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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Doing business as

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

Room/suite

5000 W Chambers St

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

Milwaukee, WI 53210

F Name and address of principal officer

Timothy Richman

400 W River Woods Pkwy

Glendale, WI 53212

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

0928

D Employer identification number

39-0816857

E Telephone number

(314) 733-8000

G Gross receipts \$

343,442,524

I Tax-exempt status

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

J Website: ▶

SEE SCHEDULE O

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1927

M State of legal domicile

WI

Part I

Summary

Activities & Governance

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

TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

9

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

4

2

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

2,623

6 Total number of volunteers (estimate if necessary)

6

377

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

7a

0

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

7b

0

Revenue

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

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

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

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

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

Prior Year

Current Year

1,319,352

482,034

356,761,746

339,100,380

-1,478,061

85,004

4,538,668

3,505,880

361,141,705

343,173,298

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶483,148

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

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

19 Revenue less expenses Subtract line 18 from line 12

35,069

0

144,155,245

126,167,597

0

0

220,482,985

229,131,245

364,673,299

355,298,842

-3,531,594

-12,125,544

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

548,945,747

341,380,103

449,477,816

102,613,488

99,467,931

238,766,615

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

2019-05-14

Date

Tonya Mershon Tax Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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

OUR MISSION AS PART OF A CATHOLIC HEALTH CARE SYSTEM IS TO FURTHER THE HEALING MINISTRY OF JESUS BY CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF ALL PEOPLE, ESPECIALLY THE POOR, IN THE COMMUNITIES WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 212,248,687 including grants of \$) (Revenue \$ 339,349,155)
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 ▶ 212,248,687

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	198
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,623
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
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 <input type="text"/> 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	Yes
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 2		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: WI	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070	

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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			
(1) TRAVIS D ANDERSEN CHAIR	1 0 49 0	X		X				0	1,367,565	44,454
(2) TIMOTHY J RICHMAN VICE CHAIR/HOSPITAL PRESIDENT	24 0 26 0	X		X				376,354	31,583	45,835
(3) JERRY M HARDACRE MD SECRETARY/TREASURER	1 0 49 0	X		X				0	421,566	45,597
(4) JAWWAD KHAN MD BOARD MEMBER	1 0 3 0	X						0	0	0
(5) THOMAS MAHN MD BOARD MEMBER	1 0 49 0	X						0	448,920	52,569
(6) JIM MAZZULLA MD BOARD MEMBER	1 0 3 0	X						0	0	0
(7) BOBBY WU MD BOARD MEMBER	1 0 49 0	X						0	227,691	22,790
(8) KEVIN JOHN KLUESNER BOARD MEMBER	17 0 33 0	X						199,326	139,624	44,158
(9) SETH R TEIGEN BOARD MEMBER	1 0 49 0	X						0	247,446	35,168
(10) JONATHAN SOHN CFO - ASCENSION, WI	1 0 49 0			X				0	903,904	48,367
(11) O'RELL WILLIAMS VP MEDICAL AFFAIRS	25 0 25 0				X			0	280,588	37,947
(12) LINDA PUCCINI VP PATIENT CARE	25 0 25 0				X			176,716	0	43,577
(13) MARY JO KOHOUT VP PATIENT CARE	50 0 0					X		216,317	0	32,542
(14) BRYAN G TOLLENAAR CHIEF MEDICAL PHYSICIST	50 0 0					X		201,058	0	40,287
(15) MICHAEL W PETITT VP MED GROUP OPS	50 0 0					X		193,488	0	25,128
(16) LISA A DAILEY RN-NURSE PRACTITIONER	50 0 0					X		190,004	0	10,815
(17) SUSAN L JASSAK ADMIN DIR-CARDIOVASC SRV-NORTH	50 0 0					X		186,965	0	15,031

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

(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			
(18) SHARON D BAUGHMAN	0 0						X	103,935	212,980	49,524
FORMER KEY EMPLOYEE (END 6/2017)	50 0									
(19) DEBRA STANDRIDGE	0 0						X	0	825,914	36,007
FORMER OFFICER (END 9/2016)	50 0									
(20) SUSAN BOLAND	0 0						X	0	557,653	14,315
FORMER OFFICER (END 4/2017)	0 0									
(21) SALEEM AMAN	0 0						X	0	429,905	55,060
FORMER OFFICER (END 9/2016)	50 0									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,844,163	6,095,339	699,171

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 71

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERIPATH MILWAUKEE SC 12805 W BURLEIGH RD SUITE 200 BROOKFIELD, WI 530053111	MEDICAL SERVICES	5,277,416
INFINITY HEALTHCARE PHYSICIANS 111 E WISCONSIN AVE SUITE 2100 MILWAUKEE, WI 53202	ANESTHESIA SERVICES	2,000,032
EMERGENCY MEDICINE SPECIALIST 3237 S 16TH STREET MILWAUKEE, WI 53215	ER MANAGEMENT SERVICE	1,093,211
MILWAUKEE RADIOLOGISTS LTD SC 11716 W GREENFIELD AVE WEST ALLIS, WI 532142156	RADIOLOGY SERVICES	331,789
WISCONSIN BONE AND JOINT SC 2500 N MAYFAIR RD SUITE 500 WAUWATOSA, WI 53226	PHYSICAL THERAPY SERVICES	328,016

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 18

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0				
	b Membership dues . . .	1b	0				
	c Fundraising events . . .	1c	0				
	d Related organizations	1d	482,034				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶		482,034				
Program Service Revenue			Business Code				
	2a Net Patient Service Revenue		621990	339,632,639	339,632,639		
	b Pharmacy Revenue		446110	241	241		
	c Management Fees		561000	225	225		
	d _____						
	e _____						
	f All other program service revenue			-532,725	-532,725	0	
	g Total. Add lines 2a-2f ▶		339,100,380			0	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		16,078			16,078	
	4 Income from investment of tax-exempt bond proceeds ▶		0			0	
	5 Royalties ▶		0			0	
	6a Gross rents	(i) Real	(ii) Personal				
		1,012,341	0				
		b Less rental expenses	0				
		c Rental income or (loss)	1,012,341	0			
	d Net rental income or (loss) ▶		1,012,341			1,012,341	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		0	334,026				
		b Less cost or other basis and sales expenses		265,100			
		c Gain or (loss)	0	68,926			
	d Net gain or (loss) ▶		68,926			68,926	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶		0			0
	9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b					
		c Net income or (loss) from gaming activities ▶		0			0
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b		6,540	4,126				
c Net income or (loss) from sales of inventory ▶		2,414			2,414		
Miscellaneous Revenue		Business Code					
11a Cafeteria/Vending Revenue	722514	1,479,115			1,479,115		
b Education Revenue	611430	213,237	213,237				
c Fitness Club Revenue	713940	45,338			45,338		
d All other revenue		753,435	35,538	0	717,897		
e Total. Add lines 11a-11d ▶		2,491,125					
12 Total revenue. See Instructions ▶		343,173,298	339,349,155	0	3,342,109		

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	864,546	823,912	40,634	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	98,567,676	93,988,603	4,495,390	83,683
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	19,585,358	18,675,478	893,284	16,596
10 Payroll taxes.	7,150,017	6,817,826	326,167	6,024
11 Fees for services (non-employees):				
a Management.	4,529	1,424	3,105	
b Legal.	875		875	
c Accounting.	5,128		5,128	
d Lobbying.	22,699		22,699	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,433,477	5,334,778	1,061,984	36,715
12 Advertising and promotion.	100,157	17,417	3,365	79,375
13 Office expenses.	495,447	326,871	154,221	14,355
14 Information technology.	40,099	26,994	309	12,796
15 Royalties.				
16 Occupancy.	7,508,556	184	7,508,372	
17 Travel.	76,337	63,349	11,130	1,858
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	206,736	92,976	47,531	66,229
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,353,337	6,431,143	5,922,194	
23 Insurance.	131,461	131,461		
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.	50,847,905	51,254,962	-407,057	
b Management Fee to Affiliate.	43,298,595		43,298,595	
c Corporate Overhead Allocation.	40,343,701		40,343,701	
d Purchased Services.	27,713,672	4,209,208	23,504,464	
e All other expenses.	39,548,534	24,052,101	15,330,916	165,517
25 Total functional expenses. Add lines 1 through 24e.	355,298,842	212,248,687	142,567,007	483,148
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		413,229	1	18,660
	2	Savings and temporary cash investments		397,490	2	277,419
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		48,431,716	4	52,222,833
	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		0	7	0
	8	Inventories for sale or use		9,472,281	8	11,373,186
	9	Prepaid expenses and deferred charges		421,688	9	840,782
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	267,987,708		
	b	Less: accumulated depreciation	10b	42,618,958		
				135,987,531	10c	225,368,750
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		12,288	14	64,878
15	Other assets. See Part IV, line 11		353,809,524	15	51,213,595	
16	Total assets. Add lines 1 through 15 (must equal line 34)		548,945,747	16	341,380,103	
Liabilities	17	Accounts payable and accrued expenses		18,721,511	17	21,849,876
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	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		430,756,305	25	80,763,612
26	Total liabilities. Add lines 17 through 25		449,477,816	26	102,613,488	
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		99,070,441	27	238,417,330
	28	Temporarily restricted net assets		397,490	28	349,285
	29	Permanently restricted net assets		0	29	0
	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		99,467,931	33	238,766,615
34	Total liabilities and net assets/fund balances		548,945,747	34	341,380,103	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	343,173,298
2	Total expenses (must equal Part IX, column (A), line 25)	2	355,298,842
3	Revenue less expenses Subtract line 2 from line 1	3	-12,125,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,467,931
5	Net unrealized gains (losses) on investments	5	-56,201
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	151,480,429
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,766,615

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 39-0816857
Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Form 990 (2017)

Form 990, Part III, Line 4a:

ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) IS A 363-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY DURING FISCAL YEAR 2018, ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) TREATED 14,277 ADULTS AND CHILDREN FOR A TOTAL OF 65,671 PATIENT DAYS OF SERVICE THE HOSPITAL ALSO PROVIDED SERVICES FOR 428,370 OUTPATIENT VISITS, WHICH INCLUDED 8,987 OUTPATIENT SURGERIES AND 105,665 EMERGENCY ROOM VISITS SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Seconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Employer identification number
39-0816857

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 39-0816857
Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

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

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

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

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

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

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

Name of the organization Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)	Employer identification number 39-0816857
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$ _____
3	Volunteer hours for political campaign activities (see instructions)	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		22,699
j	Total. Add lines 1c through 1i			22,699
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING ASCENSION SE WISCONSIN HOSPITAL, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING ASCENSION SE WISCONSIN HOSPITAL, INC. DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Employer identification number
39-0816857

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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 8/17/06, 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

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		15,090,000		15,090,000
b Buildings		191,861,258	15,452,608	176,408,650
c Leasehold improvements		3,400	3,400	0
d Equipment		55,086,990	26,787,412	28,299,578
e Other		5,946,060	375,538	5,570,522
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				225,368,750

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) Other Receivables	26,866
(2) Donor Restricted Assets	349,285
(3) Due from Affiliates	47,819,015
(4) Estimated 3rd Party Payor Settlements	3,018,429
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	51,213,595

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
BONDS PAYABLE TO AFFILIATES	
Other LIabilities	
Valuation Allowance	2,387,376
Due to Affiliates	70,720,351
Estimated 3rd Party Payor Settlement	2,804,669
Recovery Tail Liability	1,485,313
Accrued Tax Liability	1,018,925
Asset Retirement Obligation	2,346,978
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	80,763,612

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: 17005876
Software Version: 2017v2.2
EIN: 39-0816857
Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	BONDS PAYABLE TO AFFILIATES	
	Other LIabilities	
	Valuation Allowance	2,387,376
	Due to Affiliates	70,720,351
	Estimated 3rd Party Payor Settlement	2,804,669
	Recovery Tail Liability	1,485,313
	Accrued Tax Liability	1,018,925
	Asset Retirement Obligation	2,346,978

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2018

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Employer identification number
39-0816857

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,194,986		4,194,986	1 18 %
b Medicaid (from Worksheet 3, column a)			112,841,440	86,925,003	25,916,437	7 29 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	117,036,426	86,925,003	30,111,423	8 47 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			189,159	41,684	147,475	0 04 %
f Health professions education (from Worksheet 5)			7,666,895	500	7,666,395	2 16 %
g Subsidized health services (from Worksheet 6)			54,946	6,479	48,467	0 01 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			141,134	0	141,134	0 04 %
j Total. Other Benefits	0	0	8,052,134	48,663	8,003,471	2 25 %
k Total. Add lines 7d and 7j	0	0	125,088,560	86,973,666	38,114,894	10 73 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			108,930	2,659	106,271	0 03 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			1,396	0	1,396	0 %
9 Other					0	0 %
10 Total	0	0	110,326	2,659	107,667	0 03 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	5,949,419		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	147,050		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	139,238,054
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	155,348,558
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-16,110,504
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

3

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

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

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

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

A

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART VI</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>SEE PART VI</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance/Wisconsin b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance/Wisconsin c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https://healthcare.ascension.org/Financial-Assistance/Wisconsin d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 WHEATON FRANCISCAN WAUWATOSA 201 N MAYFAIR RD WAUWATOSA, WI 53226	HOSPITAL BASED OUTPATIENT CNTR
2 WHEATON FRANCISCAN BROWN DEER 9252 N GREEN BAY ROAD BROWN DEER, WI 53209	HOSPITAL BASED OUTPATIENT CNTR
3 WHEATON FRANCISCAN INC 19475 W NORTH AVE BROOKFIELD, WI 53045	MEDICAL OFFICE BUILDING
4 WHEATON FRANCISCAN INC 5025 W BURLEIGH ST MILWAUKEE, WI 53210	MEDICAL OFFICE BUILDING
5 WHEATON FRANCISCAN INC 3070 N 51ST ST MILWAUKEE, WI 53210	MEDICAL OFFICE BUILDING
6 WHEATON FRANCISCAN INC 19333 W NORTH AVENUE BROOKFIELD, WI 53045	REHABILITATION UNIT
7 WHEATON FRANCISCAN INC 17000 W NORTH AVE BROOKFIELD, WI 53045	OUTPATIENT PERFORMANCE CENTER
8 WHEATON FRANCISCAN INC 19333 W NORTH AVE BROOKFIELD, WI 53045	PAVLIC CENTER
9 WHEATON FRANCISCAN INC 19305 W NORTH AVE BROOKFIELD, WI 53045	FRANCIS HOUSE
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 HOSPITAL FACILITY CHNA WEBSITE	ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC)-ST JOSEPH HOSPITAL https://healthcare.ascension.org/Locations/Wisconsin/WIWHE/Milwaukee-Ascension-SE-Wisconsin-Hospital-St-Joseph-Campus/Community-Benefit-Reports
Schedule H, Part V, Section B, Line 7 HOSPITAL FACILITY CHNA WEBSITE	ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) https://healthcare.ascension.org/Locations/Wisconsin/WIWHE/Brookfield-Ascension-SE-Wisconsin-Hospital-Elmbrook-Campus

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 HOSPITAL FACILITY CHNA WEBSITE	WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC https://healthcare.ascension.org/Locations/Wisconsin/WIWHE/Franklin-Ascension-SE-Wisconsin-Hospital-Franklin-Campus/Community-Benefit-Reports
Schedule H, Part I, Line 7g Subsidized Health Services	THE FILING ORGANIZATION IS RELATED TO A SEPARATELY ORGANIZED ENTITY WHERE ALL PHYSICIAN CLINIC COSTS ARE GROUPED. THE HOSPITAL HAS THEREFORE NOT INCLUDED ANY PHYSICIAN CLINIC COSTS IN SUBSIDIZED HEALTH SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COST OF PROVIDING CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY) THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED
Schedule H, Part II Community Building Activities	IN THE AREA OF COMMUNITY BUILDING, SAINT JOSEPH & ELMBROOK PROVIDES HEALTH CARE CAREER EDUCATION AND JOB SHADOWING EXPERIENCES FOR SCHOOLS IN MILWAUKEE COUNTY THE HOSPITAL OFFERS MENTORING AND OBSERVATIONAL LEARNING EXPERIENCES BY HAVING AN INDIVIDUAL ASSIGNED TO A STAFF MEMBER (OR MEMBERS) FOR THE PURPOSE OF GAINING INSIGHT ABOUT VARIOUS PROFESSIONAL ROLES AND WORK RESPONSIBILITIES WITHIN A HEALTH CARE SYSTEM ACCORDING TO THE COUNTY HEALTH RANKINGS, EMPLOYMENT PROVIDES INCOME AND, OFTEN, BENEFITS THAT CAN SUPPORT HEALTHY LIFESTYLE CHOICES UNEMPLOYMENT AND UNDER EMPLOYMENT LIMIT THESE CHOICES, AND NEGATIVELY AFFECT BOTH QUALITY OF LIFE AND HEALTH OVERALL IN THE AREA OF COMMUNITY BUILDING, ASCENSION FRANKLIN HOSPITAL PROVIDES JOB SHADOWING OPPORTUNITIES ON HEALTH CARE CAREER TO FRANKLIN HIGH SCHOOL THE JOB SHADOWING OPPORTUNITY FOCUSES ON PROFESSIONAL ROLES AND WORK RESPONSIBILITIES WITHIN A HEALTH CARE SYSTEM ACCORDING TO THE COUNTY HEALTH RANKINGS, EMPLOYMENT PROVIDES INCOME AND, OFTEN, BENEFITS THAT CAN SUPPORT HEALTHY LIFESTYLE CHOICES UNEMPLOYMENT AND UNDER EMPLOYMENT LIMIT THESE CHOICES, AND NEGATIVELY AFFECT BOTH QUALITY OF LIFE AND HEALTH OVERALL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2018 WAS \$17,826,174 AT CHARGES, (\$5,949,419 AT COST)
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 21
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE ORGANIZATION FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED
Schedule H, Part V, Section B, Line 16a FAP website	A - ASCENSION SE WISCONSIN-ST JOSEPH HOSPITAL Line 16a URL https://healthcare.ascension.org/Financial-Assistance/Wisconsin , A - ASCENSION SE WISCONSIN HOSPITAL-ELMBROOK CAMPUS Line 16a URL https://healthcare.ascension.org/Financial-Assistance/Wisconsin , A - WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC Line 16a URL https://healthcare.ascension.org/Financial-Assistance/Wisconsin ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ASCENSION SE WISCONSIN-ST JOSEPH HOSPITAL Line 16b URL https //healthcare ascension org/Financial-Assistance/Wisconsin , A - ASCENSION SE WISCONSIN HOSPITAL-ELMBROOK CAMPUS Line 16b URL https //healthcare ascension org/Financial-Assistance/Wisconsin , A - WHEATON FRANCISCAN HEATLHCARE-FRANKLIN, INC Line 16b URL https //healthcare ascension org/Financial-Assistance/Wisconsin ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ASCENSION SE WISCONSIN-ST JOSEPH HOSPITAL Line 16c URL https //healthcare ascension org/Financial-Assistance/Wisconsin , A - ASCENSION SE WISCONSIN HOSPITAL-ELMBROOK CAMPUS Line 16c URL https //healthcare ascension org/Financial-Assistance/Wisconsin , A - WHEATON FRANCISCAN HEATLHCARE-FRANKLIN, INC Line 16c URL https //healthcare ascension org/Financial-Assistance/Wisconsin ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	IN ADDITION TO THE CHNA REPORTED IN PART V, SECTION B, ASCENSION SE WISCONSIN HOSPITAL, INC - ELMBROOK MEMORIAL HOSPITAL & ASCENSION SE WISCONSIN HOSPITAL, INC - ST JOSEPH'S HOSPITAL - THESE TWO HOSPITALS USE BOTH HOSPITAL DATA AND RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES, TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY IT SERVES THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC, AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED ELMBROOK MEMORIAL HOSPITAL & ST JOSEPH'S HOSPITAL UTILIZES THIS INFORMATION TO DETERMINE DEVELOP PROGRAMS AND SERVICES TO BE PROVIDED FOR THE COMMUNITY THESE NEEDS AND INITIATIVES ARE PRESENTED TO SENIOR LEADERSHIP AND BOARD MEMBERS TO ENSURE THE FINDINGS ARE CONSIDERED IN DEVELOPING THE ORGANIZATION'S STRATEGY, POLICY DEVELOPMENT, AND INTERNAL FINANCIAL AND OPERATIONAL DECISIONS
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	ASCENSION SE WISCONSIN, INC (F/K/A WHEATON FRANCISCAN, INC) IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTH CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AS A NONPROFIT HOSPITAL (OR HEALTH SYSTEM), IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, OUR FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES AND IS PROVIDED FOR THOSE WHO EARN UP TO 400% OF THE FEDERAL POVERTY LEVEL THE FOLLOWING DOCUMENTS ARE WIDELY PUBLICIZED ON THE ORGANIZATION'S WEBSITE AT HTTPS //WWW.MYWHEATON.ORG/ABOUT-WHEATON/BILLING-INFORMATION/#POLICY - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY THE ORGANIZATION ALSO MAKES PAPER COPIES OF THE FOLLOWING DOCUMENTS AVAILABLE UPON REQUEST - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY - AMOUNT GENERALLY BILLED CALCULATION PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE, AND CUSTOMER SERVICE PROCESSES UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL THE ORGANIZATION INFORMS ITS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION CAN BE OBTAINED SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSION AREA ALSO INFORMS PATIENTS OF THE FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	PLEASE SEE DETAILED INFORMATION PROVIDED AT SCHEDULE H PART V SECTION B LINES 1-12 AND PART VI LINE 5
Schedule H, Part VI, Line 5 Promotion of community health	ASCENSION SE WISCONSIN, INC (F/K/A WHEATON FRANCISCAN, INC) GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY MANY MEMBERS OF THE GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA, WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES SURPLUS FUNDS ARE PROVIDED TO FUND IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH THROUGH DONATIONS FROM SUPPORTING ORGANIZATIONS PLEASE ALSO SEE PART III FOR COMMUNITY ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION, AS WELL AS A COMPILATION OF REGIONAL CHARITY CARE INFORMATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>ASCENSION SE WISCONSIN, INC (F/K/A WHEATON FRANCISCAN, INC) IS AN AFFILIATE OF WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC AND ASCENSION HEALTH THE HOSPITAL'S AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES) THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY PROVIDING HEALTHCARE SERVICES IN THE SOUTHEAST WISCONSIN AREA, REGARDLESS OF THE PERSON'S ABILITY TO PAY, BECAUSE IT IS OUR MISSION TO IMPROVE THE LIVES OF THOSE IN THE COMMUNITIES WE SERVE</p>

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 39-0816857
Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ASCENSION SE WISCONSIN-ST JOSEPH HOSPITAL 5000 W CHAMBERS STREET MILWAUKEE, WI 53210 https://healthcare.ascension.org/Locations/Wisconsin/WI/WHE/Milwaukee-Ascension-SE-Wisconsin-Hospital-30	X	X		X			X			A
2	ASCENSION SE WISCONSIN HOSPITAL-ELMBROOK CAMPUS 19333 W NORTH AVENUE BROOKFIELD, WI 53045 https://healthcare.ascension.org/Locations/Wisconsin/WI/WHE/Brookfield-Ascension-SE-Wisconsin-Hospital-183	X	X					X			A
3	WHEATON FRANCISCAN HEALTHCARE-FRANKLIN INC 10101 S 27TH STREET FRANKLIN, WI 53132 https://healthcare.ascension.org/Locations/Wisconsin/WI/WHE/Franklin-Ascension-SE-Wisconsin-Hospital-314(WI)	X	X					X			A

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	TO BETTER TARGET COMMUNITY RESOURCES ON THE SERVICE AREA'S MOST PRESSING HEALTH NEEDS, THE HOSPITAL PARTICIPATED IN A GROUP DISCUSSION WITH ORGANIZATIONAL DECISION MAKERS AND COMMUNITY LEADERS TO PRIORITIZE THE SIGNIFICANT COMMUNITY HEALTH NEEDS WHILE CONSIDERING SEVERAL CRITERIA ALIGNMENT WITH ASCENSION HEALTH STRATEGIES OF HEALTHCARE THAT LEAVES NO ONE BEHIND, CARE FOR THE POOR AND VULNERABLE, OPPORTUNITIES FOR PARTNERSHIP, AVAILABILITY OF EXISTING PROGRAMS AND RESOURCES, ADDRESSING DISPARITIES OF SUBGROUPS, AVAILABILITY OF EVIDENCE-BASED PRACTICES, AND COMMUNITY INPUT THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA SEE SCHEDULE H, PART V, LINE 7 FOR THE LINK TO THE CHNA AND SCHEDULE H, PART V, LINE 11 FOR HOW THOSE NEEDS ARE BEING ADDRESSED

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) -ST JOSEPH HOSPITAL WHEATON FRANCISCAN HEALTHCARE PARTNERED WITH THE MILWAUKEE HEALTH CARE PARTNERSHIP WHICH INCLUDES AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, COLUMBIA ST MARY'S HEALTH SYSTEM, FROEDTERT HEALTH AND PUBLIC HEALTH DEPARTMENTS TO COLLABORATIVELY CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT THIRD-PARTY ORGANIZATIONS, JKV RESEARCH, LLC AND CENTER FOR URBAN POPULATION HEALTH WERE CONTRACTED TO HELP CONDUCT THE ASSESSMENT THE ASSESSMENT CONSISTED OF 3 KEY PROCESSES IN ORDER TO OBTAIN DATA, A TELEPHONE HEALTH SURVEY, SECONDARY DATA RESEARCH AND KEY INFORMANT INTERVIEWS AND FOCUS GROUPS A TOTAL OF 1,967 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN MARCH 16 AND JULY 14, 2015 FOR MILWAUKEE COUNTY INCLUDING 1,200 INTERVIEWS DURING THE SAME TIMEFRAME FOR THE CITY OF MILWAUKEE, 400 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN FEBRUARY 2 AND FEBRUARY 23, 2015 FOR WAUKESHA COUNTY, AND 1,967 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN FEBRUARY 2 AND MARCH 3, 2015 FOR RACINE COUNTY INCLUDING 400 INTERVIEWS DURING THE SAME TIMEFRAME FOR THE CITY OF RACINE THE THIRD PIECE OF THE ASSESSMENT PROCESS WAS CONDUCTING INTERVIEWS AND FOCUS GROUPS WITH KEY STAKEHOLDERS IN THE COMMUNITY IN THE SPRING AND SUMMER OF 2015 A LIST OF THE ORGANIZATIONS THAT PROVIDE INPUT ARE LISTED BELOW EACH OF THESE ORGANIZATIONS SERVES THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS * UNITED WAY OF GREATER MILWAUKEE * CITY OF MILWAUKEE HEALTH DEPARTMENT * NORTH SHORE HEALTH DEPARTMENT * MILWAUKEE COUNTY OF HEALTH AND HUMAN SERVICES * CHILDREN'S HEALTH ALLIANCE OF WISCONSIN * NORTH SHORE HEALTH DEPARTMENT * UNITED COMMUNITY CENTER * THE FAYE MCBEATH FOUNDATION * AIDS RESOURCE CENTER OF WISCONSIN * COMMUNITY SERVICES FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM * CHILDREN'S HOSPITAL OF WISCONSIN * WISCONSIN DEPARTMENT OF PUBLIC HEALTH SERVICES * GREATER MILWAUKEE FOUNDATION * MILWAUKEE COMMON COUNCIL * WAUWATOSA HEALTH DEPARTMENT * HELEN BADER FOUNDATION * BLACK HEALTH COALITION OF WISCONSIN * MEDICAL COLLEGE OF WISCONSIN INSTITUTE FOR HEALTH AND SOCIETY * WEST ALLIS AND WEST MILWAUKEE HEALTH DEPARTMENT * SOUTH MILWAUKEE HEALTH DEPARTMENT * UW-MILWAUKEE JOSEPH J ZILBER SCHOOL OF PUBLIC HEALTH * YWCA MILWAUKEE * HALES CORNERS HEALTH DEPARTMENT * MEDICAL SOCIETY OF MILWAUKEE COUNTY * OAK CREEK HEALTH DEPARTMENT * GREENFIELD HEALTH DEPARTMENT * SAINT FRANCIS HEALTH DEPARTMENT * GREENDALE HEALTH DEPARTMENT * UNCOM (UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE * MILWAUKEE ORAL HEALTH TASK FORCE * COLUMBIA ST MARY'S * MILWAUKEE HEALTH CARE PARTNERSHIP * LINDSAY HEIGHTS HEALTH ALLIANCE * COMMUNITY ADVOCATES * CUDAHY HEALTH DEPARTMENT * YMCA OF METRO MILWAUKEE * LATINO HEALTH COALITION * BOYS AND GIRLS CLUB OF GREATER MILWAUKEE * STAFF HOUSING AUTHORITY OF THE CITY OF MILWAUKEE * RESIDENTS FROM PARKLAWN AND HIGHLAND GARDENS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	<p>Facility A, 2 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) - ELMBROOK HOSPITAL WHEATON FRANCISCAN HEALTHCARE PARTNERED WITH THE MILWAUKEE HEALTH CARE PARTNERSHIP (THE PARTNERSHIP) WHICH INCLUDES AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, COLUMBIA ST MARY'S HEALTH SYSTEM, FROEDTERT HEALTH AND PUBLIC HEALTH DEPARTMENTS TO COLLABORATIVELY CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT THIRD-PARTY ORGANIZATIONS, JKV RESEARCH, LLC AND CENTER FOR URBAN POPULATION HEALTH WERE CONTRACTED TO HELP CONDUCT THE ASSESSMENT THE ASSESSMENT CONSISTED OF 3 KEY PROCESSES IN ORDER TO OBTAIN DATA, A TELEPHONE HEALTH SURVEY, SECONDARY DATA RESEARCH AND KEY INFORMANT INTERVIEWS AND FOCUS GROUPS A TOTAL OF 400 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN FEBRUARY 2 AND FEBRUARY 23, 2015 FOR WAUKESHA COUNTY THE THIRD PIECE OF THE ASSESSMENT PROCESS WAS CONDUCTING INTERVIEWS AND FOCUS GROUPS WITH KEY STAKEHOLDERS IN THE COMMUNITY IN THE SPRING AND SUMMER OF 2015 A LIST OF THE ORGANIZATIONS THAT PROVIDE INPUT ARE LISTED BELOW T DENOTES THIS ORGANIZATION REPRESENTS LOW-INCOME POPULATIONS TT DENOTES THIS ORGANIZATION REPRESENTS MEDICALLY UNDERSERVED POPULATIONS TTT DENOTES THIS ORGANIZATION REPRESENTS MINORITY POPULATIONS * ADDICTION RESOURCE COUNCIL T, TT, TTT * CITY OF NEW BERLIN FIRE DEPARTMENT * CITY OF NEW BERLIN POLICE DEPARTMENT * COMMUNITY OUTREACH HEALTH CLINIC T, TT, TTT * DELAFIELD CHAMBER OF COMMERCE * FAMILY SERVICES OF WAUKESHA T, TT, TTT * HAMILTON SCHOOL DISTRICT * HARTLAND CHAMBER OF COMMERCE * HOPE CENTER, INC T * HOPE NETWORK, INC T, TTT * INTERFAITH SENIOR PROGRAMS T, TT, TTT * KETTLE MORaine SCHOOL DISTRICT * LA CASA DE ESPERANZA T, TT, TTT * LAKE AREA FREE CLINIC T, TT, TTT * MENOMINEE FALLS AREA FOOD PANTRY T * MENOMONEE FALLS CHAMBER OF COMMERCE, INC * MUKWONAGO FOOD PANTRY AND MUKWONAGO FOOD PANTRY RESOURCE CENTER T, TT, TTT * NAMI WAUKESHA, INC T, TT, TTT * NEW BERLIN FOOD PANTRY T * OCONOMOWOC AREA SCHOOL DISTRICT T, TT * PROHEALTH CARE T, TT, TTT * SAFE BABIES HEALTHY FAMILIES T, TT, TTT * SAINT JOSEPH'S MEDICAL CLINIC, INC T, TT * SCHOOL DISTRICT OF MENOMONEE FALLS T, TT, TTT * SCHOOL DISTRICT OF NEW BERLIN * SCHOOL DISTRICT OF WAUKESHA T, TT, TTT * STILLWATERS CANCER SUPPORT SERVICES T, TT, TTT * SUSSEX OUTREACH SERVICES T, TT, TTT * UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY T, TT, TTT * VILLAGE OF MENOMONEE FALLS POLICE AND FIRE DEPARTMENT * WAUKESHA COUNTY BOARD * WAUKESHA COUNTY BUSINESS ALLIANCE * WAUKESHA COUNTY COMMUNITY DENTAL CLINIC T, TT, TTT * WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES * YMCA AT PABST FARMS T, TT, TTT * YMCA OF GREATER WAUKESHA COUNTY T, TT, TTT</p>

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	<p>Facility A, 3 - WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC WHEATON FRANCISCAN HEALTHCARE PARTNERED WITH THE MILWAUKEE HEALTH CARE PARTNERSHIP WHICH INCLUDES AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, COLUMBIA ST MARY'S HEALTH SYSTEM, FROEDTERT HEALTH AND PUBLIC HEALTH DEPARTMENTS TO COLLABORATIVELY CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT THIRD-PARTY ORGANIZATIONS, JKV RESEARCH, LLC AND CENTER FOR URBAN POPULATION HEALTH WERE CONTRACTED TO HELP CONDUCT THE ASSESSMENT THE ASSESSMENT CONSISTED OF 3 KEY PROCESSES IN ORDER TO OBTAIN DATA, A TELEPHONE HEALTH SURVEY, SECONDARY DATA RESEARCH AND KEY INFORMANT INTERVIEWS AND FOCUS GROUPS A TOTAL OF 1,967 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN MARCH 16 AND JULY 14, 2015 FOR MILWAUKEE COUNTY INCLUDING 1,200 INTERVIEWS DURING THE SAME TIMEFRAME FOR THE CITY OF MILWAUKEE, 400 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN FEBRUARY 2 AND FEBRUARY 23, 2015 FOR WAUKESHA COUNTY, AND 1,967 TELEPHONE INTERVIEWS WERE COMPLETED BETWEEN FEBRUARY 2 AND MARCH 3, 2015 FOR RACINE COUNTY INCLUDING 400 INTERVIEWS DURING THE SAME TIMEFRAME FOR THE CITY OF RACINE THE THIRD PIECE OF THE ASSESSMENT PROCESS WAS CONDUCTING INTERVIEWS AND FOCUS GROUPS WITH KEY STAKEHOLDERS IN THE COMMUNITY IN THE SPRING AND SUMMER OF 2015 A LIST OF THE ORGANIZATIONS THAT PROVIDE INPUT ARE LISTED BELOW EACH OF THESE ORGANIZATIONS SERVES THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS * UNITED WAY OF GREATER MILWAUKEE * CITY OF MILWAUKEE HEALTH DEPARTMENT * NORTH SHORE HEALTH DEPARTMENT * MILWAUKEE COUNTY OF HEALTH AND HUMAN SERVICES * CHILDREN'S HEALTH ALLIANCE OF WISCONSIN * NORTH SHORE HEALTH DEPARTMENT * UNITED COMMUNITY CENTER * THE FAYE MCBEATH FOUNDATION * AIDS RESOURCE CENTER OF WISCONSIN * COMMUNITY SERVICES FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM * CHILDREN'S HOSPITAL OF WISCONSIN * WISCONSIN DEPARTMENT OF PUBLIC HEALTH SERVICES * GREATER MILWAUKEE FOUNDATION * MILWAUKEE COMMON COUNCIL * WAUWATOSA HEALTH DEPARTMENT * HELEN BADER FOUNDATION * BLACK HEALTH COALITION OF WISCONSIN * MEDICAL COLLEGE OF WISCONSIN INSTITUTE FOR HEALTH AND SOCIETY * WEST ALLIS AND WEST MILWAUKEE HEALTH DEPARTMENT * SOUTH MILWAUKEE HEALTH DEPARTMENT * UW-MILWAUKEE JOSEPH J ZILBER SCHOOL OF PUBLIC HEALTH * YWCA MILWAUKEE * HALES CORNERS HEALTH DEPARTMENT * MEDICAL SOCIETY OF MILWAUKEE COUNTY * OAK CREEK HEALTH DEPARTMENT * GREENFIELD HEALTH DEPARTMENT * SAINT FRANCIS HEALTH DEPARTMENT * GREENDALE HEALTH DEPARTMENT * UNCOM (UNITED NEIGHBORHOOD CENTERS OF MILWAUKEE * MILWAUKEE ORAL HEALTH TASK FORCE * COLUMBIA ST MARY'S * MILWAUKEE HEALTH CARE PARTNERSHIP * LINDSAY HEIGHTS HEALTH ALLIANCE * COMMUNITY ADVOCATES * CUDAHY HEALTH DEPARTMENT * YMCA OF METRO MILWAUKEE * LATINO HEALTH COALITION * BOYS AND GIRLS CLUB OF GREATER MILWAUKEE * STAFF HOUSING AUTHORITY OF THE CITY OF MILWAUKEE * RESIDENTS FROM PARKLAWN AND HIGHLAND GARDENS</p>

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

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC)-ST JOSEPH HOSPITAL, ELMBROOK HOSPITAL, AND WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC FOR ALL OUR HOSPITAL FACILITIES, OUR COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH THE FOLLOWING OTHER HOSPITAL FACILITIES AURORA HEALTH CARE CHILDREN'S HOSPITAL OF WISCONSIN COLUMBIA ST MARY'S HEALTH SYSTEM FROEDTERT HEALTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) -ST JOSEPH HOSPITAL, ELMBROOK HOSPITAL, AND WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC SEVERAL REPORTS APPLICABLE TO OUR WISCONSIN HOSPITAL FACILITIES ARE AVAILABLE AT THE MILWAUKEE HEALTH CARE PARTNERSHIP'S (MHCP) WEBSITE AT HTTP //MKEHCP ORG/PUBLICATIONS MHCP IS A PUBLIC / PRIVATE CONSORTIUM DEDICATED TO IMPROVING HEALTH CARE COVERAGE, ACCESS, AND CARE COORDINATION FOR UNDERSERVED POPULATIONS IN MILWAUKEE COUNTY, WITH THE GOALS OF IMPROVING HEALTH OUTCOMES, ELIMINATING DISPARITIES, AND REDUCING THE TOTAL COST OF CARE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) -ST JOSEPH HOSPITAL USING THE CHNA COMPLETED IN JUNE 2016, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A THREE-YEAR IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS IN FISCAL YEAR 2017 (TAX YEAR 2016), THE HOSPITAL IMPLEMENTED THE FOLLOWING PLAN TO ADDRESS THE PRIORITY NEEDS ACCESS TO CARE -- ASSIST INDIVIDUALS WITH ACCESS TO CARE -- ASSISTED IN SETTING UP FOLLOW-UP CARE APPOINTMENTS FOR UNDERSERVED OR UNDERINSURED PATIENTS -- PARTICIPATED AND DEVELOPED A COMMUNITY-WIDE PRACTICE STANDARD FOR MEETING SPECIALTY CARE NEEDS FOR LOW-INCOME, UNINSURED EMERGENCY DEPARTMENT PATIENTS -- ACTIVELY SCREENED UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS HEALTHY LIFESTYLE -- DECREASE THE INCIDENCE OF DIABETES, HIGH BLOOD PRESSURE AND OBESITY -- PROVIDED COMMUNITY BASED HEALTH EDUCATION ON OBESITY, DIABETES AND HYPERTENSION -- OFFERED PRE-DIABETES EDUCATIONAL GROUP SESSIONS TO INCREASE KNOWLEDGE RELATED TO DIABETES, HYPERTENSION AND WEIGHT MANAGEMENT -- IMPLEMENTED DIABETES PREVENTION PROGRAM TO INCREASE KNOWLEDGE ON DIABETES, HEALTHY EATING, THE IMPORTANCE OF PHYSICAL ACTIVITY, AND STRESS MANAGEMENT INFANT MORTALITY -- REDUCING INFANT MORTALITY -- IMPLEMENTED CENTERING PREGNANCY PROGRAM -- OFFERED CULTURALLY SENSITIVE, COMPREHENSIVE SAFE SLEEP PROGRAMS THAT ARE SHARED WITH WOMEN AND FAMILIES -- ASSIST WOMEN OF CHILDBEARING AGE TO OBTAIN PRIMARY HEALTH CARE PROVIDERS TO GET THE CARE THEY NEED PRIOR TO, DURING, AND AFTER PREGNANCY -- PROVIDED AWARENESS AND EDUCATION ON SAFE PLACE FOR NEWBORNS PROGRAM EXPLANATION ON NEEDS IDENTIFIED IN CHNA THAT ARE NOT BEING ADDRESSED WHILE OUR ORGANIZATION UNDERSTANDS THE IMPORTANCE OF MEETING ALL OF THE NEEDS OF THE COMMUNITY, AN IN-DEPTH ASSESSMENT WAS COMPLETED IN WHICH THE KEY LEADERS INVOLVED WITH WORK WITHIN THE ST JOSEPH CAMPUS WERE ABLE TO IDENTIFY THE NEEDS THAT WOULD BE MOST IMPACTED BY THE SITE THE TOP HEALTH NEEDS IDENTIFIED BY THE ST JOSEPH CAMPUS LEADERSHIP TEAM THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT WERE NOT A PART OF THE CURRENT IMPLEMENTATION PLAN WERE AS FOLLOWS -COVERAGE WHEATON FRANCISCAN- ST JOSEPH CAMPUS FEELS THAT THIS SIGNIFICANT NEED IS OUTSIDE OF OUR SCOPE OF SERVICES WE ARE COMMITTED TO FOCUSING EFFORTS ON PROVIDING ACCESS TO CARE TO THOSE WITHIN OUR COMMUNITY REGARDLESS OF THEIR COVERAGE WE WILL CONTINUE TO SUPPORT OTHER INITIATIVES REGARDING THIS NEED IN A SECONDARY CAPACITY WHEN NECESSARY -ALCOHOL AND DRUG USE WHILE WHEATON FRANCISCAN- ST JOSEPH CAMPUS UNDERSTANDS THIS GROWING CONCERN, AT THE TIME OF ASSESSMENT, THE RESOURCES AND EXPERTISE WERE NOT AVAILABLE TO ADDRESS AND MAKE A MEANINGFUL IMPACT ON ALCOHOL AND DRUG USE DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS KEY INFORMANTS INDICATED A NUMBER OF ORGANIZATIONS ACROSS SECTO

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	RS ARE ALREADY ADDRESSING THESE ISSUES BY PROVIDING SERVICES, AND EDUCATION IS IN PLACE WITHIN THE SCHOOLS. SPECIFIC STRATEGIES NAMED INCLUDE NEEDLE EXCHANGE AND SHARPS COLLECTION PROGRAMS, PUBLIC CAMPAIGNS AND MEDIA COVERAGE OF THE ISSUES, PRESCRIPTION DRUG DROP OFF LOCATIONS, THE WISCONSIN PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), MEDICATION LOCK BOXES SOLD AT COST, THE COMMUNITY HEALTH IMPROVEMENT PLAN, AND COMMUNITY CAPACITY BUILDING. WE ARE COMMITTED TO SUPPORTING THESE EFFORTS IN A SECONDARY CAPACITY AS NECESSARY. -INJURY AND VIOLENCE. WHEATON FRANCISCAN- ST. JOSEPH CAMPUS FEELS THAT THIS SIGNIFICANT NEED IS OUTSIDE OF OUR SCOPE OF SERVICES. DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS. EXISTING STRATEGIES TO ADDRESS INJURY PREVENTION INCLUDE HOME ASSESSMENT, INJURY PREVENTION PROGRAMS FOR SENIORS, NEWSLETTERS, CAR SEAT CHECKS AND CAR SAFETY PROGRAMS, BICYCLE RODEOS, MESSAGES IN SCHOOL PLANNERS, PROMOTION OF HELMET USE, AND PEDESTRIAN SAFETY MESSAGING RELATED TO CRIME, VALIDATED RISK ASSESSMENT TOOLS, ADDRESSING POVERTY, COMMUNITY POLICING, THE COMMUNITY JUSTICE COUNCIL, HOTSPOTTING, PROJECT UJIMA, THE MEDICAL COLLEGE OF WISCONSIN INJURY RESEARCH CENTER, AND THE MILWAUKEE PEACE SUMMIT WERE EXISTING STRATEGIES NAMED REGARDING FAMILY VIOLENCE AND CHILD ABUSE, SOJOURNER FAMILY PEACE CENTER'S PROGRAMS, THE Hmong AMERICAN WOMEN'S ASSOCIATION'S PROGRAMS, SERVICES, AND SUPPORT WITHIN THE CLAN SYSTEM, THE SAFE AND SOUND COLLABORATIVE, FAMILY SUPPORT SERVICES, IMPLEMENTING TRAUMA INFORMED CARE PRINCIPLES, DENIM DAY AND OTHER AWARENESS CAMPAIGNS, AND MINDFULNESS PROGRAMS WERE NAMED AS EXISTING STRATEGIES TO ADDRESS VIOLENCE. DUE TO THE LACK OF RESOURCES AND EXPERTISE WITHIN WHEATON FRANCISCAN- ST. JOSEPH CAMPUS IN THIS AREA, WE HAVE COMMITTED TO SUPPORTING THIS NEED IN A SECONDARY CAPACITY AS NECESSARY. -MENTAL AND BEHAVIORAL HEALTH. WHILE WHEATON FRANCISCAN- ST. JOSEPH CAMPUS UNDERSTANDS THIS GROWING CONCERN, AT THE TIME OF ASSESSMENT, THE RESOURCES AND EXPERTISE WERE NOT AVAILABLE TO ADDRESS AND MAKE A MEANINGFUL IMPACT ON MENTAL AND BEHAVIORAL HEALTH. DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS. KEY INFORMANTS NAMED THE FOLLOWING EXISTING STRATEGIES IN THE COUNTY TO ADDRESS MENTAL HEALTH: INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES, INCREASED BULLYING AWARENESS, HOUSING FIRST STRATEGY, COMMUNITY BEHAVIORAL HEALTH REDESIGN IS UNDERWAY, MILWAUKEE CENTER FOR INDEPENDENCE PROGRAMMING THAT MANAGES MEDICATION AND RE-INTEGRATES PEOPLE WITH MENTAL HEALTH ISSUES INTO THE COMMUNITY, JOBS, AND HOUSING, CRISIS INTERVENTION TRAINING FOR EMPLOYEES, EFFORTS WITHIN SCHOOLS AND SCHOOL-COMMUNITY PARTNERSHIPS, MENTAL AND BEHAVIORAL HEALTH TASK FORCES, IMPLEMENTING TRAUMA INFORMED CARE, AND MORE MENTAL HEALTH PROVIDERS ARE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	E BEING ADDED IN THE COMMUNITY

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) - E LMBROOK HOSPITAL USING THE CHNA COMPLETED IN JUNE 2016, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A THREE-YEAR IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS IN FISCAL YEAR 2017 (TAX YEAR 2016), THE HOSPITAL IMPLEMENTED THE FOLLOWING PLAN TO ADDRESS THE PRIORITY NEEDS ACCESS TO CARE -- ASSIST INDIVIDUALS WITH ACCESS TO C ARE -- ASSISTED IN SETTING UP FOLLOW-UP CARE APPOINTMENTS FOR UNDERSERVED OR UNDER INSURED PATIENTS -- PARTICIPATED AND DEVELOPED A COMMUNITY-WIDE PRACTICE STANDARD FOR MEETING SPE CIALTY CARE NEEDS FOR LOW-INCOME, UNINSURED EMERGENCY DEPARTMENT PATIENTS -- ACTIVELY SCRE ENED UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE PROGRAMS HEALTHY LIFESTYLE -- DECREASE TH E INCIDENCE OF DIABETES, HIGH BLOOD PRESSURE AND OBESITY -- PROVIDED COMMUNITY BASED HEALT H EDUCATION ON OBESITY, DIABETES AND HYPERTENSION -- OFFERED PRE-DIABETES EDUCATIONAL GROU P SESSIONS TO INCREASE KNOWLEDGE RELATED TO DIABETES, HYPERTENSION AND WEIGHT MANAGEMENT - - IMPLEMENTED DIABETES PREVENTION PROGRAM TO INCREASE KNOWLEDGE ON DIABETES, HEALTHY EATIN G, THE IMPORTANCE OF PHYSICAL ACTIVITY, AND STRESS MANAGEMENT INFANT MORTALITY -- REDUCING INFANT MORTALITY -- IMPLEMENTED CENTERING PREGNANCY PROGRAM -- OFFERED CULTURALLY SENSITI VE, COMPREHENSIVE SAFE SLEEP PROGRAMS THAT ARE SHARED WITH WOMEN AND FAMILIES -- ASSIST WO MEN OF CHILDBEARING AGE TO OBTAIN PRIMARY HEALTH CARE PROVIDERS TO GET THE CARE THEY NEED PRIOR TO, DURING, AND AFTER PREGNANCY -- PROVIDED AWARENESS AND EDUCATION ON SAFE PLACE FO R NEWBORNS PROGRAM EXPLANATION ON NEEDS IDENTIFIED IN CHNA THAT ARE NOT BEING ADDRESSED W HILE OUR ORGANIZATION UNDERSTANDS THE IMPORTANCE OF MEETING ALL OF THE NEEDS OF THE COMMUN ITY, AN IN-DEPTH ASSESSMENT WAS COMPLETED IN WHICH THE KEY LEADERS INVOLVED WITH WORK WITH IN THE ST JOSEPH CAMPUS WERE ABLE TO IDENTIFY THE NEEDS THAT WOULD BE MOST IMPACTED BY TH E SITE THE TOP HEALTH NEEDS IDENTIFIED BY THE ST JOSEPH CAMPUS LEADERSHIP TEAM THROUGH T HE COMMUNITY HEALTH NEEDS ASSESSMENT THAT WERE NOT A PART OF THE CURRENT IMPLEMENTATION PL AN WERE AS FOLLOWS -COVERAGE WHEATON FRANCISCAN- ST JOSEPH CAMPUS FEELS THAT THIS SIGNI FICANT NEED IS OUTSIDE OF OUR SCOPE OF SERVICES WE ARE COMMITTED TO FOCUSING EFFORTS ON P ROVIDING ACCESS TO CARE TO THOSE WITHIN OUR COMMUNITY REGARDLESS OF THEIR COVERAGE WE WIL L CONTINUE TO SUPPORT OTHER INITIATIVES REGARDING THIS NEED IN A SECONDARY CAPACITY WHEN N ECESSARY -ALCOHOL AND DRUG USE WHILE WHEATON FRANCISCAN- ST JOSEPH CAMPUS UNDERSTANDS T HIS GROWING CONCERN, AT THE TIME OF ASSESSMENT, THE RESOURCES AND EXPERTISE WERE NOT AVAIL ABLE TO ADDRESS AND MAKE A MEANINGFUL IMPACT ON ALCOHOL AND DRUG USE DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS KEY INFORMANTS INDICATED A NUMBER OF ORGANIZATIONS ACROSS SECTOR

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>S ARE ALREADY ADDRESSING THESE ISSUES BY PROVIDING SERVICES, AND EDUCATION IS IN PLACE WIT HIN THE SCHOOLS SPECIFIC STRATEGIES NAMED INCLUDE NEEDLE EXCHANGE AND SHARPS COLLECTION P ROGRAMS, PUBLIC CAMPAIGNS AND MEDIA COVERAGE OF THE ISSUES, PRESCRIPTION DRUG DROP OFF LOC ATIONS, THE WISCONSIN PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), MEDICATION LOCK BOXES S OLD AT COST, THE COMMUNITY HEALTH IMPROVEMENT PLAN, AND COMMUNITY CAPACITY BUILDING WE AR E COMMITTED TO SUPPORTING THESE EFFORTS IN A SECONDARY CAPACITY AS NECESSARY -INJURY AND VIOLENCE WHEATON FRANCISCAN- ST JOSEPH CAMPUS FEELS THAT THIS SIGNIFICANT NEED IS OUTSID E OF OUR SCOPE OF SERVICES DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILW AUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KE Y INFORMANTS EXISTING STRATEGIES TO ADDRESS INJURY PREVENTION INCLUDE HOME ASSESSMENT, IN JURY PREVENTION PROGRAMS FOR SENIORS, NEWSLETTERS, CAR SEAT CHECKS AND CAR SAFETY PROGRAMS , BICYCLE RODEOS, MESSAGES IN SCHOOL PLANNERS, PROMOTION OF HELMET USE, AND PEDESTRIAN SAF ETY MESSAGING RELATED TO CRIME, VALIDATED RISK ASSESSMENT TOOLS, ADDRESSING POVERTY, COMM UNITY POLICING, THE COMMUNITY JUSTICE COUNCIL, HOTSPOTTING, PROJECT UJIMA, THE MEDICAL COL LEGE OF WISCONSIN INJURY RESEARCH CENTER, AND THE MILWAUKEE PEACE SUMMIT WERE EXISTING STR ATEGIES NAMED REGARDING FAMILY VIOLENCE AND CHILD ABUSE, SOJOURNER FAMILY PEACE CENTER'S PROGRAMS, THE HMONG AMERICAN WOMEN'S ASSOCIATION'S PROGRAMS, SERVICES, AND SUPPORT WITHIN THE CLAN SYSTEM, THE SAFE AND SOUND COLLABORATIVE, FAMILY SUPPORT SERVICES, IMPLEMENTING T RAUMA INFORMED CARE PRINCIPLES, DENIM DAY AND OTHER AWARENESS CAMPAIGNS, AND MINDFULNESS P ROGRAMS WERE NAMED AS EXISTING STRATEGIES TO ADDRESS VIOLENCE DUE TO THE LACK OF RESOURCE S AND EXPERTISE WITHIN WHEATON FRANCISCAN- ST JOSEPH CAMPUS IN THIS AREA, WE HAVE COMMITT ED TO SUPPORTING THIS NEED IN A SECONDARY CAPACITY AS NECESSARY -MENTAL AND BEHAVIORAL HE ALTH WHILE WHEATON FRANCISCAN- ST JOSEPH CAMPUS UNDERSTANDS THIS GROWING CONCERN, AT THE TIME OF ASSESSMENT, THE RESOURCES AND EXPERTISE WERE NOT AVAILABLE TO ADDRESS AND MAKE A MEANINGFUL IMPACT ON MENTAL AND BEHAVIORAL HEALTH DURING THE COMMUNITY HEALTH NEEDS ASSES SMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING ST RATEGIES THROUGH OUR KEY INFORMANTS KEY INFORMANTS NAMED THE FOLLOWING EXISTING STRATEGIE S IN THE COUNTY TO ADDRESS MENTAL HEALTH INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES, INCREASED BULLYING AWARENESS, HOUSING FIRST STRATEGY, COMMUNITY BEHAVIORAL HEALTH REDESIG N IS UNDERWAY, MILWAUKEE CENTER FOR INDEPENDENCE PROGRAMMING THAT MANAGES MEDICATION AND R E-INTEGRATES PEOPLE WITH MENTAL HEALTH ISSUES INTO THE COMMUNITY, JOBS, AND HOUSING, CRIS I S INTERVENTION TRAINING FOR EMPLOYEES, EFFORTS WITHIN SCHOOLS AND SCHOOL-COMMUNITY PARTNER SHIPS, MENTAL AND BEHAVIORAL HEALTH TASK FORCES, IMPLEMENTING TRAUMA INFORMED CARE, AND MO RE MENTAL HEALTH PROVIDERS ARE</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	BEING ADDED IN THE COMMUNITY

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC USING THE CHNA COMPLETED IN JUNE 2016, THE HOSPITAL DEVELOPED, ADOPTED, AND WORKED ON EXECUTING A THREE-YEAR IMPLEMENTATION STRATEGY TO ADDRESS PRIORITY COMMUNITY HEALTH NEEDS. IN FISCAL YEAR 2017 (TAX YEAR 2016), THE HOSPITAL IMPLEMENTED THE FOLLOWING PLAN TO ADDRESS THE PRIORITY NEEDS: AODA -- PROVIDED EDUCATION ON MEDICATION DISPOSAL, HEALTHY LIFESTYLE -- PROVIDED EDUCATION TO COMMUNITY ON BLOOD PRESSURE, NUTRITION, MENTAL HEALTH, STRESS REDUCTION, HEART DISEASE AND STROKE -- HOSTED A COMMUNITY COUGH TO 5K PROGRAM. EXPLANATION ON NEEDS IDENTIFIED IN CHNA THAT ARE NOT BEING ADDRESSED: WHILE OUR ORGANIZATION UNDERSTANDS THE IMPORTANCE OF MEETING ALL OF THE NEEDS OF THE COMMUNITY, AN IN-DEPTH ASSESSMENT WAS COMPLETED IN WHICH THE KEY LEADERS, INVOLVED IN THE DAY-TO-DAY WORK WITHIN THE FRANKLIN FACILITY, WERE ABLE TO IDENTIFY THE NEEDS THAT WOULD BE MOST IMPACTED BY THE SITE. THE TOP HEALTH NEEDS IDENTIFIED BY THE FRANKLIN LEADERSHIP TEAM THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT WERE NOT A PART OF THE CURRENT IMPLEMENTATION PLAN WERE AS FOLLOWS: * ACCESS TO CARE/COVERAGE: WHEATON FRANCISCAN HEALTHCARE - FRANKLIN IS AWARE THAT OTHER FACILITIES WITHIN OUR ORGANIZATION THAT SERVE THE MILWAUKEE AND RACINE POPULATION, ST. JOSEPH CAMPUS AND ALL SAINTS CAMPUS, CURRENTLY FOCUS THEIR EFFORTS AND INCLUDE ACCESS TO CARE ON THEIR 2016 IMPLEMENTATION PLAN. THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS ALSO MADE AWARE OF EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS. EXISTING STRATEGIES LISTED BY THE INTERVIEWEES INCLUDED FREE CLINICS, FEDERALLY QUALIFIED HEALTH CENTERS (FQHC), THE MILWAUKEE HEALTH CARE PARTNERSHIP, EMPLOYEE WELLNESS PROGRAMS, EMERGENCY MEDICAL SERVICES, COMMUNITY PARAMEDICINE, 2-1-1, THE MILWAUKEE ENROLLMENT NETWORK, COMMUNITY HEALTH WORKERS AND NAVIGATORS, NATURAL HEALTH OPTIONS, EXERCISE AND NUTRITION CLASSES, AND OTHER HEALTH-RELATED WORKSHOPS. WE ARE COMMITTED TO SUPPORTING ST. JOSEPH CAMPUS AS WELL AS ALL SAINTS AND THE OTHER RESOURCES THAT ARE ADDRESSING THIS NEED IN A SECONDARY CAPACITY WHEN NECESSARY. * HIGH CHOLESTEROL: WHEATON FRANCISCAN HEALTHCARE - FRANKLIN UNDERSTANDS THIS GROWING CONCERN, AND WE BELIEVE THAT HIGH CHOLESTEROL FALLS UNDER THE REALM OF OUR FOCUS ON A HEALTHY LIFESTYLE THROUGH OUR EFFORTS FOCUSING ON OBESITY. ALTHOUGH HIGH CHOLESTEROL IS NOT A SINGLED-OUT FOCUS ON THE 2016 IMPLEMENTATION PLAN, WE ARE AWARE OF OTHER EFFORTS THROUGHOUT THE COMMUNITY TO SUPPORT THIS CONCERN. * MENTAL AND BEHAVIORAL HEALTH: WHILE WHEATON FRANCISCAN HEALTHCARE - FRANKLIN UNDERSTANDS THIS GROWING CONCERN, AT THE TIME OF ASSESSMENT, THE RESOURCES AND EXPERTISE WERE NOT AVAILABLE TO ADDRESS AND MAKE A MEANINGFUL IMPACT ON MENTAL AND BEHAVIORAL HEALTH. DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE MILWAUKEE HEALTH CARE PARTNERSHIP WAS MADE AWARE OF SEVERAL EXISTING STRATEGIES THROUGH OUR KEY INFORMANTS SUCH AS:

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	INPATIENT AND OUTPATIENT MENTAL HEALTH SERVICES, INCREASED BULLYING AWARENESS, HOUSING FIRST STRATEGY, COMMUNITY BEHAVIORAL HEALTH REDESIGN (UNDERWAY), MILWAUKEE CENTER FOR INDEPENDENCE PROGRAMMING THAT MANAGES MEDICATION AND RE-INTEGRATES PEOPLE WITH MENTAL HEALTH ISSUES INTO THE COMMUNITY, JOBS, AND HOUSING, CRISIS INTERVENTION TRAINING FOR EMPLOYEES, EFFORTS WITHIN SCHOOLS AND SCHOOL-COMMUNITY PARTNERSHIPS, MENTAL AND BEHAVIORAL HEALTH TASK FORCES, IMPLEMENTING TRAUMA-INFORMED CARE, AND MORE MENTAL HEALTH PROVIDERS BEING ADDED IN THE COMMUNITY WE WILL CONTINUE TO SUPPORT THESE EFFORTS IN A SECONDARY CAPACITY AS NECESSARY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC)-ST JOSEPH HOSPITAL, ELMBROOK HOSPITAL, AND WHEATON FRANCISCAN HEALTHCARE-FRANKLIN, INC THE FILING ORGANIZATION TAKES SEVERAL PROACTIVE APPROACHES TO MAKE PATIENTS AWARE OF OUR FINANCIAL ASSISTANCE POLICY IN ADDITION TO OUR POLICY BEING POSTED ON OUR WEBSITE AND AVAILABLE TO ANYONE WHO REQUESTS ONE, THERE IS ABUNDANT SIGNAGE THROUGHOUT OUR FACILITY EXPLAINING OUR FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN THE ACTUAL POLICY, IF DESIRED NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE DISPLAYED IN HIGHLY VISIBLE LOCATIONS WHERE THERE IS A SIGNIFICANT VOLUME OF INPATIENT OR OUTPATIENT TRAFFIC SUCH AS IN INPATIENT AND OUTPATIENT ADMITTING AND REGISTRATION AREAS, PHYSICIAN OFFICES, AND EMERGENCY DEPARTMENTS BROCHURES DESCRIBING THE POLICY ARE AVAILABLE IN THE SAME LOCATIONS, AND THE POLICY IS DISCUSSED AT THE TIME OF REGISTRATION OR PRE-REGISTRATION, ADMISSION, DISCHARGE, AND WITH BILLING FOR THOSE IDENTIFIED WITH A NEED PATIENTS WHO CALL AND EXPRESS A FINANCIAL HARDSHIP WITH PAYING THEIR BILL WILL BE ASSISTED BY A CUSTOMER SERVICE REPRESENTATIVE, WHO WILL ASSIST THE PATIENT IN SETTING UP AN APPOINTMENT TO MEET WITH A FINANCIAL ADVOCATE WHO WILL GO OVER THE FINANCIAL ASSISTANCE POLICY IN DETAIL, GET THE FINANCIAL ASSISTANCE APPLICATION PROCESS STARTED, AND EDUCATE THE PATIENT REGARDING ANY QUESTIONS THEY MAY HAVE LASTLY, OUR PATIENT STATEMENTS ALSO INCLUDE NOTIFICATIONS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND A PHONE NUMBER TO CALL FOR MORE INFORMATION ADDITIONALLY, OUR FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE ON OUR WEBSITE, HTTPS //WWW.MYWHEATON.ORG/ABOUT-WHEATON/BILLING-INFORMATION/#POLICY THE FINANCIAL ASSISTANCE POLICY AND APPLICATION HAVE BEEN TRANSLATED INTO 8 LANGUAGES ENGLISH, SPANISH, CHINESE, HMONG, LAOTIAN, ARABIC, RUSSIAN, AND SERBIAN/CROATIAN IN THE CASE OF OUR PLAIN LANGUAGE SUMMARY, A 9TH LANGUAGE (TELUGU) IS AVAILABLE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)	Employer identification number 39-0816857
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
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?	2									
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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
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.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2017**

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC , A RELATED ORGANIZATION OF ASCENSION SE WISCONSIN HOSPITAL, INC , USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual(s) received severance payments from the organization or a related organization during calendar year 2017 SUSAN BOLAND - \$380,635 SUSAN JASSAK - \$78,422 MICHAEL W PETITT - \$68,534
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. No payments were made to listed persons in Part VII under the non-qualified retirement plan during the year.

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 39-0816857

Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan 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				
1TRAVIS D ANDERSEN CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	563,166	701,999	102,400	13,500	30,954	1,412,019	0
1TIMOTHY J RICHMAN VICE CHAIR/HOSPITAL PRESIDENT	(i)	297,130	68,793	10,431	13,054	29,426	418,834	0
	(ii)	19,386	0	12,197	1,081	2,274	34,938	0
2JERRY M HARDACRE MD SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	402,548	14,388	4,630	17,550	28,047	467,163	0
3THOMAS MAHN MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	418,970	17,866	12,084	16,200	36,369	501,489	0
4BOBBY WU MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	201,748	25,428	515	9,997	12,793	250,481	0
5KEVIN JOHN KLUESNER BOARD MEMBER	(i)	128,603	58,967	11,756	12,050	14,043	225,419	0
	(ii)	128,644	0	10,980	4,050	14,015	157,689	0
6SETH R TEIGEN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	221,657	0	25,789	12,168	23,000	282,614	0
7DEBRA STANDRIDGE FORMER OFFICER (END 9/2016)	(i)	0	0	0	0	0	0	0
	(ii)	493,219	207,295	125,400	9,931	26,076	861,921	0
8SUSAN BOLAND FORMER OFFICER (END 4/2017)	(i)	0	0	0	0	0	0	0
	(ii)	167,060	0	390,593	7,867	6,448	571,968	0
9SALEEM AMAN FORMER OFFICER (END 9/2016)	(i)	0	0	0	0	0	0	0
	(ii)	374,995	51,981	2,929	16,200	38,860	484,965	0
10JONATHAN SOHN CFO - ASCENSION, WI	(i)	0	0	0	0	0	0	0
	(ii)	505,898	270,732	127,274	14,885	33,482	952,271	0
11SHARON D BAUGHMAN FORMER KEY EMPLOYEE (END 6/2017)	(i)	96,061	0	7,874	3,707	12,731	120,373	0
	(ii)	153,763	56,892	2,325	11,995	21,091	246,066	0
12O'RELL WILLIAMS VP MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	242,043	37,152	1,393	16,200	21,747	318,535	0
13LINDA PUCCINI VP PATIENT CARE	(i)	138,481	32,321	5,914	10,819	32,758	220,293	0
	(ii)	0	0	0	0	0	0	0
14MARY JO KOHOUT VP PATIENT CARE	(i)	168,542	39,771	8,004	13,097	19,445	248,859	0
	(ii)	0	0	0	0	0	0	0
15BRYAN G TOLLENAAR CHIEF MEDICAL PHYSICIST	(i)	200,780	0	278	6,379	33,908	241,345	0
	(ii)	0	0	0	0	0	0	0
16MICHAEL W PETITT VP MED GROUP OPS	(i)	82,617	32,430	78,441	7,149	17,979	218,616	0
	(ii)	0	0	0	0	0	0	0
17LISA A DAILEY RN-NURSE PRACTITIONER	(i)	158,064	25,200	6,740	8,860	1,955	200,819	0
	(ii)	0	0	0	0	0	0	0
18SUSAN L JASSAK ADMIN DIR-CARDIOVASC SRV-NORTH	(i)	90,098	13,153	83,714	6,604	8,427	201,996	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

39-0816857

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT, THE PROCESS PERFORMED BY WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC , A RELATED ORGANIZATION OF ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE PRESIDENT WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED BY WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC , A RELATED ORGANIZATION OF ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC), INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) HAS A SINGLE CORPOR ATE MEMBER, WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) HAS A SINGLE CORPORATE MEMBER, WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC , WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF WHEATON FRANCISCAN, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO A PPROVAL BY ITS SOLE CORPORATE MEMBER, WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Services to Affiliates - Total Revenue -532725, Related or Exempt Function Revenue -532725, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue 705288, Related or Exempt Function Revenue , Unrel ated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 705288 , Retail Sales - Total Revenue 35538, Related or Exempt Function Revenue 35538, Unrelate d Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Teleph one Revenues - Total Revenue 673, Related or Exempt Function Revenue , Unrelated Busines s Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 673, Transportatio n Revenues - Total Revenue 11936, Related or Exempt Function Revenue , Unrelated Busines s Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 11936,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Expenses	Physician Fees to Affiliate - Total Expense 11517656, Program Service Expense 114108, Management and General Expenses 11403548, Fundraising Expenses , Contract Labor - Total Expense 2119566, Program Service Expense 2104584, Management and General Expenses 14982, Fundraising Expenses , Minor Equipment - Total Expense 713375, Program Service Expense 554748, Management and General Expenses 140478, Fundraising Expenses 18149, Equipment Lease - Total Expense 1093624, Program Service Expense 1093624, Management and General Expenses , Fundraising Expenses , Provider Tax - Total Expense 10423916, Program Service Expense 10423916, Management and General Expenses , Fundraising Expenses , Other Non Medical Supplies - Total Expense 757814, Program Service Expense 1161590, Management and General Expenses -405458, Fundraising Expenses 1682, Dues - Total Expense 152764, Program Service Expense 18983, Management and General Expenses 133035, Fundraising Expenses 746, Maintenance & Repairs - Total Expense 414838, Program Service Expense 142733, Management and General Expenses 271841, Fundraising Expenses 264, Licenses & Permits - Total Expense 182832, Program Service Expense 130914, Management and General Expenses 50918, Fundraising Expenses 1000, Books & Subscriptions - Total Expense 34432, Program Service Expense 27923, Management and General Expenses 6509, Fundraising Expenses , MISCELLANEOUS EXPENSES - Total Expense 12137717, Program Service Expense 8278978, Management and General Expenses 3715063, Fundraising Expenses 143676,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS WITH ALPHA FUND - 16496748, TRANSFER NET ASSETS FROM WFH-FRANKLIN - -3786778, WR ITE OFF OF NOTES PAYABLE - 138099950, TRANSFER FROM AFFILIATES - 670509,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENTS	THE ACTIVITY OF ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE NO INDIVID UAL AUDIT OF ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) IS COM PLETED THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIA NCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF ASCENSION SE WISCONSIN HOSPITAL, INC (F /K/A WHEATON FRANCISCAN, INC)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c AUDIT COMMITTEE	ASCENSION SE WISCONSIN HOSPITAL, INC (F/K/A WHEATON FRANCISCAN, INC) IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE THE FINANCE AND AUDIT COMM ITTEE OF ASCENSION HEALTH ALLIANCE'S BOARD ASSUMES RESPONSIBILITY FOR THE CONSOLIDATED ORG ANIZATION AS A WHOLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM J ENTITY WEBSITE	https //healthcare ascension org/Locations/Wisconsin/WIWE/Milwaukee-Ascension-SE-Wisconsin-Hospital-St-Joseph-Campus

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan Inc)

Employer identification number
39-0816857

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) TWINMED LLP 222 W College Ave Suite 3B Appleton, WI 54911 39-1180341	Real Estate	WI	NA	N/A								

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

(a) 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
See Additional Data Table									

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 39-0816857
Name: Ascension SE Wisconsin Hospital Inc (FKA Wheaton Franciscan 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
1570 MIDWAY PLACE MENASHA, WI 54952 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
INTS INC) 3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
INC) 1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
INC) 824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
ICAL GROUP INC) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
NCIS INC) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
NC) 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
ENTERPRISES AND FRANCISCAN WOODS INC) 19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	

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
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1834639	PARENT CORPORATION	WI	501(c)(3)	Type I	ASCENSION HEALTH		No
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC (FKA WHEATON FRANCISCAN MEDICAL GROUP INC)	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH		No
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC (FKA WHEATON FRANCISCAN HEALTHCARE-ALL SA INTS INC)	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC (FKA WHEATON FRANCISCAN INC)	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC (FKA WHEATON FRANCISCAN INC)	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC (FKA WHEATON FRANCISCAN HEALTHCARE-ALL SA INTS INC)	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC (FKA WHEATON FRANCISCAN HEALTHCARE-PHARMAC Y ENTERPRISES & FRANCISCAN WOODS INC)	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC (FKA WHEATON FRANCISCAN INC)	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC (FKA WHEATON FRANCISCAN HEALTHCARE-ST FRA NCIS INC)	Yes	
10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE- SOUTHEAST WISCONSIN INC	Yes	
2323 NORTH LAKE DRIVE 1ST FLOOR MILWAUKEE, WI 53211 39-1377923	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830	CONDO ASSOCIATION	WI	ASCENSION SE WISCONSIN HOSPITAL INC (FKA WHEATON FRANCISCAN INC)	C Corporation	0	0	78 61 %	Yes	
WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ASCENSION ALL SAINTS HOSPITAL INC(FKA WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS INC)	L	17,286,740	FAIR MARKET VALUE
ASCENSION ALL SAINTS HOSPITAL INC(FKA WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS INC)	P	869,472	FAIR MARKET VALUE
ASCENSION ALL SAINTS HOSPITAL INC(FKA WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS INC)	Q	17,243,039	FAIR MARKET VALUE
ASCENSION MEDICAL GROUP-SOUTEAST WISCONSIN INC(FKA WHEATON FRANCISCAN MEDICAL GROUP INC)	L	12,684,501	FAIR MARKET VALUE
ASCENSION MEDICAL GROUP-SOUTEAST WISCONSIN INC(FKA WHEATON FRANCISCAN MEDICAL GROUP INC)	Q	1,833,241	FAIR MARKET VALUE
ASCENSION ST FRANCIS HOSPITAL INC (FKA WHEATON FRANCISCAN HEALTHCARE-ST FRANCIS INC)	L	88,920	FAIR MARKET VALUE
ASCENSION ST FRANCIS HOSPITAL INC (FKA WHEATON FRANCISCAN HEALTHCARE-ST FRANCIS INC)	Q	51,497	FAIR MARKET VALUE
ASCENSION WISCONSIN LABORATORIES INC (FKA WHEATON FRANCISCAN LABORATORIES INC)	Q	262,295	FAIR MARKET VALUE
ASCENSION WISCONSIN PHARMACY INC (FKA WHEATON FRANCISCAN HEALTHCARE-PHARMACY ENTERPRISES AND FRANCISCAN WOODS INC)	L	551,833	FAIR MARKET VALUE
WHEATON FRANCISCAN HEALTHCARE-FRANKLIN INC	L	55,018	FAIR MARKET VALUE
WHEATON FRANCISCAN HEALTHCARE-FRANKLIN INC	Q	295,928	FAIR MARKET VALUE
WHEATON FRANCISCAN-ST JOSEPH FOUNDATIONINC	C	391,419	FAIR MARKET VALUE
WHEATON FRANCISCAN-ELMBROOK MEMORIAL FOUNDATION INC	C	84,556	FAIR MARKET VALUE