29,497	26,950	724,167	0
	(ii)	0	0	0	0	0	0	0
Richard Fossen MD Board Member	(i)	343,666	17,679	11,230	29,497	31,900	433,972	0
	(ii)	0	0	0	0	0	0	0
Elvis Peter MD Board Member	(i)	815,479	0	2,586	29,497	30,900	878,462	0
	(ii)	0	0	0	0	0	0	0
Kent Ray DO Board Member	(i)	336,541	0	2,796	29,497	24,000	392,834	0
	(ii)	0	0	0	0	0	0	0
Neelakatan Namboodiri MD Board Member	(i)	344,222	0	17,328	29,497	20,809	411,856	0
	(ii)	0	0	0	0	0	0	0
Narayana Murali MD Executive Director	(i)	0	0	0	0	0	0	0
	(ii)	720,583	112,500	21,632	29,497	28,594	912,806	0
Jerard Jensen MCHS General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	741,937	112,500	19,789	29,497	26,636	930,359	0
Gordon Edwards MCHS CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	570,052	90,000	42,207	29,497	29,848	761,604	0
Susan Turney MD MCHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,686,332	510,000	258,560	270,897	22,398	2,748,187	154,255
William Melms MD Chief Medical Officer	(i)	419,547	0	3,972	29,497	24,000	477,016	0
	(ii)	0	0	0	0	0	0	0
Vivekananda Gonugunta MD Physician	(i)	1,450,830	0	21,632	29,497	2,205	1,504,164	0
	(ii)	0	0	0	0	0	0	0
Adedayo Onitilo MD Physician	(i)	1,318,490	0	24,721	29,497	21,550	1,394,258	0
	(ii)	0	0	0	0	0	0	0
John Neal MD Physician	(i)	1,269,408	6,562	23,438	29,497	28,912	1,357,817	0
	(ii)	0	0	0	0	0	0	0
Scott Paulman MD Physician	(i)	1,195,391	0	21,632	29,497	3,729	1,250,249	0
	(ii)	0	0	0	0	0	0	0

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				
David Simenstad MD Physician	(i)	1,062,027	51,500	22,472	29,497	30,277	1,195,773	0
	(ii)	0	0	0	0	0	0	0
Brian Ewert MD Former President	(i)	328,738	0	23,436	29,497	26,123	407,794	0
	(ii)	0	0	0	0	0	0	0
Dan Erickson MD Former Vice President	(i)	129,705	3,186	4,390	16,926	12,329	166,536	0
	(ii)	0	0	0	0	0	0	0
Rod Sorensen MD Former Salary Committee	(i)	253,905	5,075	5,012	29,497	25,905	319,394	0
	(ii)	0	0	0	0	0	0	0
Daniel Ramsey Former MCHS COO	(i)	0	0	0	0	0	0	0
	(ii)	-456	0	557,469	0	456	557,469	0
William Barkley MD Former Chief Medical Officer	(i)	150,912	15,268	2,481	23,980	22,987	215,628	0
	(ii)	0	0	0	0	0	0	0
Steven Kulick Chief Experience Officer	(i)	0	0	0	0	0	0	0
	(ii)	216,878	0	8,702	1,769	9,678	237,027	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Marshfield Clinic Inc

Employer identification number
39-0452970

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HEMA MURALI MD	FAMILY RELATIONSHIP	557,473	COMPENSATION		No
(2) SHANA VIFIAN RAY MD	FAMILY RELATIONSHIP	327,775	COMPENSATION		No
(3) MILIND SHAH MD	FAMILY RELATIONSHIP	700,605	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
Marshfield Clinic Inc

Employer identification number

39-0452970

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	<p>MARSHFIELD CLINIC, INC , FOUNDED IN 1916, IS A NOT-FOR-PROFIT GROUP MEDICAL PRACTICE ENGAGED IN PROVIDING HEALTHCARE, HEALTHCARE EDUCATION, MEDICAL RESEARCH, AND COMMUNITY SERVICE MARSHFIELD CLINIC RESEARCH INSTITUTE, A DIVISION OF MARSHFIELD CLINIC, ENGAGES IN MEDICAL AND SCIENTIFIC RESEARCH AND THE PROMOTION OF PUBLIC HEALTH, MEDICAL EDUCATION, AND COMMUNITY SERVICE Form 990 Part IV Line 4 Marshfield Clinic Health System (including Marshfield Clinic) is a member of various healthcare associations (i e Wisconsin Hospital Association) that may perform some lobbying activity All associated dues are disclosed on the Form 990 of Marshfield Clinic Health System, Inc Form 990 Part V Line 2 ALL PERSONNEL SERVICES FOR MARSHFIELD CLINIC, INC ARE PERFORMED BY EMPLOYEES OF MARSHFIELD CLINIC HEALTH SYSTEM, INC ALL PHYSICIAN SERVICES FOR MARSHFIELD CLINIC, INC ARE PERFORMED BY EMPLOYEES OF MARSHFIELD CLINIC, INC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	THE CORPORATION HAS TWO CLASSES OF MEMBERS (I) CLASS A MEMBERS, WHO SHALL BE INDIVIDUALS MEETING THE REQUIREMENTS SET FORTH IN THE CORPORATION'S BYLAWS, AND (II) A SINGLE CLASS B MEMBER, MARSHFIELD CLINIC HEALTH SYSTEM, INC , WHICH SHALL BE THE SOLE CORPORATE MEMBER C CLASS A MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE CERTAIN SIGNIFICANT DECISIONS OF THE GOVERNING BODY THE CLASS B MEMBER HAS THE RIGHT TO APPROVE CERTAIN SIGNIFICANT DECISIONS OF THE GOVERNING BODY AND TO RECEIVE THE REMAINING ASSETS OF THE CORPORATION (OR DIRECT DISTRIBUTION OF THE ASSETS TO OTHER 501(C)(3) ORGANIZATIONS) UPON DISSOLUTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7a	CLASS A MEMBERS HAVE THE RIGHT TO ELECT THE ORGANIZATION'S OFFICERS AND DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7b	ALL MEMBERS HAVE THE RIGHT TO APPROVE ANY CHANGES TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS AND TO APPROVE ANY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	MARSHFIELD CLINIC HEALTH SYSTEM, INC ENGAGES A PUBLIC ACCOUNTING FIRM TO PREPARE AND REVIEW THE FORM 990 IN ADDITION TO REVIEW BY THE SYSTEM CFO, VP OF FINANCE AND CONTROLLER PRIOR TO FILING THE FORM WITH THE IRS, THE CFO AND HIS/HER DESIGNEE WILL PROVIDE TO EACH MEMBER OF THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE (A SUBCOMMITTEE OF THE BOARD OF DIRECTORS) A COPY IN ELECTRONIC OR PAPER FORM OF THE COMPLETED FORM 990 (AND ALL REQUIRED SCHEDULES) FOR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	ALL OFFICERS, BOARD DIRECTORS, AND KEY EMPLOYEES OF EVERY MARSHFIELD CLINIC HEALTH SYSTEM (MCHS) ENTITY, AS WELL AS ANY OTHER PERSON DESIGNATED BY THE AUDIT AND COMPLIANCE COMMITTEE (ACC) TO BE A REQUIRED REPORTER BY VIRTUE OF HIS OR HER POSITION AT A SYSTEM ENTITY, SHALL ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM SUCH FORMS SHALL BE DISTRIBUTED AND RECORDED BY THE SYSTEM'S DESIGNATED COMPLIANCE OFFICER ALL FINANCIAL INTERESTS DISCLOSED AS PART OF THE ANNUAL DISCLOSURE PROCESS SHALL BE REVIEWED BY THE ACC THE ACC SHALL INFORM THE BOARD OF DISCLOSED FINANCIAL INTERESTS WHICH MAY BEAR UPON OR RELATE TO A TRANSACTION UPON WHICH THE BOARD OR ANOTHER BOARD, COMMITTEE OR OTHER BODY OF A SYSTEM ENTITY, MAY DELIBERATE OR ACT IN ADDITION TO THE ANNUAL DISCLOSURES, IF AT ANY TIME BETWEEN ANNUAL DISCLOSURES, A REQUIRED REPORTER BECOMES AWARE THAT THE BOARD, OR A BOARD, COMMITTEE OR OTHER BODY, OF ANY SYSTEM ENTITY MAY DELIBERATE OR ACT UPON ANY TRANSACTION THAT MAY HAVE ANY BEARING OF ANY KIND UPON, OR MAY RELATE IN ANY MANNER TO, AN EXISTING, INTENDED OR EXPECTED FINANCIAL INTEREST OF THE REQUIRED REPORTER, HE OR SHE SHALL DISCLOSE THE FINANCIAL INTEREST TO THE RELEVANT SYSTEM ENTITY BOARD, COMMITTEE OR BODY CHAIR, AS WELL AS TO THE SYSTEM'S COMPLIANCE OFFICER, IN ADVANCE OF ANY DELIBERATIONS OR ACTION, WRITTEN DISCLOSURE OF THE EXISTENCE, NATURE AND EXTENT OF HIS OR HER FINANCIAL INTEREST ALL WRITTEN OR ORAL DISCLOSURES OF FINANCIAL INTERESTS SHALL BE RECORDED IN THE MINUTES OF THE BOARD AND BY THE OFFICE OF THE COMPLIANCE OFFICER THE COMPLIANCE OFFICER SHALL DISCLOSE THE COMPLETED FORMS AS NECESSARY TO THOSE MCHS EMPLOYEES RESPONSIBLE FOR COMPLETION OF THE IRS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a & 15b	<p>THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE (COMPENSATION COMMITTEE) SHALL HAVE FINAL AUTHORITY FOR APPROVING COMPENSATION AND BENEFITS OF ALL DISQUALIFIED PERSONS (AS THAT TERM IS DEFINED IN 4958 OF THE INTERNAL REVENUE CODE (THE CODE)) EMPLOYED BY THE CORPORATION, INCLUDING BUT NOT LIMITED TO THE CORPORATION'S CEO THE TERM DISQUALIFIED PERSONS INCLUDES (BUT IS NOT LIMITED TO) ANY PERSON (OR THE PERSON'S FAMILY MEMBER) WHO WAS, AT ANY TIME DURING THE 5-YEAR PERIOD ENDING ON THE DATE OF THE TRANSACTION, IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION IT SHALL BE THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE TO INSURE THAT THE SYSTEM DOES NOT PAY AN AMOUNT THAT EXCEEDS REASONABLE COMPENSATION FOR ANY DISQUALIFIED PERSON THE COMPENSATION COMMITTEE AND ITS OPERATING PROCEDURES SHALL BE DESIGNED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS OF COMPENSATION OUTLINED IN TREASURY REG SEC 53 4958-6 WITH RESPECT TO EACH DISQUALIFIED PERSON IN DETERMINING REASONABLENESS OF COMPENSATION, THE COMPENSATION COMMITTEE SHALL EVALUATE APPROPRIATE INFORMATION AS TO COMPARABILITY OF COMPENSATION, INCLUDING BUT NOT LIMITED TO COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE SYSTEM'S GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN JOB OFFERS FROM SIMILAR INSTITUTIONS THE COMPENSATION COMMITTEE SHALL HAVE INDEPENDENT AUTHORITY TO OBTAIN OUTSIDE EXPERT OPINIONS ON THE REASONABLENESS AND FAIR MARKET VALUE OF COMPENSATION AND GATHER OTHER INFORMATION IT CONSIDERS NECESSARY OR APPROPRIATE TO MAKE ITS DECISIONS ON COMPENSATION THE COMPENSATION COMMITTEE SHALL TIMELY DOCUMENT ITS DETERMINATION OF REASONABLENESS OF COMPENSATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	MARSHFIELD CLINIC, INC DOES NOT MAKE ITS CURRENT GOVERNING DOCUMENTS, CONFLICT OF INTERES T POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UNLESS INCLUDED AS PART OF A FORM THAT IS REQUIRED TO BE PUBLICLY AVAILABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part X Line 20	MARSHFIELD CLINIC, INC IS PART OF THE MARSHFIELD CLINIC HEALTH SYSTEM OBLIGATED GROUP SINCE THE OBLIGATED GROUP IS RESPONSIBLE FOR ALL OUTSTANDING FINANCED DEBT OBLIGATIONS, ALL BOND RELATED REPORTING IS DISCLOSED ON THE FORM 990 OF MARSHFIELD CLINIC HEALTH SYSTEM, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 8	Due to the transition to provider-based billing by multiple MCHS facilities, prior year financial statements were restated in order to properly account for the operations reportable under MCHS Hospitals, Inc versus Marshfield Clinic, Inc Form 990 Part XI Line 9 NET ASSETS TRANSFERS WITH RELATED ORGS \$1,657,000 EQUITY INCOME FROM DTC \$3,146,604 NET ASSETS RELEASED FROM RESTRICTION \$308,896 ----- TOT AL OTHER CHANGE IN NET ASSETS \$5,112,500

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Marshfield Clinic Inc

Employer identification number

39-0452970

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) THE DIAGNOSTIC & TREATMENT CENTER LLC 3401 CRANBERRY BLVD WESTON, WI 54476 20-0691634	MEDICAL SVCS	WI	NA	RELATED	3,589,010	7,103,511		No	0		No	50.000 %

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
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

Part VII **Supplemental Information**

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

Return Reference	Explanation
Form 990 Sch R Part I	MARSHFIELD CLINIC HEALTH SYSTEM, INC (A 501(C)(3) ORGANIZATION) IS THE PARENT ORGANIZATION OF MARSHFIELD CLINIC, INC THE FOLLOWING COMPANIES ARE RELATED TO MARSHFIELD CLINIC, INC THROUGH BROTHER/SISTER RELATIONSHIPS DUE TO A COMMON PARENT ORGANIZATION LAKEVIEW MEDICAL CENTER INC OF RICE LAKE SECURITY HEALTH PLAN OF WISCONSIN, INC FLAMBEAU HOSPITAL, INC MCHS HOSPITALS, INC MARSHFIELD CLINIC HEALTH SYSTEM FOUNDATION, INC

Additional Data

Software ID:
Software Version:
EIN: 39-0452970
Name: Marshfield Clinic 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
1515 N ST JOSEPH AVE MARSHFIELD, WI 54449 39-1572880	HMO	WI	501(C)(4)	N/A	MCHS		No
98 SHERRY AVE PARK FALLS, WI 54552 39-0973724	HOSPITAL	WI	501(C)(3)	3	NA		No
1700 W STOUT ST RICE LAKE, WI 54868 39-0837206	HOSPITAL	WI	501(C)(3)	3	MCHS		No
1000 N OAK AVE MARSHFIELD, WI 54449 46-1495343	SUPPORT ORG	WI	501(C)(3)	12-TYPE III	NA		No
1700 W STOUT ST RICE LAKE, WI 54868 39-1329084	SUPPORT ORG	WI	501(C)(3)	12-TYPE III	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 46-1495343	COM HLTH CTR	WI	501(C)(3)	7	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 81-0977948	HOSPITAL	WI	501(C)(3)	3	MCHS		No
1000 N OAK AVE MARSHFIELD, WI 54449 81-2822823	PHILANTHROPY	WI	501(C)(3)	7	MCHS		No
707 S UNIVERSITY AVE BEAVER DAM, WI 53916 39-1157876	HOSPITAL	WI	501(C)(3)	3	MCHS HOSP		No
216 SUNSET PL NEILLSVILLE, WI 54456 39-0806828	HOSPITAL	WI	501(C)(3)	3	MCHS HOSP		No