

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

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
FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
9200 W WISCONSIN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
MILWAUKEE, WI 53226

D Employer identification number
39-6105970

E Telephone number
(414) 777-0960

G Gross receipts \$ 1,728,449,740

F Name and address of principal officer
Jacobson Catherine A
9200 W WISCONSIN AVENUE
Milwaukee, WI 53226

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 ▶

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

J Website: ▶ www.froedtert.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1980 **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Froedtert Memorial Lutheran Hospital, Inc (FMLH) advances the health of the communities we serve through exceptional care enhanced by innovation and discovery

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

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	7,247
6 Total number of volunteers (estimate if necessary)	312
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,737,269	4,289,241
9 Program service revenue (Part VIII, line 2g)	1,517,068,899	1,650,503,917
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	421,131	998,699
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,576,613	71,774,417
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,575,803,912	1,727,566,274
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	369,017,438	391,941,494
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,081,856,714	1,197,566,970
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,450,874,152	1,589,508,464
19 Revenue less expenses Subtract line 18 from line 12	124,929,760	138,057,810

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	950,607,430	1,014,178,461
21 Total liabilities (Part X, line 26)	94,632,833	84,580,668
22 Net assets or fund balances Subtract line 21 from line 20	855,974,597	929,597,793

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-05-10
John Ceelen SVP-Finance
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN _____
Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207
Firm's address ▶ 191 W Nationwide Blvd Suite 500 Phone no (614) 249-2300
Columbus, OH 43215

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
 Froedtert Memorial Lutheran Hospital, Inc (FMLH) advances the health of the communities we serve through exceptional care enhanced by innovation and discovery

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 590,099,141 including grants of \$) (Revenue \$ 771,723,748)
 See Additional Data
















4b (Code) (Expenses \$ 587,237,135 including grants of \$) (Revenue \$ 796,655,392)
 See Additional Data

4c (Code) (Expenses \$ 111,339,798 including grants of \$) (Revenue \$ 43,728,500)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 36,356,835 including grants of \$) (Revenue \$ 104,655,041)

4e Total program service expenses ▶ 1,325,032,909

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	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 		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 		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 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
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 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		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>	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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>		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>		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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		No
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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (13), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (WI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (David Dirksmeyer, N74 W12501 Leatherwood Ct, Menomonee Falls, WI 53051 (414) 777-0960).

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			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶		3,284,411	6,230,173
				1,220,618

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 ▶ 426

	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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	4,229,241		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,000		
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		4,289,241		

Program Service Revenue	Business Code			
2a Hospital Inpatient	900099	771,723,748	771,723,748	
b Hospital Outpatient	900099	796,655,392	796,655,392	
c Medical Education	611600	43,728,500	43,728,500	
d Trauma	900099	38,396,277	38,396,277	
e _____				
f All other program service revenue				
g Total. Add lines 2a-2f		1,650,503,917		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		900,593	546,989		353,604	
	4 Income from investment of tax-exempt bond proceeds		120,962			120,962	
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		860,610		
	b Less cost or other basis and sales expenses				883,466		
	c Gain or (loss)				-22,856		
	d Net gain or (loss)			-22,856			-22,856
	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			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a Corp Allocated Revenue	561000	42,059,107	42,059,107				
b Other Department Revenue	561499	7,278,091	7,278,091				
c Rent Revenue	561499	12,604,732	12,604,732				
d All other revenue		9,832,487	3,769,845			6,062,642	
e Total. Add lines 11a-11d		71,774,417					
12 Total revenue. See Instructions		1,727,566,274	1,716,762,681			6,514,352	

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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,827,815		1,827,815	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	363,983,540	349,565,238	14,418,302	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	58,503	55,933	2,570	
10 Payroll taxes	26,071,636	24,926,345	1,145,291	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,074,111	1,978	1,072,133	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	183,804,701	167,862,373	15,942,328	
12 Advertising and promotion	1,401	1,376	25	
13 Office expenses	4,677,862	3,511,213	1,166,649	
14 Information technology	752,488	744,226	8,262	
15 Royalties	0			
16 Occupancy	30,736,436	25,935,508	4,800,928	
17 Travel	477,520	460,738	16,782	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	735,304	631,980	103,324	
20 Interest	17,352,427	14,642,037	2,710,390	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	59,120,310	49,885,916	9,234,394	
23 Insurance	0			
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	366,452,402	366,048,787	403,615	
b Corporate Allocations	349,617,481	145,817,638	203,799,843	
c Medical Education	111,339,798	111,339,798		
d Affiliate Support-Comm Phys	34,921,650	28,719,565	6,202,085	
e All other expenses	36,503,079	34,882,260	1,620,819	
25 Total functional expenses. Add lines 1 through 24e	1,589,508,464	1,325,032,909	264,475,555	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,350	1	21,050
	2 Savings and temporary cash investments	24,552,571	2	2,291,068
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	192,374,332	4	209,179,757
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	16,029,754	8	17,769,121
	9 Prepaid expenses and deferred charges	5,657,247	9	6,595,435
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,349,732,669		
	b Less accumulated depreciation	599,823,858		
		674,093,424	10c	749,908,811
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
15 Other assets See Part IV, line 11	37,880,752	15	28,413,219	
16 Total assets. Add lines 1 through 15 (must equal line 34)	950,607,430	16	1,014,178,461	
Liabilities	17 Accounts payable and accrued expenses	56,019,583	17	58,294,335
	18 Grants payable		18	
	19 Deferred revenue	161,633	19	214,320
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	364,015	24	294,796
	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	38,087,602	25	25,777,217
	26 Total liabilities. Add lines 17 through 25	94,632,833	26	84,580,668
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	828,995,248	27	900,714,911
	28 Temporarily restricted net assets	26,613,099	28	28,516,632
	29 Permanently restricted net assets	366,250	29	366,250
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	855,974,597	33	929,597,793
	34 Total liabilities and net assets/fund balances	950,607,430	34	1,014,178,461

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,727,566,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,589,508,464
3	Revenue less expenses Subtract line 2 from line 1	3	138,057,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	855,974,597
5	Net unrealized gains (losses) on investments	5	-224,159
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	-64,210,455
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	929,597,793

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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	2a		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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	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	2c	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?	3a		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	3b		

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 39-6105970

Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Form 990 (2017)

Form 990, Part III, Line 4a:

Inpatient Services - See Schedule O

Form 990, Part III, Line 4b:

Outpatient Services - See Schedule O

Form 990, Part III, Line 4c:

Medical Education - See Schedule O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Acevedo Rafael Jr Director	1 00 0 00	X						0	0	0
Bechtel Kathleen Dir&VP Pt Care	40 00 0 00	X						423,175	0	68,628
Bria Michele Director	1 00 0 00	X						0	0	0
Butler Louis Jr Director	1 00 0 00	X						0	0	0
Callahan Margaret Director	1 00 0 00	X						0	0	0
Gendelman Lori Director	1 00 0 00	X						0	0	0
Gore Cecella Director	1 00 0 00	X						0	0	0
Jacobson Catherine A Dir&FH Pres/CEO	1 00 46 00	X						0	2,692,742	353,875
Johnson Nina VA Director	1 00 0 00	X						0	0	0
Lauer Kathryn MD Director	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patterson Renee Director	1 00 0 00	X						0	0	0
Resnick Andrew MD Director	1 00 0 00	X						0	0	0
Zizzo Anne Director	1 00 0 00	X						0	0	0
Buck Catherine J Dir&FMLH Pres	50 00 1 00	X		X				1,204,354	0	51,956
Fulkerson Jay Dir&BOD Chair	1 00 0 00	X		X				0	0	0
Sevenich Jenni Dir&BOD V Chair	1 00 0 00	X		X				0	0	0
Ceelen John Treasurer	1 00 50 00			X				0	545,785	123,640
McPike Linda BOD Secretary	1 00 40 00			X				0	277,628	22,222
Behrens Elizabeth VP Quality/Pt Safe	40 00 0 00					X		324,729	0	61,696
Colpaert Gary VP-Clinical&Supp	40 00 0 00					X		313,217	0	50,381

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gray D Allan VP Periop Svc	50 00 0 00					X		367,418	0	32,111
Leevan Yakira CRNA-Anesthesia	40 00 0 00					X		310,712	0	41,736
Stulac Motzel Wendy VP-Ambulatory Svc	40 00 0 00					X		340,806	0	70,433
Eastham Catherine M Former - Officer (Secr)	0 00 40 00						X	0	967,743	89,023
Hawig Scott Former - Officer (CFO)	0 00 48 00						X	0	1,234,468	171,331
VanDeKreeke Jeffrey Former - Officer (Treas)	0 00 46 00						X	0	511,807	83,586

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Employer identification number

39-6105970

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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: 17005038

Software Version: 2017v2.2

EIN: 39-6105970

Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
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 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
FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Employer identification number
39-6105970

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,221,884	11,687,212	12,000,842	11,443,996	9,551,972
b Contributions	117,782	189,731	106,927	785,742	1,621,971
c Net investment earnings, gains, and losses	490,740	898,893	-31,188	137,282	785,813
d Grants or scholarships	235,262	326,196	322,577	286,129	360,702
e Other expenditures for facilities and programs	254,695	227,973	67,897	91,022	144,472
f Administrative expenses	921	-217	-1,105	-10,973	10,586
g End of year balance	12,339,528	12,221,884	11,687,212	12,000,842	11,443,996

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 97 000 %
 - b** Permanent endowment ▶ 3 000 %
 - 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,313		2,313
b Buildings		535,394,239	178,627,279	356,766,960
c Leasehold improvements		247,845,190	77,983,423	169,861,767
d Equipment		396,507,933	283,179,694	113,328,239
e Other		169,982,994	60,033,462	109,949,532
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				749,908,811

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates	7,920,424
Other 3rd Party Payables	11,436,379
Pension Liability Base	106,985
Pension Liability URMS	2,586,305
Post Retirement Medical	3,727,124
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	25,777,217

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	1,681,594,001
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	22,857	
e	Add lines 2a through 2d		2e	22,857
3	Subtract line 2e from line 1		3	1,681,571,144
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	45,995,130	
c	Add lines 4a and 4b		4c	45,995,130
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,727,566,274

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	1,547,463,000
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	22,857	
e	Add lines 2a through 2d		2e	22,857
3	Subtract line 2e from line 1		3	1,547,440,143
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	42,068,321	
c	Add lines 4a and 4b		4c	42,068,321
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,589,508,464

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: 17005038

Software Version: 2017v2.2

EIN: 39-6105970

Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The funds are held by Froedtert Hospital Foundation, Inc (FHF), a related organization FHF maintains several types of endowment funds The board designated/quasi-endowment funds were created to support the financial needs of various departments and programs of Froedtert Memorial Lutheran Hospital, Inc For permanently restricted endowment funds, the intent of the funds depends on the restriction that applies to that particular endowment, as prescribed by the donor Depending on the particular endowment, the intended uses include fellowships, research, and educational resources for the community

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	Froedtert Health Inc , the parent entity into which Froedtert Memorial Lutheran Hospital, Inc results are consolidated, applies ASC No 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in a company's financial statements ASC No 740 prescribes a more-likely-than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken Under ASC No 740, tax positions are evaluated for recognition, derecognition, and measurement using consistent criteria and provide more information about the uncertainty in income tax assets and liabilities As of June 30, 2018 and 2017, Froedtert Memorial Lutheran Hospital, Inc does not have an asset or liability recorded for unrecognized tax positions

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	\$0 Asset Dispositions \$22857

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Corporate Allocated Revenue (507999) \$42059107 Contribution FHF \$1929241 Contribution FMLH Trust \$2000000 Rounding \$6782

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Asset Dispositions \$22857

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Corporate allocated revenue \$42059107 Rounding \$9214

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
 FROEDTERT MEMORIAL LUTHERAN HOSPITAL INC

Employer identification number
 39-6105970

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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 _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			8,039,055		8,039,055	0 510 %
b Medicaid (from Worksheet 3, column a)			248,089,390	156,507,339	91,582,051	5 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			256,128,445	156,507,339	99,621,106	6 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	70,300	6,404,548		6,404,548	0 400 %
f Health professions education (from Worksheet 5)	6	2,073	98,434,779		98,434,779	6 190 %
g Subsidized health services (from Worksheet 6)	2	5,587	580,332		580,332	0 040 %
h Research (from Worksheet 7)	1	377	2,021,472		2,021,472	0 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10		1,377,037		1,377,037	0 090 %
j Total. Other Benefits	42	78,337	108,818,168		108,818,168	6 850 %
k Total. Add lines 7d and 7j	42	78,337	364,946,613	156,507,339	208,439,274	13 120 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		997		997	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	5	253	114,495		114,495	0.010 %
9 Other						
10 Total	6	253	115,492		115,492	0.010 %

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?		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.		
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.		
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	261,390,274
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	302,621,180
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-41,230,906
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 checked="" type="checkbox"/> Cost accounting system <input 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?

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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)	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 <u>20 17</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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.froedtert.com/community-benefit</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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Schedule O</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

FMLH

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	Yes	
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 0000</u> % and FPG family income limit for eligibility for discounted care of <u>400 0000</u> %		
	b <input checked="" 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 type="checkbox"/> Insurance status		
	f <input checked="" type="checkbox"/> Underinsurance discount		
	g <input checked="" type="checkbox"/> Residency		
	h <input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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)	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)	Yes	
	a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www froedtert com/financial-services</u>		
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www froedtert com/financial-services</u>		
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>Same as 16a & 16b</u>		
	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 checked="" 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 type="checkbox"/> Other (describe in Section C)		

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

FMLH

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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
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 checked="" 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? If "No," indicate why	21	Yes
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)

FMLH

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	FMLH produces an annual report to the community highlighting community benefit programs, patient impact stories and investments in the communities we serve. The report will be mailed, as in years previous, to partners in our Community, FMLH Leaders, FMLH Board of Directors, elected officials, business leaders and other community members. A copy of the report will be available on http://www.froedtert.com/community-benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	Charity Care and certain other community benefits costs were determined by using internal information to reduce the various activities to cost. Froedtert Memorial Lutheran Hospital reports accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. Froedtert Memorial Lutheran Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends. As a not-for-profit, emergency medical care and other medically necessary care is provided to all, regardless of ability to pay for that care. Making quality patient care available to all in our community, regardless of their economic means, qualifies bad debts as a community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column F - Explanation of Bad Debt Expense	Our total expense from Form 990, Part IX, line 25, column (A) was \$1,589,509,464. Bad debt expense is included in Form 990, Part VIII, lines 2a, 2b and 2d as required by ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. Therefore bad debt expense is not included on Part IX, Statement of Functional Expenses, Line 25, column (A).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	Bad debt expense in Part III, Line 2 is the amount recorded in FMLH Statement of Operations. FMLH provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Froedtert Memorial Lutheran Hospital does not limit the care available to any patients, including those covered by Medicare. Froedtert Memorial Lutheran Hospital receives Medicare reimbursement intended to cover care for the medically indigent patients reflected in Part I.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	<p>FMLH informs and educates patients regarding financial assistance and government program eligibility in a number of ways. Its communication efforts also address special needs of patients and their families, such as hearing or visual impairment or language interpretation. Information on hospital-based financial support policies and government programs are made available to patients during the pre-registration and registration processes through brochures, signage and direct contact with financial counselors, social workers / case managers and registration staff. Patient billing statements also inform patients that financial assistance is available. The Froedtert Health, Inc. website contains information regarding pricing, how to understand your hospital bill, and how to apply for Financial Assistance. FMLH has made financial assistance forms and information available in Spanish. Financial counselors screen uninsured patients for government program eligibility and social services staff are available to assist patients with enrollment processes. Patients who are uninsured, those covered by government programs and those with limited financial means may also be eligible for charity care or discounts through the FMLH's financial assistance program. Financial counselors make every effort to determine a patient's eligibility prior to or at the time of admission or service. However, determination for financial assistance can be made during any stage of the patient's stay after stabilization, or the collection cycle.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	<p>Froedtert & The Medical College of Wisconsin is a member of the Milwaukee Health Care Partnership www.mkehcp.org, a public-private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department aligned resources to complete a shared community health needs assessment (CHNA) for FY 2017. Supported by additional analysis from the Center for Urban Population Health, this community-wide CHNA includes findings from a community health survey of over 2,000 adults, 41 key informant interviews, four focus groups and a secondary source data analysis. This shared CHNA serves as the foundation for Froedtert Hospitals implementation strategy to improve health outcomes and reduce disparities in Milwaukee County.</p> <p>Milwaukee County Aurora Health System Children's Hospital of Wisconsin Froedtert & The Medical College of Wisconsin Ascension Health System Center for Urban Population Health Milwaukee County Health Department City of Milwaukee Health Department Wauwatosa Health Department JKV Research was hired by the participating Health Care Systems and Health Departments to lead the CHNA process for Milwaukee County. The total cost of each CHNA was shared by each of the participating health systems and health departments. Each health system and health department was assigned to conduct key informant interviews within their service area.</p> <p>CHNA Overview/Objectives Gather specific data on behavioral and lifestyle habits of the adult population. Gather data on the prevalence of risk factors and disease conditions existing within the adult population. Compare health data of residents to previous health studies. Compare, where appropriate and available, health data of residents to national and state measurements.</p> <p>CHNA Methodology 1,976 telephone interviews completed between March 16 and July 14, 2015. Two-fold Sampling 1) A random-digit-dial landline sample of telephone numbers which included listed and unlisted numbers. The respondent within each household was randomly selected by computer based on the number of adults in the household (n=1,292). 2) A cell phone-only sample where the person answering the phone was selected as the respondent (n=675). At least 8 attempts were made to contact a respondent in both samples. Screener questions verifying location were included. All data post-stratified by age and gender of adult residents as of 2010 census proportions. Margin of error 2%.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>Froedtert Memorial Lutheran Hospital informs and educates patients regarding financial assistance and government program eligibility in a number of ways. Its communication efforts also address special needs of patients and their families, such as hearing or visual impairment or language interpretation. Information on hospital-based financial support policies and government programs are made available to patients during the pre-registration and registration processes through brochures, signage and direct contact with financial counselors, social workers / case managers and registration staff. Patient billing statements also inform patients that financial assistance is available. The Froedtert Health, Inc. website contains information regarding pricing, how to understand your hospital bill, and how to apply for Financial Assistance. Froedtert Memorial Lutheran Hospital has made financial assistance forms and information available in Spanish. Financial counselors screen uninsured patients for government program eligibility and social services staff are available to assist patients with enrollment processes. Patients who are uninsured, those covered by government programs and those with limited financial means may also be eligible for charity care or discounts through the Froedtert Memorial Lutheran Hospital's financial assistance program. Financial counselors make every effort to determine a patient's eligibility prior to or at the time of admission or service. However, determination for financial assistance can be made during any stage of the patient's stay after stabilization, or the collection cycle.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation																																																																																														
Part VI, Line 4 - Community Information	<p>Since 1980 Froedtert & The Medical College of Wisconsin has been part of a critical initiative to improve the health of our Community. As the regions Academic Medical Center and only Level I Trauma Center, F&MCWs primary service area is comprised of five counties: Ozaukee, Milwaukee, Waukesha, Washington and Racine. Community Memorial and St. Josephs hospital, part of the Froedtert Health System, are able to care for individuals within the Waukesha and Washington County areas relying on Froedtert Hospital for higher acuity care. Froedtert Hospital focuses on urban, low income, uninsured and medically underserved populations, most of whom reside in Milwaukee County, which comprises the largest concentration of zip codes with the highest needs. As such, Froedtert & The Medical College has made concerted efforts to begin focus on those neighborhoods in our back yard: Wauwatosa and Washington Park. In partnership with Progressive Community Health Centers, Froedtert Hospital has invested a place-based health improvement strategy in this neighborhood for ten years. Part of the urban poverty corridor, this neighborhood is home to a large vulnerable population, as well as a number of valuable community assets to address the social determinants of health. Located in the City of Wauwatosa, Froedtert has a strong relationship with the local health department and other community organizations that are working to improve health and quality of life. Froedtert & the Medical College of Wisconsin Demographics</p> <table border="0"> <tr> <td>Household Income CY17 Primary Service Area</td> <td>Secondary Service Area</td> <td>Under \$24,999</td> <td>21 43%</td> <td>19 97%</td> </tr> <tr> <td>\$25,000-\$49,999</td> <td></td> <td>22 53%</td> <td>23 98%</td> <td></td> </tr> <tr> <td>\$50,000-\$99,999</td> <td></td> <td>32 22%</td> <td>36 30%</td> <td>\$100,000 and up</td> </tr> <tr> <td></td> <td></td> <td>23 82%</td> <td>19 75%</td> <td>Total Households</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>728,003</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>239,467</td> </tr> <tr> <td>Source</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>DataBayRace CY17 Primary Service Area Secondary Service Area</p> <table border="0"> <tr> <td>White</td> <td>73 49%</td> <td>African American</td> <td>88 27%</td> </tr> <tr> <td>Hispanic or more races</td> <td>15 74%</td> <td>Asian/Hawaiian/Pacific Islander</td> <td>3 30%</td> </tr> <tr> <td>Other</td> <td>3 38%</td> <td>Native American</td> <td>2 08%</td> </tr> <tr> <td>Two or more races</td> <td>2 64%</td> <td>Other</td> <td>2 16%</td> </tr> <tr> <td></td> <td>10 66%</td> <td>Total</td> <td>9 27%</td> </tr> </table> <p>Population 1,824,926 617,378</p> <table border="0"> <tr> <td>Source</td> <td>DataBayPayer Source FY17 Primary Service Area</td> <td>Secondary Service Area</td> </tr> <tr> <td>Commercial/Managed Care</td> <td>27 38%</td> <td>32 69%</td> </tr> <tr> <td>Medicaid</td> <td>20 22%</td> <td>13 77%</td> </tr> <tr> <td>Medicare</td> <td>50 06%</td> <td>50 69%</td> </tr> <tr> <td>Other</td> <td>0 39%</td> <td>0 91%</td> </tr> <tr> <td>Other/Self Pay</td> <td></td> <td>1 95%</td> </tr> <tr> <td></td> <td></td> <td>1 93%</td> </tr> </table> <p>Source DataBayPayer Source FY18Q3 Primary Service Area Secondary Service Area</p> <table border="0"> <tr> <td>Commercial/Managed Care</td> <td>26 21%</td> <td>31 70%</td> <td>Medicaid</td> <td>19 67%</td> <td>12 84%</td> </tr> <tr> <td>Medicare</td> <td>51 14%</td> <td>51 99%</td> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Government</td> <td>0 90%</td> <td>1 16%</td> <td>Other/Self Pay</td> <td>2 09%</td> <td>2 31%</td> </tr> </table> <p>Source DataBay</p>	Household Income CY17 Primary Service Area	Secondary Service Area	Under \$24,999	21 43%	19 97%	\$25,000-\$49,999		22 53%	23 98%		\$50,000-\$99,999		32 22%	36 30%	\$100,000 and up			23 82%	19 75%	Total Households					728,003					239,467	Source					White	73 49%	African American	88 27%	Hispanic or more races	15 74%	Asian/Hawaiian/Pacific Islander	3 30%	Other	3 38%	Native American	2 08%	Two or more races	2 64%	Other	2 16%		10 66%	Total	9 27%	Source	DataBayPayer Source FY17 Primary Service Area	Secondary Service Area	Commercial/Managed Care	27 38%	32 69%	Medicaid	20 22%	13 77%	Medicare	50 06%	50 69%	Other	0 39%	0 91%	Other/Self Pay		1 95%			1 93%	Commercial/Managed Care	26 21%	31 70%	Medicaid	19 67%	12 84%	Medicare	51 14%	51 99%	Other			Government	0 90%	1 16%	Other/Self Pay	2 09%	2 31%
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Medicaid	20 22%	13 77%																																																																																													
Medicare	50 06%	50 69%																																																																																													
Other	0 39%	0 91%																																																																																													
Other/Self Pay		1 95%																																																																																													
		1 93%																																																																																													
Commercial/Managed Care	26 21%	31 70%	Medicaid	19 67%	12 84%																																																																																										
Medicare	51 14%	51 99%	Other																																																																																												
Government	0 90%	1 16%	Other/Self Pay	2 09%	2 31%																																																																																										

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	To promote the health of our communities, Froedtert Hospital participates in numerous community building activities that are not included in Part I of Schedule H. These activities include: 1. Community support Participation in local emergency preparedness and contributions to public safety programs to increase safe neighborhoods. 2. Coalition building - funding of the Milwaukee Healthcare Partnership, a public/private partnership working to expand coverage, access and care coordination for Milwaukee's uninsured and underinsured populations. 3. Workforce development - support for diversity recruitment as well as career development programs with local schools in order to train the next generation of medical and working professionals in our local area.

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>Community Engagement proactively addresses the social, cultural and economic determinants that underpin health and seeks to build partnerships with others to find solutions. Froedtert & the Medical College of Wisconsin are committed to making a positive, sustained difference in our community. Community Engagement will strengthen the economic vitality and quality of life of those communities we serve. Froedtert Hospitals Community Benefit programming and health improvement activities are supported through staff resources, budgeted dollars for programming and community partnerships.</p> <p>Center for Health Care Careers: The mission of the Center for Healthcare Careers of Southeast Wisconsin is to unite all appropriate stakeholders in a viable, flexible structure to locate, educate and support a workforce from service to professional levels in the healthcare industry in SE Wisconsin with a vision to create a supply of fully skilled and capable individuals prepared to meet the current and future needs of the healthcare field from entry-level to professional skilled-level roles.</p> <p>Community Health Education Programs: Froedtert Hospital regularly schedules educational classes, workshops and screenings for the community. The services offered are readily accessible to the general public and are free of charge. These programs provide information on a variety of health concerns including chronic disease prevention/management and updates on the newest medical technology and medical research. In FY18, 149 Community Health Education Classes and 2,705 people were served. Additionally, Froedtert & The Medical College of Wisconsin offers a speakers bureau that is a free service to the community. Froedtert & The Medical College of Wisconsin Community Conference Center: The Community Conference Center offers a community health education center that is available for community and support groups at no cost. Froedtert Hospital sponsors more than 50 support groups and 6,591 people were served. The CCC provides meeting space for a variety of community events. Its wide variety of programs, activities, equipment and services provide the tools needed for the health and wellness of families in our communities.</p> <p>Milwaukee Health Care Partnership: Froedtert Hospital is an active member of the Milwaukee Health Care Partnership, a public-private consortium dedicated to improving care for underserved populations in Milwaukee County. The Partnership includes the four Milwaukee-based health systems, four Federally Qualified Health Centers (FQHCs), the Medical College of Wisconsin, Milwaukee and the city, county and state health departments. Froedtert Hospital financially supports MHCP through its membership fees in the amount of \$110,000.</p> <p>Health Professionals/Academic Medical Center: In partnership with the Medical College of Wisconsin, Froedtert Hospital provides medical resident opportunities for 902 physicians in residency and fellowship training programs where they can learn from expert faculty and have access to leading-edge resources. As the only Academic Medical Center in south eastern Wisconsin, Froedtert & The Medical College of Wisconsin provides internship and preceptor program guidance and training to over 1580 students in the following areas: Allied Health, Pharmacy, Nuclear Medicine, and Registered Nursing (including Advanced Practice). Froedtert & The Medical College of Wisconsin also has its own School of Radiology, a two-year program. In fiscal year 2018, 31 radiology technicians continued their education through this program.</p> <p>Medical Transportation Program: The Medical Transportation Program at Froedtert Hospital is a direct line budgeted program which provides transportation to and from the outpatient locations for eligible persons (250% federal poverty level or below) who have difficulty arranging their own transportation and lack the financial resources to purchase transportation. Froedtert Hospital Social Services department provided approximately \$51,805 for 1,596 Ambulance, Cab and Bus transportation services in fiscal year 2018.</p> <p>ACA Insurance Marketplace and Enrollment Assistance: Froedtert Health (parent company of Froedtert Hospital) recognized the need to help individuals navigate the new choices available to them through the Affordable Care Act's Insurance Marketplace and Medicaid reforms. Our network of certified application counselors answered more than 8,987 phone calls, and helped enroll individuals in the Health Insurance Marketplace, part of Affordable Care Act. A reduction in phone calls and enrollment assistance was reflective of demonstrating individuals' understanding on how to enroll in marketplace, after a few years of being in place and consistent education and enrollment assistance with the Froedtert Health enterprise. However, given the new landscape we are seeing inquiries increase again. Additionally, Froedtert Health collaborated with the Milwaukee Enrollment Network, which represented health systems, free clinics, h</p>

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>health departments and other non-profit organizations to reach out to people throughout Milwaukee, Washington and Waukesha Counties in securing adequate and affordable health insurance. United Way Employee Giving Campaign Froedtert Hospital collaborates with the United Way of Greater Milwaukee to address basic needs in the community, developing self-reliance, strengthening communities and its support. Froedtert Hospital hosts an annual workplace giving campaign to support all the local United Ways. In FY18 \$489,061 in direct employee donations that includes FH corporate match of \$64,072 that is restricted for United Way of Greater Milwaukee and Waukesha County. Bradley Tech Terns Through a unique two-year program called tech terns 15 students from Bradley Tech high school in Milwaukee finished learning about building design, construction and health care operation in the classroom and on-site of a major construction project at Froedtert hospital. The program leads believe this is a first such career pathway development program in the country. Experts in the field develop the curriculum for each quarters visit, coordinating classroom work with the progress of the building. The students in the FY2018 cohort, had opportunities to assist in construction of the hospital's new surgical department. They also had an introduction to health care careers alongside the introduction to construction jobs. Healthcare departments engaged in meeting with students included, surgery department, radiology department, emergency department, ICU department, biomedical department, sterile processing department, surgery equipment representative. Staff roles included, nurses, radiology technician, physicians, surgical technicians, biomedical technicians, sterile processing technicians. All staff volunteered their time to meet, talk, and engage students in a variety of health care careers.</p> <p>Implementation Planning Process Under the direction of the Community Engagement Leadership Team and a trained meeting facilitator, the planning process included five steps in developing the Implementation Plan:</p> <ol style="list-style-type: none"> 1. Reviewed the Community Health Needs Assessment results for identification and prioritization of community health needs 2. Reviewed previous implementation plan programs and results 3. Reviewed current hospital and community health improvement initiatives and strategies 4. Ranked and selected priority areas 5. Selected evidence-based strategies, partnerships and programs to address community health needs <p>After several facilitated workout sessions in January 2016 - March 2016, findings from the assessment were categorized into 9 areas: Mental Health, Chronic Disease Management, Access to Care, Injury and Violence Prevention, Physical Activity and Nutrition, Alcohol and Other Drug Abuse (AODA), Cancer Prevention, Teen Pregnancy, and Infectious Disease. To identify the top ranked priorities, members of the advisory committee were asked to rate each priority based on the following criteria: feasibility of Froedtert Hospital to address the need (direct programs, clinical strengths, and dedicated resources), and achievable measurable outcomes. Of those ten health needs categories, four overarching themes were identified as the focus for Froedtert & Medical College of Wisconsin Implementation Plan for fiscal 2017-2019: Chronic Disease Management, Injury & Violence, Access to Care, and Navigation Behavioral Health.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Part VI, Line 6 - Affiliated Health Care System</p>	<p>AFFILIATED HEALTH CARE SYSTEM Froedtert & the Medical College of Wisconsin regional health network is a partnership between Froedtert Health and the Medical College of Wisconsin supporting a shared mission of patient care, innovation, medical research and education Our health network operates eastern Wisconsin's only academic medical center and adult Level I Trauma Center at Froedtert Hospital, Milwaukee, an internationally recognized training and research center engaged in thousands of clinical trials and studies The Froedtert & MCW health network, which includes five hospitals, more than 1,600 physicians and nearly 40 health centers and clinics, draws patients from throughout the Midwest and the nation Froedtert, Community Memorial and St Josephs Hospitals made significant investments in the health of their communities Individuals who couldnt pay for their medical care received more than \$122 million in uncompensated care Beyond providing care for the most uninsured/underinsured patients, we contributed \$116.7 million to improve access to care, teach future healthcare professionals, develop new medical therapies, community grants and participate in local partnerships aimed at reducing health disparities Froedtert Health members develop community benefit strategies and goals based on the unique needs of each of their communities By conducting regular community needs assessments that monitor critical public health issues, and actively seeking community input, the hospitals have built important local relationships that provide meaningful outreach programs that link each hospital to their neighbors and individuals As a not-for-profit health system, Froedtert Health reinvests its surplus funds back into the community through programs to serve the poor and uninsured, teach future healthcare professionals, develop new medical therapies, manage chronic conditions like diabetes, health education and promotion initiatives, and participate in local partnerships aimed at reducing health disparities For more information about Froedtert Health, visit www.froedtert.com PROMOTION OF COMMUNITY HEALTH Community Health Improvement Advisory Committee (CHIAC) With particular expertise in public health, population health, wellness and process improvement, the members of this committee provide guidance to Froedtert Hospitals community benefit plan for the development and monitoring of the Implementation Strategy Members include MCW Faculty, Progressive Community Health Center, Executive and VP leadership at Froedtert Hospital, Wauwatosa Health Department, Outreach Community Health Center, Milwaukee Muslim Womens Coalition, Milwaukee County Department on Aging, Milwaukee Achiever Literacy Services, Core/El Centro, Christ the King Baptist Church, Milwaukee County Sheriffs Department, Independence First, American Heart Association The responsibilities of the Community Health Improvement Advisory Committee include Support the mission of Froedtert Hospital and the health system Be an advocate for community health improvement Contribute talents and resources to reduce health disparities Review the community health needs assessment Provide feedback and input into the development of the implementation strategy and priorities Serve as an advisory body to the Community Engagement Department and the hospital to assure that our services are accessible and culturally appropriate Serve as a conduit for your constituent members, communities and neighborhoods about emerging health needs and concerns Board of Directors The Board of Directors is made up of medical and business professionals, all of whom reside in the hospital's primary service area They are dedicated to leveraging the benefits of our community-academic mission and focus on research They value the unique character and needs of the individuals and communities we serve and the physicians who provide specialty care Froedtert Hospitals Board of Directors demonstrates our commitment to quality and service while managing costs The Board of Directors will provide annual review, guidance and ultimately adopt the Implementation Plan and CHNA Strategy</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	WI

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI - Additional Information	Schedule H, Part V, Section B, Line 10aThe Community Health Implementation Plan is housed on the Community Engagement webpage http //www froedtert com/upload/docs/giving/community-benefit/community-health-improvement-plan-fmlh pdf

Schedule H (Form 990) 2017

Additional Data**Software ID:** 17005038**Software Version:** 2017v2.2**EIN:** 39-6105970**Name:** FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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	FMLH 9200 W Wisconsin Milwaukee, WI 53226 www.froedtert.com 232, 279	X	X		X		X	X			

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
Part V, Line 5 - Account Input from Persons Who Represent the Community	<p>Froedtert & The Medical College of Wisconsin is a member of the Milwaukee Health Care Partnership www.mkehcp.org, a public private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department aligned resources to complete a shared community health needs assessment (CHNA). The CHNA was conducted throughout Milwaukee County from March 16 through July 14, 2015. Supported by additional analysis from the Center for Urban Population Health, this community-wide CHNA includes findings from a community health survey of over 2,000 adults, significant key informant interviews and a secondary source data analysis. The findings of all the components of the CHNA were released to Froedtert Hospital in January 2016. The CHNA was conducted early to ensure greater alignment with the fiscal year and the execution of implementation strategies in the Community Health Improvement Plan (CHIP). This was due to participating health systems in the Milwaukee Health Care Partnership, having various fiscal years. Therefore, the community health improvement plan was developed at end of FY2016 for start of implementation July 1, 2017. Key informants in Milwaukee County were identified by the Milwaukee Health Care Partnership in collaboration with the City of Milwaukee Health Department. The interviews were conducted by Partnership members and graduate students supervised by the City of Milwaukee Health Department. The interviewers used a standard interview script (schedule) that included the following elements: Ranking of up to five public health issues, based on the focus areas presented in Wisconsin's State Health Plan, that are the most important issues for the County. All informants were made aware that participation was voluntary and that responses would be shared with the Center for Urban Population Health for analysis and reporting. The top issues were identified primarily through key informant rankings in combination with summaries of priority issues identified in the focus groups. Additionally, qualitative analysis of responses focused on relationships between issues, with emerging themes used to inform the final rankings. Lastly, representatives from each health system and the City of Milwaukee Health Department (all of whom had conducted interviews or supervised interviewers) participated in an analytic session to critique and validate findings. Forty-one individual key informant interviews were conducted in Milwaukee County. Of note, nine public health officers participated in the interviews as key informants. Twenty-two additional key informants participated in four focus groups conducted using the same interview schedule. Key Informant Interview Organizations: Milwaukee County Department on Aging, City of Milwaukee Health Department, West Allis Fire Department, West Allis/West Milwaukee Chamber of Commerce, North Shore Health Department, Center for Veterans.</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
Part V, Line 5 - Account Input from Persons Who Represent the Community	<p>Issues Milwaukee County Department of Health & Human Services Childrens Health Alliance of Wisconsin/Milwaukee County Oral Health Task Force Milwaukee Public SchoolsCommunity AdvocatesTri-City National BankMilwaukee Police Department Cudahy Health DepartmentMilwaukee Center for Independence CORE/El CentroAIDS Resource Center of Wisconsin Mental Health America of Wisconsin City of West Allis Childrens Hospital of Wisconsin Gerald E Ignace Indian Health Center Next Door Foundation Wauwatosa Health Department Boys & Girls Clubs of Greater Milwaukee Apostle Presbyterian Church Black Health Coalition of Wisconsin, Inc Medical College of Wisconsin Institute for Health and Society West Allis & West Milwaukee Health Department South Milwaukee Health Department MP3 Health GroupUW-Milwaukee Joseph J Zilber School of Public Health YWCA Southeast Wisconsin Oak Creek Health Department IMPACT Planning Council Greenfield Health Department Centro Hispano YMCA of Metro MilwaukeeUnited Way of Greater Milwaukee and Waukesha County Milwaukee County Behavioral Health Division West Allis/West Milwaukee School District Franklin Health Department Hmong American Womens Association Group Interviews/Focus Groups EMS Council of Milwaukee County Free and Community Clinic Collaborative Federally Qualified Health Center (FQHC) Coalition Medical Society of Milwaukee County</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
Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	<p>Froedtert & The Medical College of Wisconsin is a member of the Milwaukee Health Care Partnership www.mkehcp.org, a public-private consortium dedicated to improving care for underserved populations in Milwaukee County. Through the Partnership, Milwaukee's five health systems and the Milwaukee Health Department aligned resources to complete a shared community health needs assessment (CHNA) in 2015 and results released to Froedtert Hospital in January 2016. Supported by additional analysis from the Center for Urban Population Health, this community-wide CHNA includes findings from a community health survey of over 2,000 adults, 41 key informant interviews, 4 focus groups and a secondary source data analysis. This shared CHNA serves as the foundation for Froedtert Hospital's implementation strategy to improve health outcomes and reduce disparities in Milwaukee County. Milwaukee County Aurora Health System, Children's Hospital of Wisconsin, Froedtert & The Medical College of Wisconsin, Ascension Health System, JKV Research was hired by the participating Health Care Systems and Health Departments to lead the CHNA process for Milwaukee County. The total cost of each CHNA was shared by each of the participating health systems and health departments. Each health system and health department was assigned to conduct key informant interviews within their service area.</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
Part V, Line 7d - Description of Making Needs Assessment Widely Available	The full version of the most recent and past CHNA summaries, reports and other supporting documents can be found on Froedtert Health's website http://www.froedtert.com/upload/docs/giving/community-benefit/milwaukee-county-chna-community-health-survey.pdf http://www.froedtert.com/upload/docs/giving/community-benefit/milwaukee-county-chna-executive-summary.pdf http://www.froedtert.com/upload/docs/giving/community-benefit/milwaukee-county-chna-key-informant-interview-report.pdf http://www.froedtert.com/upload/docs/giving/community-benefit/milwaukee-county-chna-secondary-data-report.pdf Additional Websites http://mkehcp.org/publications

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
Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why	<p>ORAL HEALTH SERVICES (Health Care Access) In Milwaukee County, 19% reported unmet dental needs Explanation Froedtert Hospital does not have the dedicated resources There are other health systems and local organizations dedicated to improve access to dental care</p> <p>BEHAVIORAL HEALTH SERVICES (Health Care Access) From 2003-2012, there was a statistical increase in those reporting considering suicide Explanation Froedtert Hospital is working with other private health system providers and Milwaukee County Behavioral Health Division to develop new systems of care for individuals with mental illness and substance abuse</p> <p>TEEN PREGNANCY (Sexual Health) In Milwaukee County 48.2 births per 1,000 teens age 15-19 vs 26.2 births per 1,000 in Wisconsin Explanation The Aids Resource Center of Wisconsin and the City of Milwaukee Health Department are the lead agencies in reducing the incidence of sexually transmitted diseases in the community</p> <p>HIGH STI RATES (Sexual Health) STI incidence rate is 1,469 per 100,000 Explanation The Aids Resource Center of Wisconsin and the City of Milwaukee Health Department are the lead agencies in reducing the incidence of sexually transmitted diseases in the community</p> <p>INFANT MORTALITY Mortality rate in Milwaukee is 8.1 per 1,000 live births For African Americans the rate is 13.9 and in Wisconsin is 5.7 per 1,000 births Explanation The United Way of Greater Milwaukee, the University of Wisconsin LifeCourse Initiative and the City of Milwaukee Health Department are actively involved in addressing this need</p> <p>HEALTH LITERACY & NAVIGATION (Health Care Access) In Milwaukee County, 20% of adults reported poor health 11% reported having unmet medical needs Explanation The Milwaukee Health Care Partnership, the United Way of Greater Milwaukee, Community Advocates, Milwaukee AHEC and a number of other community organizations are working to increase awareness of health services and health seeking behaviors among low income individuals</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
Part V, Line 13b - Criteria For Providing Discounted Care If Not FPG	In alignment with the Froedtert Health financial assistance policy FMLH reserves the right to review each application for financial assistance on its own merits and to consider other extenuating circumstances in the decision to approve or deny a patient's application for financial assistance. The applicant's gross family income will be determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received and compared to the annual Federal Poverty guidelines set forth by the U.S. Department of Health and Human Services. A patient who has an annual gross income equal to or less than 400% of the current year's poverty guidelines will not pay more than 15% of their annual gross income on any single account during the approved eligibility timeframe. Patients who meet the requirements and have a gross income equal or less than 250% of the FPL may qualify for a 100% discount. Patients who meet the requirements and have a gross income between 250% and 400% of the FPL may qualify for a discount on a sliding scale. In addition to income, FMLH also takes certain assets into consideration. Assets protected from financial evaluation include a household's retirement assets, home equity, and a portion of cash and savings assets.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Line 13h - Other Factors Used in Determining Amounts Charged Patients	Out of Pocket Maximum Discount

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Line 20e - Other Actions Took Before Any Collection Actions	We request additional documentation when an individual has submitted an incomplete financial assistance application

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2017

Open to Public Inspection

Name of the organization
FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Employer identification number
39-6105970

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table 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 checked="" 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 checked="" 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 checked="" 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)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table 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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	No								

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	Social club dues Buck, Catherine - \$120Colpaert, Gary - \$120Gray, D Allan - \$120Leevan, Yakira - \$120
Part III, Additional Information	Part I, Line 7 Bonus compensation is paid based upon attainment of specific goals related to the organization's service, quality, and financial strength. The amount of compensation is calculated using specified percentages of base salary for achievement of particular goal levels. However, the Froedtert Health System Board Committee which administers the bonus compensation program has discretion over whether to pay the bonus in any given year or to amend, change, or terminate the program at any time. Part II, Column (B)(ii) Bonus and incentive compensation amounts include incentive compensation and amounts paid to individuals in lieu of participation in 457(f) deferred compensation plan.

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 39-6105970
Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
 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				
1 Bechtel Kathleen Dir&VP Pt Care	(i)	305,511	77,562	40,102	45,598	23,030	491,803	35,746
	(ii)	-----	-----	-----	-----	-----	-----	-----
1 Behrens Elizabeth VP Quality/Pt Safe	(i)	255,426	64,947	4,356	40,040	21,656	386,425	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 Buck Catherine J Dir&FMLH Pres	(i)	586,877	593,530	23,947	19,554	32,402	1,256,310	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 Ceelen John Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	391,618	134,477	19,690	89,990	33,650	669,425	
4 Colpaert Gary VP-Clinical&Supp	(i)	232,252	58,627	22,338	38,621	11,760	363,598	18,880
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 Eastham Catherine M Former - Officer (Secr)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	232,152	103,042	632,549	65,397	23,626	1,056,766	451,588
6 Gray D Allan VP Periop Svc	(i)	261,876	93,921	11,621	7,950	24,161	399,529	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 Hawig Scott Former - Officer (CFO)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	604,376	485,654	144,438	140,011	31,320	1,405,799	125,298
8 Jacobson Catherine A Dir&FH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,219,514	1,192,370	280,858	320,506	33,369	3,046,617	279,340
9 Leevan Yakira CRNA-Anesthesia	(i)	174,372	135,174	1,166	13,350	28,386	352,448	
	(ii)	-----	-----	-----	-----	-----	-----	-----
10 McPike Linda BOD Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	240,938	34,805	1,885	15,252	6,970	299,850	
11 Stulac Motzel Wendy VP-Ambulatory Svc	(i)	270,236	69,052	1,518	42,207	28,226	411,239	
	(ii)	-----	-----	-----	-----	-----	-----	-----
12 VanDeKreeke Jeffrey Former - Officer (Treas)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	333,669	88,621	89,517	68,980	14,606	595,393	67,190

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
FROEDTERT MEMORIAL LUTHERAN HOSPITAL
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**

39-6105970

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Medical Education - See Schedule O

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Kathleen Bechtel, Catherine Buck, Linda McPike, John Ceelan, Scott Hawig and Catherine A Jacobson - business relationship Catherine A Jacobson & Scott Hawig - business relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Froedtert Health, Inc , as the sole corporate member of Froedtert Memorial Lutheran Hospital, has certain reserved powers and authorities with respect to the operations and management of Froedtert Memorial Lutheran Hospital, as set forth in Froedtert Memorial Lutheran Hospital's bylaws

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in APB other than net periodic benefit costs = \$2242273

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in beneficial interest in foundations = \$59094

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Elimination of investment in ambulatory surgery center = -\$6043901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Froedtert Hospital Foundation Contributions = -\$1929241

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Other - FH F Asset transfers = \$219889

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Other - FH Volunteers dissolution = \$266123

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Rounding = -\$2

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to affiliates = -\$59024690

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES	<p>Inpatient FMLH is the only academic medical center in eastern Wisconsin and one of approximately 120 nationwide. FMLH is dedicated to excellence in patient care, research, and medical education which has benefited patients, health care professionals and the region since 1980. We operate eastern Wisconsin's only adult Level I Trauma Center. It is a major training and research center engaged in thousands of clinical trials and studies. FMLH is approved for 655 beds of which 604 are staffed with 31,234 patient admissions and 175,817 patient days of care related to medical, surgical, intensive care, obstetrics, rehabilitation and other specialty care for the twelve months ended June 30, 2018.</p> <p>OTHER ACHIEVEMENTS 2018-19 US News & World Reports Best Hospital list. FMLH ranked nationally in three specialties: nephrology, pulmonology, and ear, nose and throat care. This places us among the top 50 US hospitals in these areas.</p> <p>2017-18 US News & World Report recognized FMLH as high performing in five specialties: cancer, urology, geriatrics, gastroenterology and GI surgery, and neurology and neurosurgery.</p> <p>2017/2018 Consumer Loyalty Award from NRC Health. This award recognizes hospitals across the country that garner extraordinary loyalty from their patients. Winners were selected based on results from NRC Health's Market Insights survey, the largest database of health care consumer responses in the country.</p> <p>2018 spring report of a n A grade from The Leapfrog Group. Leapfrog's biannual safety ranking evaluates more than 2,500 hospitals nationwide, assigning A,B,C,D and F letter grades based on a hospital's performance in areas such as infection rates, mortality and errors.</p> <p>2017 Beckers Hospital Review named Froedtert Hospital to its list of Great Hospitals in America. It also named Froedtert Hospital to its 2017 list of Top 100 Hospitals and Health Systems with Great Neurosurgery and Spine Programs.</p> <p>Recognized as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign Foundation. This is for protecting our LGBTQ patients and employees from discrimination, ensuring equal visitation for the LGBTQ people and providing staff training in LGBTQ patient-centered care.</p> <p>Recognized as a Patient Financial Communications Best Practice Adopter by the Healthcare Financial Management Association (HFMA). This is for following best practices when we interact with patients regarding financial issues such as billing, payment arrangements and insurance coverage.</p> <p>Recognized as a Diagnostic Imaging Center of Excellence (DICOE) by the American College of Radiology. As a DICOE facility, patients receive the highest levels of imaging quality, safety, and care. This achievement goes beyond accreditation to recognize the best in quality imaging practices and diagnostic care.</p> <p>Recognized for its Get With the Guidelines Heart Failure Gold Plus Award by the American Heart Association.</p> <p>Energy Star Certified by the U.S. Environmental Protection Agency for superior energy performance.</p> <p>Froed</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES	tertiary Hospital reduced its energy consumption per square foot by more than 30% since 2009. Energy Star is the only energy efficiency certification in the U.S. that is based on actual, verified energy performance. Most of the services provided by FMLH are tertiary or quaternary care services and include the following (Continued)

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Neurosciences</p>	<p>Neurosciences Center The Center at FMLH is a world-class resource for individuals with complex neurological disorders Combining specialty expertise, state-of-the-science technology and consistent research leadership, the center provides comprehensive services for movement disorders, stroke, brain injury, spine care, and epilepsy as well as a number of other neurological disorders We offer the only dedicated Neuro-Intensive Care Unit in Wisconsin, staffed by full time fellowship-trained neuro-intensivists, and a 6 bed long-term monitoring unit for patients with epilepsy STROKE FMLH was the first in the state and among the first in the nation to receive certification as a Primary Stroke Center by the Joint Commission and was the first in southeast Wisconsin to achieve Comprehensive Stroke Center accreditation The Stroke program demonstrates its ability to provide care from a multi-disciplinary team The team includes neurologists, neuro-interventionalists, emergency department specialists, radiologists, neurosurgeons, nurses, therapists, pharmacists, and technicians working in a coordinated, collaborative system We consistently exceed national standards of care for stroke established by the Joint Commission and Vizient consortium and consistently achieve recognition from the American Stroke Association on an annual basis As a regional leader, we offer the most comprehensive and advanced care by the 24 hour a day Acute Stroke Team SPINECARE Our SpineCare program offers multi-disciplinary, operative and non-operative care for patients with spinal trauma, degenerative diseases of the spine, spinal tumors, and back pain We have a team of back and neck experts working together in each location The team is made up of some of the area's leading neurological and orthopaedic surgeons Our staff includes well-regarded physical medicine and rehabilitation specialists, neurologists, chiropractic physicians, pain psychologists, spine-trained nurse practitioners and physician assistants as well as outstanding physical and occupational therapists EPILEPSY The Comprehensive Epilepsy Program is one of only a few programs in the country providing comprehensive, individualized care for people with epilepsy It is a Level 4 Epilepsy Center, the highest ranking by the National Association of Epilepsy Centers It serves as a regional or national referral facility and offers -Complete evaluation for epilepsy-More complex forms of intensive neurodiagnostic monitoring-More extensive medical, neuropsychological and psychosocial treatment-Broad range of surgical procedures, including intracranial electrodes and responsive neuromodulationThe comprehensive Epilepsy Program is the first and only in the area to offer a new epilepsy neuromodulation treatment - the RNS System HEADACHE Froedtert Hospital takes a multidisciplinary team approach to examine the reasons for your headaches Through medicine and lifestyle adjustments, we work with you to find the best answer</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Neurosciences</p>	<p>ers Looking at all angles, our multidisciplinary approach is an effective way to achieve positive results over time F&MCW has developed a Headache School, which is a program made up of 20 modules designed to help people with severe headaches be an active partner in their plan of care MEMORY DISORDERS Our program provides comprehensive care to patients and families living with dementia or other memory disorders An expert multidisciplinary team is made up of neurologists, geropsychiatrist, neuropsychologists, nurses and a social worker They are experienced in diagnosing and treating all types of memory disorders The team is committed to - Identifying memory disorders early through a comprehensive diagnostic assessment- Offering the latest treatments- Educating patients and their families- Providing coping skills and counseling for families- Conducting research to find ways to prevent, better diagnose and treat memory disorders PARKINSONS Patients with Parkinson's disease or movement disorders receive comprehensive care through the Parkinson's and Movement Disorders Program For the most complex to the most common movement disorders, our knowledgeable and experienced team offers the full range of leading-edge diagnostic and treatment choices, many found only at an academic medical center We're one of the longest-standing providers in the area offering patients unique advantages such as -Board-certified physicians who are specialists in Parkinson's disease and movement disorders- Innovative technology & treatment options such as deep brain stimulation (DBS)- Individualized, coordinated care with active involvement of the patient and family members in treatment planning- Active involvement of the patient and family members in treatment planning - An academic medical center setting where patients benefit as soon as possible from research advancements related to treatment of movement disorders - Dedication to enhancing the quality of lifeAMYOTROPHIC LATERAL SCLEROSIS (ALS) Patients receive multidisciplinary care within the ALS Program Although there is no cure for ALS, the program provides state-of-the-science diagnostic services and access to advanced drug therapies that may slow the progress of the disease's symptoms The ALS Clinic is one of 52 clinics to be officially certified by the ALS Association in the United States OTHER Neurologists specialize in the diagnosis and treatment of peripheral nerve and muscle disorders, dementia, neuro-ophthalmologic conditions, and demyelinating disorders It offers multidisciplinary programs in Brain Injury, Spinal Cord Injury, Memory Disorders, MS, Spasticity, Headache and Neuro-oncology The NeuroRehab program and Neuropsychology services are an integral part of all Neurosciences programs In addition to the core programs noted above, the Neurosciences Center also provides care for patients with Autonomic Disorders and Neuromuscular Disorders OTHER ACHIEVEMENTS 2018-19 US News & World Report High</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Neurosciences	Performing Hospitals They recognized FMLH as high performing in 11 types of care, including neurology and neurosurgery

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Cancer Center	<p>Cancer Center The Clinical Cancer Center offers comprehensive care for all types of cancer through 14 disease-specific, multidisciplinary cancer programs, support services ranging from laboratory and imaging to psychosocial and pastoral care, and research facilities and international cancer registries Unique offerings in cancer center care include - A Day Hospital which is open 365 days per year for outpatient chemotherapy infusion and supportive care- Outpatient Blood and Marrow Transplant (BMT)- Whole genome sequencing- Patient centered care model with advanced intake and coordination mechanisms- Renowned experts with specialty expertise- Academic medical center with wide range of clinical trials- Advanced technology (including Radixact and Icon for image guided for the Perfexion gamma Knife for radiation oncology treatments)- Single location for all cancer treatment needs- 24 hour cancer clinic, providing support for urgent cancer related concerns anytime of the day or night- Translation Research Unit offering the latest in oncology early-phase clinical trials Our cancer network has six locations anchored by the power and unparalleled resources of eastern Wisconsin's only academic medical center FMLH is the first cancer treatment center in the world to offer a new precision medicine immunotherapy treatment option for patients who have certain non-Hodgkin lymphomas (B-cell) Our physicians are internationally recognized for their research and treating patients with innovative cellular therapies FMLH is a leading center for HIPEC (Hyperthermic Intraperitoneal Chemotherapy) in the Midwest and the nation HIPEC is a state-of-the-art procedure for treating cancers that have spread to the abdomen This procedure offers a new treatment option even for people who have been told they have no options In 2017, FMLH became the only cancer program in the Midwest and one of just seven in the world to begin testing the imaging portion of the MR guided linear accelerator technology We participated in a global research team studying the advanced capabilities of MR-linac technology This will help define the practical application of MR-Linac with the goal of improving outcomes of cancer patients treated with radiation therapy around the world Accreditations -2018-19 US News & World Report recognized FMLH as a high performing hospital in cancer, lung cancer surgery, and colon cancer surgery - Accredited by the American College of Surgeons Commission on Cancer as an Academic Comprehensive Cancer Program Accreditation at this level recognizes organizations that take a multidisciplinary approach to treating cancer and office, in addition to excellent clinical care, access to clinical trials and new treatments, genetic counseling, and comprehensive patient-centered services including psycho-social support, an individualized treatment navigation process and a survivorship care plan - Since 2001, the Blood and Marrow Transplant Program has been accredited by the</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Cancer Center	Foundation for Accreditation of Cellular Therapy (FACT) For patients, this measurement of quality and expertise provides the assurance that they are receiving high-quality transplant care and offers a way for them to compare different programs - We are accredited by the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncology (ASCO) which ensures adherence to national standards for the treatment of cancer patients with chemotherapeutic, immunologic and other agents - The Breast Care Center is accredited by the National Accreditation Program for Breast Centers (NAPBC), which ensures the quality of services provided for breast health and the treatment of breast cancer - The Breast Care Centers are recognized as Breast Imaging Centers of Excellence by the American College of Radiology This means we are committed to fighting breast disease, maintain the highest standards for imaging quality and patient safety We are accredited in mammography, stereotactic breast biopsy, breast ultrasound, and ultrasound-guided breast biopsy Froedtert had 5,168 new cancer registry cases in FY2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Heart & Vascular	<p>Heart and Vascular Center The Heart and Vascular Center provides a complete range of specialized programs to diagnose and treat heart disease and vascular disease from the common to the complex Our program offers a comprehensive array of services, including wellness and preventive services, diagnostics, endovascular procedures, minimally invasive surgery, and surgical procedures Our staff and physicians treat a wide range of heart and vascular conditions Our physicians are highly skilled and experienced in treating heart and vascular disease and have access to state-of-the-art technology enabling care across the continuum from prevention to complex interventions Innovative programs include Structural Heart including TAVR, Mitraclip and other novel percutaneous approaches to valvular disease, Robotic Mitral Valve Repair, Adult Congenital Heart Disease, Advanced Heart Failure & Cardiac Transplant, Aortic Disease, Arrhythmia & Atrial Fibrillation, Coronary Artery Disease, Hereditary Hemorrhagic Telangiectasia, Hypertrophic Cardiomyopathy, Preventive Cardiology & Lipid Therapy, Peripheral Arterial Disease, Pulmonary Hypertension, Valvular Disease, Venous & Vein Disease, Women & Heart Disease and Vascular and Cardiac Second Opinion Program Care is provided in a number of outpatient areas and supported by inpatient care in the Cardiac Nursing Unit and Cardiovascular Intensive Care Unit The Center is staffed by Cardiologists, Cardiac Surgeons, Vascular Surgeons and Interventional Radiologists as well as nursing and technical staff Our Cardio-Oncology Program brings together a multidisciplinary team of specialists from our cardiovascular and cancer teams Together, we provide patients who are at increased risk for cardiovascular disease due to cancer treatment a comprehensive resource for prevention strategies and early-stage management We develop personalized care plans prior to cancer treatment to manage cardiovascular risk without impacting the effectiveness of the patient's cancer treatment regimen The team includes specialists in cardiology, cardiac imaging, heart failure, electrophysiology, cardiothoracic surgery and cancer As a part of the academic medical center, we participate in leading-edge cardio-oncology research to develop new methods for identifying patients at increased risk of developing cardiac events and researching strategies to decrease the risk during cancer care Our Heart Disease in Pregnancy Program offers specialized care for women at high-risk for heart disease or those with preexisting cardiovascular condition before, during and after pregnancy Our team includes experts in adult congenital heart disease, cardiology, maternal fetal medicine, obstetrics and anesthesiology Multidisciplinary team conferences are held regularly to discuss patient care plans to ensure that patients are receiving the collective opinion of multiple specialists to determine the most effective treatment options Some distinctions for our</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Heart & Vascular	<p>Heart and Vascular Center are as follows -2017-18 The Best Doctors in America Many of FMLHs heart and vascular physicians are listed amount the 2017-2018 Best Doctors in America This considered one of the more prestigious and credible tools available to consumers for selecting a doctor 2017-18 US News & World Report recognized FMLH as high performing in 6 adult procedures/conditions including abdominal aortic aneurysm repair, heart bypass surgery, and heart failure - FMLH was awarded the Gold Seal of Approval by The Joint for our Adult Ventricular Assist Device (VAD) Destination Therapy Program We have one of the fastest growing advanced heart failure and VAD programs in the nation Our success rate with the bridge approach is significantly higher than the national average - Our Hereditary Hemorrhagic Telangiectasia Program is the only one in Wisconsin designated as a Center of Excellence by the HHT Foundation International, Inc , and one of only a few designated in the Midwest Our HHT program follows international, evidence-based guidelines for screening and managing the disease Our experienced, dedicated team offers a full spectrum of coordinated care, treating HHT as a chronic condition instead of an acute state -Our Pulmonary Hypertension Program is one of only three adult programs in Wisconsin accredited as a Pulmonary Hypertension Care Center by the Pulmonary Hypertension Association Our exceptional, board-certified physicians and other team members are dedicated to improving the quality of life for individuals affected by pulmonary hypertension in all of its forms - The Heart and Vascular Centers at FMLH is designated as a Blue Distinction Center for Cardiac Care by Blue Cross Blue Shield Recognized centers meet overall quality measures for patient safety and outcomes, developed with input from the medical community - The echocardiography lab at FMLH received triple accreditation from the Intersocietal Accreditation Commission for Echocardiography Laboratories The certification means the lab meets standards for transthoracic echo, stress echo and transesophageal echo procedures - FMLH has received accreditation as a Chest Pain Center with Primary PCI and Resuscitation by the American College of Cardiology This accreditation recognizes hospitals that demonstrate commitment to and utilization of evidence-based science, quality initiatives, ACC guidelines and clinical best-practices to produce the most effective care delivery model for Acute Coronary Syndrome patients -The Vascular Lab at FMLH received accreditation from the Intersocietal Accreditation Commission for Vascular Testing This accreditation notes the Vascular Lab meets standards for extracranial, intracranial, visceral vascular, peripheral arterial, and peripheral venous ultrasound imaging - FMLH has earned the American Heart Association's Get with the Guidelines - Heart Failure Gold Plus award This award is an advanced level of recognition acknowledging Froedtert for</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Heart & Vascular	consistent compliance with Quality Measures for 24 or more consecutive months FMLH is affiliated with the Cleveland Clinics Heart & Vascular Institute, which is ranked #1 in the nation for heart care since 1995 by the US News & World Report With this affiliation, our patients benefit from - Access to best practices that help make the Cleveland Clinics heart program #1 since 1995 - The ability to stay close to home while being treated by Froedter's cardiac specialists who are collaborating with the Cleveland Clinic on the latest treatments available - Many experts weighing in on the best treatment options for each individual case

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Pulmonary & Critical Care	<p>Pulmonary and Critical Care Medicine Physicians in this division evaluate and treat people with a range of disorders including asthma, chronic obstructive pulmonary disorder (COPD), cystic fibrosis, hereditary hemorrhagic telangiectasia, interstitial lung disease, lung cancer, pulmonary hypertension, respiratory insufficiency, sleep medicine and many others A pulmonary function diagnostic laboratory provides complete services for evaluation, diagnostic and follow-up studies FMLH has 5 intensive care units with 106 beds ** Interstitial Lung Disease Program Other achievements - 2018-19 US News & World Report ranked FMLH nationally on their list for Best Hospital- Pulmonology - 2018-19 US News & World Report ranked FMLH as High Performing Hospital COPD - FMLH established a fully accredited adult cystic fibrosis center in 2003 by Cystic Fibrosis Foundation It is one of the largest programs in Wisconsin for adults - Our Pulmonary Hypertension Program was the first in Wisconsin accredited as a Pulmonary Hypertension Care Center by the Pulmonary Hypertension Association - Our Hereditary Hemorrhagic Telangiectasia Program is the only one in Wisconsin designated a Center of Excellence by HHT Foundation International, Inc , and one of only a few designated in the Midwest - Our health network in eastern Wisconsin is the only one to offer lung transplant</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation						
Part III 4a INPATIENT SERVICES - Surgery & Transplant	<p>SURGERY Comprehensive surgical services are provided at FMLH, including tertiary surgical services in cardiothoracic, minimally invasive/gastrointestinal (including bariatric), or al/maxillofacial, pancreatobiliary/endocrine, surgical oncology, transplant, trauma and critical care, and vascular surgery In addition, the department supports high-complexity procedures with robotic surgery and hybrid imaging The surgery program actively participate s in ongoing research through its Clinical Research Initiative FMLH performed 9,849 inpatient surgeries and 13,936 outpatient surgeries during the twelve months ended June 30, 2018</p> <p>TRANSPLANT SURGERY Our Transplant Center is a joint program with Childrens Hospital of Wisconsin The center receives vital support for tissue typing and research initiatives from BloodCenter of Wisconsin The Center offers a full range of transplant services for adult and pediatric patients, including kidney, living donor kidney, paired kidney exchange, liver, living donor liver, pancreas, heart, lung and bone marrow transplants The Organ Transplantation Institute's multidisciplinary approach draws upon the broad range of resources and expertise available through a variety of specialties within our campus As an academic medical center, we are at the forefront of new developments and information, and we can help patients explore all available treatment options We offer education classes for potential transplant patients and their families as well as for medical personnel in the community and work closely with Wisconsin Donor Network, the federally designated organ procurement organization supporting the transplant community in eastern Wisconsin FMLH performed the following transplants during the twelve months ended June 30, 2018</p> <table border="0" data-bbox="213 660 1862 692"> <tr> <td>Heart</td> <td>12Lung</td> <td>18Kidney</td> <td>81Liver</td> <td>25Pancreas</td> <td>4 Blood and marrow</td> </tr> </table> <p>289Achievements - US News & World Report - FMLH is ranked as the #2 hospital in Milwaukee and #3 in Wisconsin-2018-19 US News & World Report FMLH is nationally ranked for nephrology and pulmonary - 2017-2018 The Best Doctors in America Peer Selected Transplant - Our team of transplant surgeons, gastroenterologist/hepatologists, nephrologists, pulmonologists, cardiologists and advising medical staff through the medical center is experienced in handling the most complicated transplant cases Many are listed among the Best Doctors in America - US Department of Health & Human Services FMLH is among a select group of centers in the nation to receive the Silver Level Award in kidney transplantation - The Joint Commission awarded the Gold Seal of Approval for our Adult VAD Destination Therapy Program VADs are surgically implanted mechanical pumps that serve as a bridge to transplant, helping support the heart so more patients can survive longer while they wait for a transplant - Froedtert Hospital has been recognized for outstanding quality of care,</p>	Heart	12Lung	18Kidney	81Liver	25Pancreas	4 Blood and marrow
Heart	12Lung	18Kidney	81Liver	25Pancreas	4 Blood and marrow		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Surgery & Transplant	and was ranked the #3 academic medical center by Vizient in 2017 - On January 24, 2018, F& MCWs heart transplant program achieved CMS certification From 2016 to 2017 our VAD implants increased by 237%, and heart transplants increased by 333% - Within the last three year s, Froedtert opened both a brand new Transplant Intensive Care Unit and brand new transpla nt clinic Froedtert is only one of a few hospitals in the U S to offer a transplant-spec ific intensive care unit - As of September 2018, Froedtert has 21 center of excellence de signations across solid organ transplants and payers

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Women's Center	<p>WOMEN'S HEALTH FMLH offers comprehensive programs to meet the needs of women of all ages Specialized programs include reproductive medicine, heart disease, breast care and sports medicine The Reproductive Medicine Center located at our North Hills Health Center, provides a wide variety of fertility services including diagnostic testing, intrauterine insemination, in-vitro fertilization, and third party reproduction Patients with successful pregnancy outcomes have the opportunity to continue care through Froedtert and Medical College OB/GYN clinic and Maternal Fetal Care Center Our Maternal Fetal Care Center and the Fetal Concerns Center both address complications and concerns of pregnancy and newborn Maternal Fetal Care Center provides specialized care for women from before conception through delivery with comprehensive, high quality care for high-risk pregnancies, preconception and genetic counseling, specialized testing and screening In collaboration with Children's Hospital of Wisconsin, FMLH offers the Fetal Concerns Program, the state's only program for fetal anomalies, such as birth defects and genetic disorders Patients cared for through Froedtert and Medical College of Wisconsin OB Clinic and Maternal Fetal Care Center deliver at the Birth Center, conveniently located in Childrens Hospital of Wisconsin Froedtert and Medical College Birth Center had 2,995 births during the twelve months ended June 30, 2018 The Pregnancy Coagulation Clinic is one of the only of its kind in the country directed by dedicated hematologists and maternal fetal medicine specialists These specialists help women with clotting and bleeding disorders have the best chance of achieving a healthy pregnancy Our integrated program with specialized nursing and a comprehensive approach allows for constant interaction among sub-specialists Because everything is in one place, were able to offer truly coordinated care Our experts have created a program to address the unique aspects of heart disease in women Our dedicated team of 12 female board-certified cardiologists is the largest in eastern Wisconsin Heart disease remains the number one cause of death among women Because heart disease may have different symptoms or respond to treatment differently in women than in men, we are doing research to learn more about the best ways to treat womens heart disease Our Womens Sports Medicine program provides specialized care for female athletes and the unique physical, psychological, and medical issues they face A subcomponent of the Sports Medicine Center, it is one of only a few comprehensive female-focused sports programs in the entire country and the only one in the Midwest Other achievements 2018-19 US News & World Report ranked FMLH as High Performing Hospital Urology</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b OUTPATIENT SERVICES	Outpatient Services FMLH had 855,881 outpatient visits in the twelve months ended June 30, 2018. FMLH offers a wide variety of outpatient clinical services including but not limited to the following - Anticoagulation- Audiology- Brain injury and stroke therapy- Breast Care- Cardiopulmonary & Vascular Rehabilitation- Cardiothoracic surgery- Cardiovascular medicine- Cancer care- Cancer Center 24 hour Continuity Clinic- Dermatology- Diabetes- Diagnostic radiology- Electrophysiology- Emergency medicine- Endocrinology / Metabolism- Eye institute- Family medicine- Gastroenterology- General internal medicine- General surgery- Geriatric / Gerontology- Hematology / Oncology- Hand therapy- Hypertension- Infectious diseases- Infusion- Internal medicine- Interventional radiology- Lymphedema Therapy- Mammography- Maternal fetal care- Minimally invasive surgery- Neurology- Neurosurgery- Nuclear medicine- Nutritional counseling- Obstetrics / Gynecology- Occupational health- Ophthalmology- Oral Maxillofacial surgery- Orthopedic surgery- Ostomy Services- Otolaryngology- Pain Management- Pancreatobiliary / Endocrine surgery- Physical medicine / Rehabilitation- Plastic / Reconstructive surgery- Preventive / Occupational medicine- Psychiatry- Pulmonary / Critical Care medicine- Radiology- Radiation oncology- Rehabilitation services- Reproductive medicine- Rheumatology- Sickle Cell Disease- Skin Cancer Center- Sleep lab- Speech/communications disorders- Spine care- Spinal Cord Injury program- Sports medicine- Surgical oncology- Transplant - bone marrow- Transplant - solid organ- Transplant surgery- Trauma / Critical Care surgery- Urology- Vascular surgery- Wound healing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4c MEDICAL EDUCATION	<p>Medical Education FMLH is the major teaching affiliate of The Medical College of Wisconsin. The affiliation agreement between The Medical College and FMLH provides for joint programs in health care education, health-related research, and health services. The Medical College places approximately 342 full-time equivalent residents at FMLH. Substantially all patient encounters at FMLH are teaching related. FMLH is utilized in The Medical College's residency programs in anesthesiology, dermatology, diagnostic radiology, endocrinology/metabolism, general surgery, internal medicine, nephrology, neurological surgery, neurology, oral and maxillofacial surgery, otolaryngology, pathology, plastic and reconstructive surgery, pulmonary medicine, transplant surgery, urology and emergency medicine, allergy and immunology, cardiology, geriatrics, gastroenterology, hematology/oncology, infectious disease, nuclear medicine, obstetrics and gynecology, ophthalmology, orthopedic surgery, physical medicine and rehabilitation, psychiatry, radiation oncology, thoracic surgery, trauma surgery, and vascular surgery. FMLH supports continuing medical education. All of the medical services provide continuing medical education for the staff, residents, and students. Scientific conferences are held on a weekly basis for most services. The Medical College faculty members, who comprise the majority of the Medical Staff of FMLH, frequently serve as directors of continuing medical education programs for other hospitals within the State of Wisconsin and the surrounding region. In addition to the affiliation with The Medical College, FMLH maintains educational affiliations with a number of other institutions, including Alverno College, Carroll University, Concordia University, Marian University, Marquette University, Milwaukee Area Technical College, Milwaukee School of Engineering, Mount Mary University, Moraine Park Technical College, University of Wisconsin System (UW Madison, UW Milwaukee and UW Oshkosh), Waukesha County Technical College, and Wisconsin Lutheran College.</p>

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Return Reference	Explanation
Part III 4d EMERGENCY & TRAUMA CENTER	<p>Emergency and Trauma Center FMLH has a community emergency department serving southeastern Wisconsin. They provide critical care, general emergency and minor care. FMLH is the only adult Level I Trauma Center in southeastern Wisconsin and supports the area's only air medical rescue program (Flight For Life) serving as a vital resource for the region. As a Level 1 trauma center we have - Prompt availability of specialists in trauma surgery, orthopaedic surgery, neurosurgery, surgical critical care, and rehabilitation medicine to adequately respond to and care for various forms of trauma - Emergency Department staffed 24/7 by board-certified emergency physicians- Operating room dedicated solely to trauma patients- Provide injury prevention programs in the community- Provide professional education for physicians, nurses, emergency medical services personnel and physician liaisons- Conduct resident training in general surgery, orthopaedic surgery, neurosurgery and emergency medicine - Commitment to research to stay on the leading edge of the latest advances in trauma care. Being a Level I status differentiates FMLH from all other hospitals and emergency departments in the region. During fiscal year 2018, Froedtert had 72,465 emergency visits and the Trauma Center evaluated 3,410 patients. Flight For Life transported 260 patients.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11, Part 1</p>	<p>Continued from Schedule H Program Cancer care navigation, awareness, screening CHNA Area of Focus Chronic Disease- Cancer Breast Prostate LungHealth Need Milwaukee County cancer incidence rate 503.5 (per 100,000 populations) this is above state average of 447.7 (per 100,000 populations) Cancer mortality rates for Milwaukee County are above national benchmarks Difficulty in navigating service lines within healthcare organizations was an identified concern from key informants and community members in Milwaukee County Strengthen community engagement within the cancer service line through implementation of programs to increase cancer awareness, screenings and early detection Goal Heighten awareness on cancer screening and early detection in low socioeconomic areas in Milwaukee County Internal Resources Froedtert Lutheran Memorial Hospital Cancer Center Staff Froedtert & Medical College of Wisconsin Community Physicians Direct financial help through Froedtert Health Charitable Gifts & Sponsorships Collaborative Partners American Cancer Society Wisconsin Breast Cancer Show House Sisters 4 Cure Susan G. Komen Milwaukee Public Schools American Lung Association Progressive Community Health Center Local Migrant Refugee service agencies Pink Shawl After Breast Cancer Diagnosis Faith based communities serving low socioeconomic areas Milwaukee County Homeless Organizations Objectives Implement programs to increase awareness, screenings and early detection at Froedtert Hospital and within Milwaukee county Outcomes FY2018 a Partnered with Clinical Cancer Center Community Outreach Coordinators serving underserved populations, with a focus on African American and Hispanic/Latino populations Partnership on community events to provide cancer education, awareness, resources and navigation b Partnership with Medical College of Wisconsin Cancer Team on community events Community Outreach Cancer 72 cancer specific events with vulnerable populations in Milwaukee County focused on breast, prostate, lung, and smoking cessation, with over 7,500 lives touched b Cancer outreach coordinators provided public education presentations, around cancer prevention screening, and guidelines Focused on the Hispanic population and African American population in Milwaukee County c Provided the health systems cancer support group for Spanish speaking individuals and offered the support group at Froedtert Hospital and within the community at Sixteenth Street Community Health Center Screenings Head/Neck Screening Provided screenings at the Mexican Consulate, located in 53202 zip code 9 attendees were screened Prostate Cancer Screening 52 men were screened at F&MCW and Pilgrim Rest Missionary Baptist Church prostate health education symposium Over 80 community residents attended and received prostate cancer education Breast Cancer Screening 32 women were screened at the F&MCW and Progressive Community Health Center health fair Three hundred residents in the Washington Park neighborhood</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11, Part 1	<p>hood and surrounding community attended this event offering mammography screening, education and health resources Medical College of Wisconsin - Cancer Control Outreach Team a Attend bi-weekly meetings b Partner on community outreach events to reach at-risk populations c Provide expertise and collaborate on cancer control strategies Partnership with Medical College of Wisconsin Community Engagement a Community Engagement team meets with MCW Community Engagement & Clinical Cancer Center staff on a monthly basis in an effort to explore opportunities for community engaged research with established local partners Progressive Community Health Centers Progressive Community Health Centers new Lisbon Avenue Health Center, a federally qualified health center, provides primary and dental care in an area of Milwaukee where access to health care services is a significant need a Progressive Community Health Center Imaging Suite project was completed in fiscal year 2017 In FY2018, Froedtert partnered with Progressive to host a Womens Wellness Day offering free mammography screening for women and a community resource and education fair Over 300 community members attended FY2018 Lives touched 7332 Total 72 Events Community Mammography screening at Progressive Clinic located 53208 total of 32 women received mammography screening Head and neck cancer screening at the Mexican Consulate 9 screened Prostate screening at Calvary Baptist Church in partnership with MCW 20 screened Froedtert Cancer outreach coordinator at 16th street clinic as a resource weekly Cancer Spanish Support groups ongoing located at 16th street and Froedtert Campus Navigating Spanish speaking patients in clinic 7/2017 - 1/2018 32 patients were navigated to FMLH from events 2 patients navigated to Primary Care Physician 5 patient referrals to Primary Care Physician Services provided included education on lung, prostate, smoking cessation, breast education, dietician services on healthy eating options, colon, prostate, urine bags, grief and loss and general cancer prevention, head and neck cancer screening, gynecological cancer, cancer services in Spanish, cervical cancer, and general cancer information, mammography screening, and navigation Regular prevention events with SDC, Mexican Consulate and Jane Cremer foundation Locations 53208, 53204, 53205, 53226, 53215, 53206, 53220, 53154, 53212, 53218, 53202, Kenosha and Racine County Partnering organizations American Heart Association, Washington Park Senior Center, MPS, Social Development Commission (SDC), Susan G Komen race, Progressive clinic, Mexican Consulate, American Cancer Society, Boys and Girls Club, Oak Creek community center, Sisters 4cure, Fatherhood Summit, Latinos por la salud, Journey House, Calvary Gardens, United Community Center, Canaan Baptist Church, Sixteenth Street Community Health Center, Pierce Elementary School, Rogers Street Academy, Apostolic Church, Brown Street Academy, Hayat Pharmacy, Pridefest Program Pa</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11, Part 1	<p>Partnership Community Based Clinical Service and Community Health Worker Model CHNA Area of Focus Access to Care/Chronic Disease Health Need Lack of awareness of what services and programs exist for community members in Milwaukee County Fragmented coordination of care and difficult to navigate resources in Milwaukee County 12 % of Milwaukee County residents did not seek medical care due to cost 18% of Milwaukee County residents did not take medication due to cost 19% of Milwaukee County residents rate their health as poor 11% of Milwaukee County residents are using the emergency department as their only source of access to healthcare 4% of Milwaukee County residents are uninsured</p> <p>Align health system resources with identified health needs in the Community Health Improvement Plan for Milwaukee County (health literacy, care navigation, community health worker, effective models, and best practice) Develop and demonstrate capabilities in population health and risk management Recruit and train individuals on Community Health Worker Model Internal Resources Community Engagement Staff and FMLH Financial counselors Collaborative Partners Sixteenth Street Community Health Center Progressive Community Health Center Outreach Community Health Center AIDS Resource Center of Wisconsin United Methodist Children Services Milwaukee Area Health Education Center Core El Centro Milwaukee County Health Departments Neighborhood Organizations Milwaukee Health Care Partnership Food Pantries in Milwaukee County Medical College of Wisconsin Housing Authority Faith based communities serving low socioeconomic areas</p> <p>Objectives Increase self-management in high risk populations by addressing social determinants in health Expand health resources to assist, support, and navigate through community based clinical services and insurance coverage</p> <p>Outcomes FY2018 The community health worker (CHW) is responsible for offering culturally appropriate outreach to targeted populations with the goal of decreasing health disparities The CHW will provide health education in the areas of prevention, early identification, health maintenance and provide assistance with healthcare access and community resources in the 53208 area in Milwaukee County Froedtert Hospital will provide United Methodist Children service /Washington Park Partners grant funding to support the Community health workers role for 0.5 FTE position Data metrics are reported quarterly to Froedtert Hospital and in addition, the Community Health worker will provide care coordination and system navigation for Froedtert Hospital's high emergency room utilizers in collaboration with Froedtert Health's Emergency Department Care Coordination (EDCC) program This will include, providing home visits and attending healthcare appointments with individuals, and helping the patient to navigate the healthcare environment 52 referrals with 36 patients who responded 63 patient visit encounters, 27 previous clients and 3 new clients 25 appointments</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 10	www.froedtert.com is the landing page for Froedtert Hospital. The Community Health Implementation Plan is housed on the Community Engagement webpage: http://www.froedtert.com/upload/docs/giving/community-benefit/community-health-improvement-plan-fmlh.pdf

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 Areas Not Addressed</p>	<p>Areas Not Addressed Infectious Disease Not a priority selected by community advisory committee Local health departments are addressing this issue Category Infectious DiseaseMilwaukee County 21% reported infectious diseases, respondents who were female, 35 to 44 years old or African American were more likely to report this Explanation Not a priority selected by community advisory committee Teen PregnancyUnited Way of Greater Milwaukee and Waukesha County, City of Milwaukee Health Department and a number of non-profit agencies are working on this issue Category Sexual HealthMilwaukee County 28% of respondents reported teen pregnancy as a top issue, respondents who were 18 to 24 years old, non-white and non-African American, Hispanic, with some post high school education or less, in the bottom 60 percent household income bracket or unmarried were more likely to report thisExplanation United Way of Greater Milwaukee and Waukesha County and the City of Milwaukee Health Department are the lead agencies in reducing teen pregnancy in the community Infant MortalityUnited Way of Greater Milwaukee and Waukesha County, City of Milwaukee Health Department and a number of non-profit agencies are working on this issue Category Reproductive HealthMilwaukee County 10% reported infant mortality as a top issue, respondents who were 35 to 44 years old, in the top 40 percent household income bracket or married were more likely to report thisExplanation United Way of Greater Milwaukee and Waukesha County and the City of Milwaukee Health Department are the lead agencies in reducing teen pregnancy in the community Lead poisoningCity of Milwaukee Health Departments, addressing city lead issues Category Environmental health Milwaukee County 2% of respondents reported lead poisoning as a top issue Explanation Froedtert Memorial Lutheran Hospital does not have existing resources to combat this issue There are other local health and human service agencies and organizations dedicated to this issue</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11, Part 2</p>	<p>CONTINUED from Schedule H, Part VI, Line 11, Part 1 Program Partnership Community Clinics CHNA Area of Focus Access to Care Health Need 12% of Milwaukee County residents did not seek medical care due to cost 18% of Milwaukee County residents did not take medication due to cost 19% of Milwaukee County residents rate their health as poor 11% of Milwaukee County residents are using the emergency department as their only source of access to healthcare 4% of Milwaukee County residents are uninsured Provide primary care access in Milwaukee County Internal Resources Community Engagement staff F&MCW primary care clinics FMLH Dietitians Collaborative Partners Sixteenth Street Community Health Center Milwaukee County Health Departments Meijer or local grocery stores Progressive Community Health Center AIDS Resource Center of Wisconsin Outreach Community Health Center Milwaukee Health Services Milwaukee Health Care Partnership Outpost Victory Gardens Hunger Task Force Feeding America Faith based communities serving low socioeconomic areas Objective Expand access to care and healthcare services to vulnerable populations in Milwaukee County Outcomes FY2018 Froedter Memorial Lutheran Hospital participates in the Specialty Access for the Uninsured Program (SAUP) in collaboration with the Milwaukee Health Care Partnership, SAUP program recognized the need for specialized care that may not be available for individuals at Community Clinics Individuals are referred from a Federally Qualified Health Center (FQHC), meeting financial requirements, and the cost of their specialty care is covered under the SAUP program through Healthy Wisconsin Partnership Program (HWPP) Froedter Hospital received 454 referrals to our specialists for a complete continuum of care The Emergency Department to Medical Home initiative, in collaboration with the Milwaukee Health Care Partnership, helps connect Emergency Department individuals with primary care, medical homes Intake coordinators in safety net clinics have been added to follow up with patient appointments scheduled in the ED and help establish those individuals for ongoing primary care The health systems have also enhanced the role of ED case managers in transition care management for this patient population In fiscal year 2018 1,346 health home referrals were secured through Froedter's Emergency Department program with 52% of those individuals presenting for those appointments FY2018 Specialty Access for the Uninsured Program (SAUP) Number of SAUP referrals from Aids Resource Center of Wisconsin 12 Number of SAUP referrals from Outreach Community Health Center 111 Number of SAUP referrals from Progressive Community Health Center 14 Number of SAUP referrals from Sixteenth Street Community Health Center 317 Collective no show rate 19% Current focus continue to build on providing continuum of care and specialty access for patients Emergency Department Care Coordination (EDCC) Total scheduled appointments by all hospital</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11, Part 2</p>	<p>s 4086 Total number of scheduled appointments by FQHCs 3908 Total scheduled appointments by Froedtert 1346 Total percent of kept appointments by Froedtert 52% Current focus Exploring urgent care as a strategy and identifying collective strategies for frequent ED utilizers Marketplace Marketplace open enrollment started November 1, 2017- December 15, 2017, Number of FMLH financial counselors 18 o Number of patients who are enrolled in marketplace through F&MCW 42o Number of patients who enrolled in Badgercare through F&MCW 416o Number of phone calls answered 8,987Program School Health ProgramCHNA Area of Focus Access to CareHealth need Access to health services continues to emerge in Milwaukee County Data demonstrates families located in lower socioeconomic status areas in Milwaukee County have greater health disparities Zip codes with lower socioeconomic status include, 53218, 53216, 53210, 53206, 53212, 53205, 53208, 53233, 53204, 53215Reach underserved population with a ccessible affordable health services Internal Resources Community Engagement staff Collaborative Partners Milwaukee Public Schools (MPS) Westside Academy schools Progressive Community Health Center Smart Smiles Dental Program Childrens Hospital of Wisconsin Milwaukee County Health DepartmentsThe school nurse program is a collaborative between Froedtert & Medical College of Wisconsin, Froedtert Memorial Lutheran Hospital, Milwaukee Public School and Progressive Community Health Center, the local FQHC in the neighborhood Froedtert Hospital provides a full-time school nurse for students in at Westside Academy I & II, a K- 8 Milwaukee Public School charter school serving over 200 students and their families offering care for chronic disease as well as case management services during the school year Objectives Improve the educational performance and well-being of school aged childrenOutcomes FY2018School Attendance 87%Return to Class Rate 98%Immunization Compliance 98%# Students Receive Sealants from Seal a Smile 410 students# Student visits to RN 1838# Medications given 893#Withdrawals/Additions 138# 54 vision screenings# students with chronic diseases 37%Health Lessons Taught Staff in-service on blood borne pathogens/AED/Code Blue /Allergies/DPI inhaler administration training and health to start school yearViolence Prevention Hand Washing/Sneeze in Sleeve K3-K5 Anger management lessonsGood touch/Bad touch K 3-K5 Program Injury and Violence prevention programs/partnershipsCHNA Area of Focus Injury & ViolenceHealth need Injury and Violence were among the top three concerns in Milwaukee County Issues identified from Milwaukee County key informants and residents included, domestic and intimate partner violence, childhood trauma, youth violence, and gun violence There was an identified need for collaboration among community partners across sectors in Milwaukee County 10% of Milwaukee County residents had experienced one personal safety issue in the last year 10,919</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11, Part 2</p>	<p>hospitalizations for injuries for Milwaukee County 7,953 Milwaukee County Emergency Department visits for motor vehicle traffic crashes 11,142 Milwaukee County Emergency Department visits struck by or against object or person 22,352 Milwaukee County Emergency Department visits for falls 6,509 Milwaukee County Emergency Department visits for unspecified cause or injury Develop and demonstrate capabilities in population health and risk management Align system health resources with identified needs in community health improvement plan Internal resources FMLH Inpatient and Outpatient departments FMLH & MCW Trauma team MCW Emergency Medicine team Collaborative partners Milwaukee County Homicide Review Board Medical College of Wisconsin Sojourner Peace Center Benedict Center Neighborhood Associations Milwaukee Public Schools Safe and Sound Milwaukee County Fire Departments Milwaukee County Police Departments Milwaukee County Health Departments Milwaukee County Public and Private Schools National Black Nurses Association- Milwaukee Chapter Holy Cathedral- Word of Hope Ministries Project Safe Neighborhoods Black Health Coalition Washington Park Neighborhood Faith based communities serving low socioeconomic areas Objectives Injuries Increase awareness of dangers related to distracted driving Increase awareness of slips, trips, and falls Violence Collaborate with community partners across sectors to inform programming being brought to the Washington Park neighborhood Outcomes As a Member of the Milwaukee County Homicide review board, will attend quarterly meetings on a quarterly basis Outcomes FY2018 Violence Prevention Partner with Medical College of Wisconsin Injury Prevention department attend coalition meetings Support Cardiff Model in partnership with Medical College of Wisconsin Injury Prevention team Attend Homicide Review Board, Community Service Provider meetings Injury Prevention Participate in injury prevention efforts with Oak Creek Health department Taught community classes on falls prevention Provided Mock Crash program at schools in collaboration with faculty, parents and students Taught Distracted Driving program at local schools Lives touched 1049 Number of events 63 Education topic Stop the bleed training, support Sr cycling Olympics, Mock Crash/distracted driving, EMS Trauma Education Day, Trauma Care After Resuscitation Course, Wauwatosa Safety and Injury Prevention, Wisconsin Violence and Injury Partnership, SERTAC Conference, Wauwatosa Legislative Breakfast, Description Stop the Bleed is an initiative to teach you how to stop uncontrolled bleeding with basic hemorrhage control techniques, such as pressure, packing or a tourniquet Death from bleeding can happen in mere minutes Stop the Bleed training can help you save a life if you are a bystander to trauma A certificate from the American College of Surgeons is provided Locations Froedtert Hospital, Community Memorial Hospital, Millimen-Brookfield, WAC, Oshkosh, MCW Hub, Wauwato</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11, Part 3	<p>CONTINUED from Schedule H, Part VI, Line 11, Part 2</p> <p>Program Partnership with community organizations and health service agencies</p> <p>CHNA Area of Focus Behavioral Health</p> <p>Health Need 18% of Milwaukee County residents reported having mental health conditions</p> <p>Milwaukee County residents reported in increase in opioid and prescription drug abuse Milwaukee County has seen an increase in suicide death rates</p> <p>Reach underserved population with accessible affordable health services</p> <p>Define behavioral health strategy as its relates to community health improvement plan for Milwaukee County</p> <p>Internal Resources FMLH Community Engagement staff</p> <p>FMLH Case Management</p> <p>FMLH Care Coordinators</p> <p>FMLH & MCW Emergency Medicine staff</p> <p>Collaborative Partners Behavioral Health Division Milwaukee County</p> <p>Health and Human Services in Milwaukee County</p> <p>National Association of Mental Illness</p> <p>United Way of Greater Milwaukee & Waukesha County</p> <p>Opioid and Heroin Task Force in Milwaukee County</p> <p>Milwaukee Police Department</p> <p>Milwaukee Public Schools</p> <p>Milwaukee Center for Independence</p> <p>Progressive Community Health Center</p> <p>Washington Park Department of Corrections</p> <p>Community Justice Council</p> <p>Faith based communities serving low socioeconomic areas</p> <p>Outcomes FY2018 Behavioral Health - Partnership with community organizations and health service agencies</p> <p>We have taken an active role in participating in multiple coalitions to address the opioid crisis within our community This includes actively engaged with Milwaukee County substance abuse coalition, West Allis AODA task force, Oak Creek AODA task force</p> <p>Also participating in Wauwatosa Health department substance abuse task force</p> <p>Attended and actively participate on 9 opioid/heroin coalitions meetings across Milwaukee county</p> <p>Task force included Milwaukee County Substance Abuse Coalition, West Allis Opioid/heroin coalition, Oak Creek opioid/heroin coalition, Wauwatosa Substance abuse coalition</p> <p>Committee focus is on prevention of substance abuse, recondition of lives lost, awareness of current problem and identifying prevention strategies</p> <p>Subcommittee work planning and partnership with International overdose awareness event in Milwaukee County</p> <p>focused on recognition of lives lost to overdoses as well as prevention event</p> <p>Greendale & Greenfield Health recourse fair/ opioid & heroin education session</p> <p>189 lives touched</p> <p>June opioid crisis education session for FMLH and MCW</p> <p>advance practice providers</p> <p>Milwaukee County Substance abuse meeting May 17, 2018</p> <p>Wauwatosa Substance abuse committee meeting April, 2018</p> <p>Supported/sponsor of West Allis KIP room</p> <p>These hidden in plain sight rooms, takes a teens room and identifies drug and substance items either out in the open or common hiding spots - 32 Tours / 231 Participants</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Employer identification number

39-6105970

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.

See Additional Data Table

(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	

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
(1) Froedtert Memorial Lutheran Hsptl Trust 777 E Wisconsin Ave Milwaukee, WI 53202 39-6040438	Charitable Trust	WI	N/A	Trust					No
(2) Harts Mills Insurance Company SPC 62 Forum Lane 3rd Fl Camana Bay, Grand Cayman KY1-1203 CJ 98-1311808	Self-Insurance	CJ	N/A	C-Corp					No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	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	Yes
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
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	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Froedtert Hospital Foundation	c	1,929,241	
(2) Froedtert Hospital Foundation	p	2,573,195	
(3) Froedtert Hospital Foundation	s	443,739	

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 39-6105970
Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
 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
9200 W Wisconsin Avenue Milwaukee, WI 53226 39-2014409	Management Services	WI	501 (c)(3)	Ln 12, Type 111	N/A		No
9200 W Wisconsin Avenue Milwaukee, WI 53226 39-1431192	Health, welfare, research and education promotion	WI	501(c)(3)	10	Froedtert Memorial Lutheran HospitalInc	Yes	
W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-0987025	Hospital	WI	501(c)(3)	3	Froedtert Health Inc		No
3200 Pleasant Valley Road West Bend, WI 53095 39-0806302	Hospital	WI	501(c)(3)	3	Froedtert Health Inc		No
3200 Pleasant Valley Road West Bend, WI 530953868 39-2034296	Health and welfare promotion	WI	501(c)(3)	7	St Josephs Comm Hosp of West Bend Inc		No
N180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1635057	Health and welfare promotion	WI	501(c)(3)	10	Community Memorial Hospital of MF Inc		No
W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1743056	Outpatient Medical and Dental Services	WI	501(c)(3)	3	Community Memorial Hospital of MF Inc		No
9200 W Wisconsin Avenue Milwaukee, WI 53226 20-2636686	Healthcare Services	WI	501(c)(3)	Line 12, Type 1	Froedtert Health Inc		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
Froedtert Surgery Center LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 20-1499345	Surgery center	WI	FMLH	Related	1,092,285	5,632,050		No			No	70.000 %
D1 Sports Training of Milwaukee LLC 9200 W Wisconsin Milwaukee, WI 53226 47-3322294	Sports Therapy	WI	N/A					No			No	
FHHP LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 45-2221564	Health Care	WI	N/A					No			No	
FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 26-0629591	Real Estate	WI	N/A					No			No	
Wisconsin Diagnostic Laboratories LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 39-1896819	Laboratory Services	WI	N/A					No			No	
Waukesha Surgery Center LLC 2400 Golf Road Pewaukee, WI 53072 81-1166201	Surgery Center	WI	N/A					No			No	
Drexel Town Square Surgery Center LLC 7901 S 6th Street Second Floor Oak Creek, WI 53154 81-4904300	Surgery Center	WI	N/A					No			No	
THP - Froedtert Health Venture LLC 1415 Louisiana Fl 27th Houston, TX 77002 82-3559342	Health Care	TX	N/A					No			No	
F&MCW Network LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 81-4382585	Health Care	WI	N/A					No			No	
Menomonee Falls Ambulatory Surgery Ctr W180N8045 Town Hall Rd Menomonee Falls, WI 53051 39-1745697	Health Care	WI	N/A					No			No	