

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

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 \$ 1,860,535,019

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	305
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)	4,289,241	4,082,881
9 Program service revenue (Part VIII, line 2g)	1,650,503,917	1,785,702,474
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	998,699	16,277
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,774,417	70,519,870
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,727,566,274	1,860,321,502
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)	391,941,494	440,093,291
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)	1,197,566,970	1,307,648,955
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,589,508,464	1,747,742,246
19 Revenue less expenses. Subtract line 18 from line 12	138,057,810	112,579,256

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,014,178,461	1,103,690,270
21 Total liabilities (Part X, line 26)	84,580,668	107,305,032
22 Net assets or fund balances. Subtract line 21 from line 20	929,597,793	996,385,238

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2020-05-14
 Jeffrey Van De Kreeke VP-Finance
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 191 W Nationwide Blvd Suite 500 Columbus, OH 43215			Phone no. (614) 249-2300	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 \$ 651,166,182 including grants of \$) (Revenue \$ 876,431,302)
See Additional Data

4b (Code:) (Expenses \$ 645,382,483 including grants of \$) (Revenue \$ 812,522,501)
See Additional Data

4c (Code:) (Expenses \$ 118,281,847 including grants of \$) (Revenue \$ 52,247,149)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 39,009,478 including grants of \$) (Revenue \$ 108,317,694)

4e **Total program service expenses** ▶ 1,453,839,990

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [x] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: David Dirksmeyer N74 W12501 Leatherwood Ct Menomonee Falls, WI 53051 (414) 777-0960

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Acevedo Rafael Jr Director	1.00 0.00	X						0	0	0
(2) Bechtel Kathleen Dir&VP Pt Care	40.00 0.00	X						0	472,229	69,602
(3) Bria Michele Director	1.00 0.00	X						0	0	0
(4) Butler Louis Jr Director	1.00 0.00	X						0	0	0
(5) Callahan Margaret Director	1.00 0.00	X						0	0	0
(6) Gendelman Lori Director	1.00 0.00	X						0	0	0
(7) Gore Cecelia Director	1.00 0.00	X						0	0	0
(8) Jacobson Catherine A Dir&FH Pres/CEO	1.00 46.00	X						0	3,218,330	360,144
(9) Johnson Nina VA Director	1.00 0.00	X						0	0	0
(10) Lauer Kathryn MD Director	1.00 0.00	X						0	0	0
(11) Patterson Renee Director	1.00 0.00	X						0	0	0
(12) Resnick Andrew MD Director	1.00 0.00	X						0	0	0
(13) Zizzo Anne Director	1.00 0.00	X						0	0	0
(14) Buck Catherine J Dir&FMLH Pres	5.00 46.00	X		X				0	1,302,490	42,360
(15) Fulkerson Jay Dir&BOD Chair	1.00 0.00	X		X				0	0	0
(16) Sevenich Jenni Dir&BOD V.Chair	1.00 0.00	X		X				0	0	0
(17) Ceelen John Treasurer	1.00 42.00			X				0	608,512	133,067

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	4,082,881		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$ _____				
	h Total. Add lines 1a-1f		4,082,881		

Program Service Revenue			Business Code				
	2a Hospital Inpatient		900099	812,522,501	812,522,501		
b Hospital Outpatient		900099	876,431,302	876,431,302			
c Medical Education		611600	52,247,149	52,247,149			
d Trauma		900099	44,501,522	44,501,522			
e _____							
f All other program service revenue.							
g Total. Add lines 2a-2f			1,785,702,474				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			228,434			228,434	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		1,360				
		c Gain or (loss)			213,517			
		d Net gain or (loss)				-212,157		-212,157
	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	43,589,635	43,589,635				
b Other Department Revenue		561499	8,743,481	8,743,481				
c Rent Revenue		561499	7,064,231	7,064,231				
d All other revenue			11,122,523	4,418,825		6,703,698		
e Total. Add lines 11a-11d			70,519,870					
12 Total revenue. See Instructions.			1,860,321,502	1,849,518,646		6,719,975		

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	0			
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	410,657,570	392,675,181	17,982,389	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	70,680	67,585	3,095	
10 Payroll taxes	29,365,041	28,079,168	1,285,873	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,162,061		1,162,061	
c Accounting	2,500	2,500		
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)	211,560,606	188,124,041	23,436,565	
12 Advertising and promotion	2,103	2,103		
13 Office expenses	4,275,470	3,700,945	574,525	
14 Information technology	886,422	840,403	46,019	
15 Royalties	0			
16 Occupancy	31,244,339	25,403,758	5,840,581	
17 Travel	543,938	514,686	29,252	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	710,239	646,770	63,469	
20 Interest	16,735,947	13,607,455	3,128,492	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	64,216,577	52,212,414	12,004,163	
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	399,234,714	398,959,059	275,655	
b Corporate Allocations	374,688,531	156,977,428	217,711,103	
c Medical Education	118,281,847	118,281,847		
d Affiliate Support-Comm Phys	44,082,117	36,098,846	7,983,271	
e All other expenses	40,021,544	37,645,801	2,375,743	
25 Total functional expenses. Add lines 1 through 24e	1,747,742,246	1,453,839,990	293,902,256	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	21,050	1	21,050
	2 Savings and temporary cash investments	2,291,068	2	2,953,671
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	209,179,757	4	214,279,212
	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	17,769,121	8	19,893,442
	9 Prepaid expenses and deferred charges	6,595,435	9	8,066,234
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,483,884,022		
	b Less: accumulated depreciation	661,993,849		
		749,908,811	10c	821,890,173
	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	28,413,219	15	36,586,488	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,014,178,461	16	1,103,690,270	
Liabilities	17 Accounts payable and accrued expenses	58,294,335	17	80,222,802
	18 Grants payable		18	
	19 Deferred revenue	214,320	19	266,227
	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	294,796	24	256,919
	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	25,777,217	25	26,559,084
	26 Total liabilities. Add lines 17 through 25	84,580,668	26	107,305,032
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	900,714,911	27	964,869,476
	28 Temporarily restricted net assets	28,516,632	28	31,149,512
	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	929,597,793	33	996,385,238
	34 Total liabilities and net assets/fund balances	1,014,178,461	34	1,103,690,270

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	1,860,321,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,747,742,246
3	Revenue less expenses. Subtract line 2 from line 1	3	112,579,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,597,793
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	-46,015,970
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	996,385,238

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 39-6105970

Name: FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

Outpatient Services - See Schedule O

Form 990, Part III, Line 4b:

Inpatient Services - See Schedule O

Form 990, Part III, Line 4c:

Medical Education - See Schedule O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

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

OMB No. 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,339,528	12,221,884	11,687,212	12,000,842	11,443,996
b Contributions	609,946	117,782	189,731	106,927	785,742
c Net investment earnings, gains, and losses	466,100	490,740	898,893	-31,188	137,282
d Grants or scholarships	246,749	235,262	326,196	322,577	286,129
e Other expenditures for facilities and programs	558,214	254,695	227,973	67,897	91,022
f Administrative expenses	6,150	921	-217	-1,105	-10,973
g End of year balance	12,604,461	12,339,528	12,221,884	11,687,212	12,000,842

- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,313		2,313
b Buildings		637,859,656	192,707,119	445,152,537
c Leasehold improvements		287,238,187	94,005,466	193,232,721
d Equipment		428,002,826	312,074,570	115,928,256
e Other		130,781,040	63,206,694	67,574,346
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				821,890,173

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Contingent Liability	8,830,000
Due to Affiliates	4,717,181
Other 3rd Party Payables	6,571,188
Pension Liability Base	82,183
Pension Liability URMS	2,224,570
Post Retirement Medical	4,133,962
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	26,559,084

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	1,813,161,143
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	212,157	
e	Add lines 2a through 2d		2e	212,157
3	Subtract line 2e from line 1		3	1,812,948,986
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	47,372,516	
c	Add lines 4a and 4b		4c	47,372,516
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,860,321,502

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	1,704,364,768
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	212,157	
e	Add lines 2a through 2d		2e	212,157
3	Subtract line 2e from line 1		3	1,704,152,611
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	43,589,635	
c	Add lines 4a and 4b		4c	43,589,635
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,747,742,246

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: 18007218
Software Version: 2018v3.1
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	<p>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, 2019 and 2018, Froedtert Memorial Lutheran Hospital, Inc. does not have an asset or liability recorded for unrecognized tax positions.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d: Other revenue amounts included in F/S but not included on form 990	Asset Dispositions \$212157

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) \$43589635 Contribution FHF \$1782881 Contribution FMLH Trust \$2000000

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d: Other expenses and losses per audited F/S	Asset Dispositions \$212157

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Corporate allocated revenue \$43589635 Rounding \$0

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2018
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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	Yes	
1b If "Yes," was it a written policy?	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> %	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 _____ %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,840,475		8,840,475	0.510 %
b Medicaid (from Worksheet 3, column a)			272,374,946	161,819,968	110,554,978	6.330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			281,215,421	161,819,968	119,395,453	6.840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	55	117,419	7,376,760		7,376,760	0.420 %
f Health professions education (from Worksheet 5)	4	2,477	86,793,155		86,793,155	4.970 %
g Subsidized health services (from Worksheet 6)	2	2,623	342,309		342,309	0.020 %
h Research (from Worksheet 7)	1	445	905,642		905,642	0.050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	604	1,600,327		1,600,327	0.090 %
j Total. Other Benefits	73	123,568	97,018,193		97,018,193	5.550 %
k Total. Add lines 7d and 7j	73	123,568	378,233,614	161,819,968	216,413,646	12.390 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		3,253		3,253	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			16,104		16,104	
8 Workforce development	5	1,985	423,381		423,381	0.020 %
9 Other						
10 Total	6	1,985	442,738		442,738	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	52,592,553
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)	5	279,636,648
6	Enter Medicare allowable costs of care relating to payments on line 5	6	331,189,652
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-51,553,004
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

See Additional Data Table	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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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: 20 <u>18</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-engagement</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>See Schedule H, Part V, Section C</u>		
c	<input 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: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.froedtert.com/community-engagement</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	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: 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)	19	No
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: 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)	21	Yes
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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 https://www.froedtert.com/community-benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	<p>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.</p>

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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 \$1,747,742,246. 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).

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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.

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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 FHs 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 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.

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	<p>In 2015, a CHNA was conducted to 1) determine current community health needs in Milwaukee County, 2) gather input from persons who represent the broad interest of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs. Froedtert Hospital assessed the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources was collected and taken into consideration for assessing and addressing community health needs:</p> <p>Community Health Survey: Using the Center for Disease Controls Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 2,000 residents was conducted by Froedtert Hospital in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at https://www.froedtert.com/community-engagement. Key Informant Interviews: Froedtert Hospital Community Engagement team and leaders conducted 41 in-person interviews and four focus groups with community leaders of various school districts, non-profit organizations, health & human service department and business leaders. A list of organizations can be found on Appendix E of this CHNA. The full Key Informant CHNA can be found at https://www.froedtert.com/community-engagement.</p> <p>Secondary Data Reports: Utilizing multiple county and community-based publicly available reports, information was gathered regarding: Mortality/Morbidity data, Injury Hospitalizations, Emergency Department visits, Milwaukee County Health Rankings, Public Safety/Crime Reports and Socio-economic data. A full summary of Secondary Data information can be found at https://www.froedtert.com/community-engagement. Froedtert Hospital is committed to addressing community health needs collaboratively with local partners. Hospital used the following methods to gain community input from May-October 2015 on the significant health needs of the Froedtert Hospitals community. These methods provided additional perspectives on how to select and address top health issues facing Froedtert Hospitals community.</p> <p>Input from Community Members</p> <p>Key Informant Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs (informants) in Froedtert Hospitals community, including Milwaukee County, were identified by organizations and professionals that represent the broad needs of the community as well as organizations that serve low-income and underserved populations. A list of key informants can be found on Appendix E. These local partnering organizations also invited the informants to participate in and conduct the interviews. The interviewers used a standard interview script that included the following elements: Ranking of up to five public health issues, based on the focus areas presented in Wisconsin State Health Plan, that are the most important issues for the County; and For those five public health issues: Existing strategies to address the issue; Barriers/challenges to addressing the issue; Additional strategies needed; Key groups in the community that hospitals should partner with to improve community health.</p> <p>Underserved Population Input: Froedtert Hospital is dedicated to reducing health disparities and input from community members who are medically underserved, low-income and minority populations and/or organizations that represent those populations are important in addressing community health needs. With that in mind, Froedtert Hospital took the following steps to gain input:</p> <p>Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status.</p> <p>Key Informant Interviews: The key informant interviews included input from members of organizations representing medically underserved, low-income and minority populations.</p> <p>Summary of Community Member Input</p> <p>Top five health issues ranked most consistently or most often cited for Milwaukee County were:</p> <p>Key Informant Interviews: Mental Health; Alcohol and Other Drug Use; Injury and Violence; Chronic Disease.</p> <p>Access CHNA Health Survey: Chronic Disease; Alcohol and Other Drug Abuse; Injury and Violence; Mental Health.</p> <p>Teen Pregnancy</p> <p>After adoption of the CHNA Report and Implementation Strategy, Froedtert Hospital publicly shares both documents with community partners, key informants, hospital board members, public schools, non-profits, hospital coalition members, Milwaukee County Health Departments, and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on https://www.froedtert.co</p>

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	m/community-engagement. Feedback and public comments are always welcomed and encouraged, and can be provided through the contact form on the Froedtert & the Medical College of Wisconsin website at https://www.froedtert.com/contact , or contacting Froedtert Health, Inc.'s Community Engagement leadership/staff with questions and concerns by calling 414-777-3787. Froedtert West Bend Hospital received no comments or issues with the previous Community Health Needs Assessment Report and/Implementation Strategy.

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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>Overview Froedtert & the Medical College of Wisconsin is a 604-bed academic medical center and a leading destination for advanced medical care. The primary adult teaching affiliate of the Medical College of Wisconsin (MCW), Froedtert Hospital is a major training facility for more than 1,000 medical, nursing and health technical students annually. Froedtert Hospital also operates the regions only adult Level I Trauma Center. It is also a respected research center, participating in some 2,000 research studies, including clinical trials, every year. Froedtert Hospital is located on the Milwaukee Regional Medical Center campus. Froedtert Hospital is part of the Froedtert & MCW health care network, which also includes Froedtert Menomonee Falls Hospital, Menomonee Falls; Froedtert West Bend Hospital, West Bend; and more than 40 primary and specialty care health centers and clinics.</p> <p>Mission Statement Froedtert & the Medical College of Wisconsin advance the health of the communities we serve through exceptional care enhanced by innovation and discovery. Froedtert Hospital Service Area and Demographics For the purpose of the Community Health Needs Assessment, the community is defined as Milwaukee County because we derive 58.1% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Milwaukee County. Froedtert Hospital determines its primary and secondary service areas by completing an annual review and analysis of hospital discharges and market share according to various determinants. The Froedtert Hospital total service area in Milwaukee County consists of 35 zip codes. 53110 (Cudahy), 53129 (Greendale), 53130 (Hales Corners), 53132 (Franklin), 53154 (Oak Creek), 53172 (South Milwaukee), 53202 (Milwaukee), 53203 (Milwaukee), 53204 (Milwaukee), 53205 (Milwaukee), 53206 (Milwaukee), 53207 (Milwaukee), 53208 (Milwaukee), 53209 (Milwaukee), 53210 (Milwaukee), 53211 (Milwaukee), 53212 (Milwaukee), 53213 (Milwaukee), 53214 (Milwaukee), 53215 (Milwaukee), 53216 (Milwaukee), 53217 (Milwaukee), 53218 (Milwaukee), 53219 (Milwaukee), 53220 (Milwaukee), 53221 (Milwaukee), 53222 (Milwaukee), 53223 (Milwaukee), 53224 (Milwaukee), 53225 (Milwaukee), 53226 (Milwaukee), 53227 (Milwaukee), 53228 (Milwaukee), 53233 (Milwaukee), 53235 (Saint Francis)</p> <p>Froedtert Hospital Demographics Froedtert & the Medical College of Wisconsin - Froedtert Hospital</p> <p>Household Income CY19</p> <table border="0"> <tr> <td>Primary Service Area</td> <td>Secondary Service Area</td> <td>Under \$24,999</td> <td>19.62%</td> <td>18.05%</td> </tr> <tr> <td>\$25,000-\$49,999</td> <td></td> <td>20.91%</td> <td>23.11%</td> <td></td> </tr> <tr> <td>\$50,000-\$99,999</td> <td></td> <td>32.44%</td> <td>36.39%</td> <td></td> </tr> <tr> <td>up to \$100,000 and more</td> <td></td> <td>27.03%</td> <td>22.45%</td> <td></td> </tr> </table> <p>Total Households.....740,786.....231,784</p> <p>Source: DataBay</p> <table border="0"> <tr> <td>Payer Source FYTD19 Q3 Primary Service Area</td> <td>Secondary Service Area</td> <td>Commercial/Managed Care</td> <td>25.43%</td> <td>30.03%</td> <td>Medicaid</td> <td>19.02%</td> <td>14.29%</td> </tr> <tr> <td>Medicare</td> <td>52.08%</td> <td>50.95%</td> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Government</td> <td>0.93%</td> <td>1.38%</td> <td>Other/Self Pay</td> <td>2.54%</td> <td>3.35%</td> <td></td> <td></td> </tr> </table> <p>Source: DataBay</p> <table border="0"> <tr> <td>Race CY19 Primary Service Area</td> <td>Secondary Service Area</td> <td>White</td> <td>73.70%</td> <td>87.74%</td> <td>African American</td> <td>15.45%</td> <td>3.43%</td> <td>Asian/Hawaiian/Pacific Islander</td> <td>3.43%</td> <td>2.23%</td> <td>Native American</td> <td>0.56%</td> <td>0.45%</td> <td>Two or more races</td> <td>2.66%</td> <td>2.26%</td> <td>Other</td> <td>4.20%</td> <td>3.89%</td> </tr> </table> <p>Population.....1,859,412.....595,535</p> <p>Source: DataBay</p> <table border="0"> <tr> <td>Payer Source FY18 Primary Service Area</td> <td>Secondary Service Area</td> <td>Commercial/Managed Care</td> <td>26.04%</td> <td>30.94%</td> </tr> <tr> <td>Medicaid</td> <td>19.21%</td> <td>13.59%</td> <td></td> <td></td> </tr> <tr> <td>Medicare</td> <td>51.61%</td> <td>51.81%</td> <td>Other</td> <td></td> </tr> <tr> <td>Government</td> <td>0.92%</td> <td>1.29%</td> <td>Other/Self Pay</td> <td>2.22%</td> </tr> </table> <p>2.37%</p> <p>Source: DataBay</p>	Primary Service Area	Secondary Service Area	Under \$24,999	19.62%	18.05%	\$25,000-\$49,999		20.91%	23.11%		\$50,000-\$99,999		32.44%	36.39%		up to \$100,000 and more		27.03%	22.45%		Payer Source FYTD19 Q3 Primary Service Area	Secondary Service Area	Commercial/Managed Care	25.43%	30.03%	Medicaid	19.02%	14.29%	Medicare	52.08%	50.95%	Other					Government	0.93%	1.38%	Other/Self Pay	2.54%	3.35%			Race CY19 Primary Service Area	Secondary Service Area	White	73.70%	87.74%	African American	15.45%	3.43%	Asian/Hawaiian/Pacific Islander	3.43%	2.23%	Native American	0.56%	0.45%	Two or more races	2.66%	2.26%	Other	4.20%	3.89%	Payer Source FY18 Primary Service Area	Secondary Service Area	Commercial/Managed Care	26.04%	30.94%	Medicaid	19.21%	13.59%			Medicare	51.61%	51.81%	Other		Government	0.92%	1.29%	Other/Self Pay	2.22%
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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 Milwaukees 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
<p>Part VI, Line 5 - Promotion of Community Health</p>	<p>Other Community Engagement Programs and Initiatives: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. Center for Healthcare CareersThe 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.Carmen High School of Science and Technology Froedtert partners with Carmen High School of Science and Technology, a charter school within Milwaukee Public Schools, along with Milwaukee Area Technical College and Silver Spring Neighborhood Center to provide a pathway to jobs within Froedtert. Both students and adults are enrolled in one of three tracks: Healthcare Customer Service, Certified Nursing Assistant or Information Technology. Students who complete a pathway continue into a summer apprenticeship. Adults who complete the education are successfully employed.FY 2017 Outcomes/Progress:One Certified Nursing Assistant was permanently hired at Froedtert HospitalFour Information Technology students completed their apprenticeship at Froedtert Hospital.Six Healthcare Customer Service completed their apprenticeship at Froedtert Hospital. FY 2018 Outcomes/Progress:Three Certified Nursing Assistants and three Healthcare Customer Service students were permanently hired at Froedtert HospitalEleven Healthcare Customer Service students completed their apprenticeship at Froedtert Hospital.FY 2019 Outcomes/Progress:One Certified Nursing Assistant was permanently hired at Froedtert Hospital.Two Information Technology students completed their apprenticeship at Froedtert Hospital.Nine Healthcare Customer Service students completed their apprenticeship at Froedtert Health and two were hired permanently.Community Health Education ProgramsFroedtert 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. Additionally, Froedtert & The Medical College of Wisconsin offers a speakers bureau that is a free service to the community. FY 2017 Outcomes/Progress:60 Community Health Education Classes and 1,146 people were served. FY 2018 Outcomes/Progress:149 Community Health Education Classes and 2,705 people were served.FY 2019 Outcomes/Progress:81 Community Health Education Classes and 1,568 people were served.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. 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. FY 2017 Outcomes/Progress:Sponsors more than 50 support groups and 2,690 people were served. FY 2018 Outcomes/Progress:Sponsors more than 50 support groups and 6,591 people were served.FY 2019 Outcomes/Progress:Sponsors more than 50 support groups and 2,655 people were served. Milwaukee Health Care PartnershipFroedtert 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. FY 2017 Outcomes/Progress:Financially supports MHCP through a membership fee in the amount of \$107,000. Annually awards \$450,000 to the community to address MHCP priorities that impact primary access to care.FY 2018 Outcomes/Progress:Financially supported MHCP through a membership fee in the amount of \$110,000. Annually awards \$450,000 to the community to address MHCP priorities that impact primary access to care.FY 2019 Outcomes/Progress:Financially supported MHCP through a membership fee in the amount of \$110,000. Annually awards \$450,000 to the community to address MHCP priorities that impact primary access to care.</p>

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>amount of \$110,000. Annually awards \$450,000 to the community to address MHCP priorities that impact primary access to care. 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 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.</p> <p>FY 2017 Outcomes/Progress: Provided internship and preceptor program guidance and training to over 1,600 students. 55 radiology technicians continued their education through this program for a total 43,320 teaching hours. FY 2018 Outcomes/Progress: Provided internship and preceptor program guidance and training to over 1,580 students. 31 radiology technicians continued their education through this program. FY 2019 Outcomes/Progress: Provided internship and preceptor program guidance and training to over 1,581 students. 48 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. FY 2017 Outcomes/Progress: Provided approximately \$55,115 for 1,297 Ambulance, Cab and Bus transportation services. FY 2018 Outcomes/Progress: Provided approximately \$51,805 for 1,596 Ambulance, Cab and Bus transportation services. FY 2019 Outcomes/Progress: Provided approximately \$25,365 for 1,560 Ambulance, Cab and Bus transportation services.</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. These certified application counselors answer thousands of phone calls and assisted with questions. Froedtert Health also partnered with the Milwaukee Enrollment Network which represented health systems, free clinics, health departments and other non-profit organizations to reach out to people throughout Milwaukee, Washington and Waukesha Counties in securing adequate and affordable health insurance. FY 2017 Outcomes/Progress: Our network of certified application counselors answered more than 5,416 phone calls, and helped enroll 42,960 individuals in the Health Insurance Marketplace, part of Affordable Care Act. FY 2018 Outcomes/Progress: Our network of certified application counselors answered more than 8,987 phone calls, and helped enroll 39,828 individuals in the Health Insurance Marketplace, part of Affordable Care Act. FY 2019 Outcomes/Progress: Our network of certified application counselors answered more than 4,833 phone calls, and helped enroll 52,123 individuals in the Health Insurance Marketplace, part of Affordable Care Act.</p> <p>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. FY 2017 Outcomes/Progress: \$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. FY 2018 Outcomes/Progress: \$489,061 in direct employee donations that</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 is a 604-bed academic medical center and a leading destination for advanced medical care. The primary adult teaching affiliate of the Medical College of Wisconsin (MCW), Froedtert Hospital is a major training facility for more than 1,000 medical, nursing and health technical students annually. Froedtert Hospital also operates the regions only adult Level I Trauma Center. It is also a respected research center, participating in some 2,000 research studies, including clinical trials, every year. Froedtert Hospital is located on the Milwaukee Regional Medical Center campus. Froedtert Hospital is part of the Froedtert & MCW health care network, which also includes Froedtert Menomonee Falls Hospital, Menomonee Falls; Froedtert West Bend Hospital, West Bend; and more than 40 primary and specialty care health centers and clinics. Froedtert Hospital, Froedtert Menomonee Falls Hospital and Froedtert West Bend Hospital have made significant investments in the health of their communities. Individuals who couldnt pay for their medical care received more than \$146 million in uncompensated care. Beyond providing care for the most uninsured/underinsured patients, we contributed \$104.9 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</p> <p>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/EI 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 VI - Additional Information	Schedule H, Part V, Section B, Line 10a Froedtert Hospitals Implementation Strategy is posted on our intranet site for staff, physicians and leaders as well as the general public through our external website Froedtert.com. To access the Implementation Strategy, please go to: https://www.froedtert.com/community-engagement

Additional Data**Software ID:** 18007218**Software Version:** 2018v3.1**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
Facility: FMLH - Part V, Section B, Line 5	<p>CHNA Process and Report Froedtert Hospital assesses the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The CHNA was conducted throughout Milwaukee County from March 16 through July 14, 2015. The following information/data sources was collected and taken into consideration for assessing and addressing community health needs:</p> <p>Key Informant Interviews: Froedtert Hospital Community Engagement team and leaders conducted 41 in-person interviews and four focus groups with community leaders of various school districts, non-profit organizations, health & human service department and business leaders. A list of organizations can be found below. The full Key Informant CHNA can be found at https://www.froedtert.com/community-engagement.</p> <p>Community Health Survey: Using the Center for Disease Controls Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 2,000 residents was conducted by Froedtert Hospital in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at https://www.froedtert.com/community-engagement.</p> <p>Secondary Data Reports: Utilizing multiple county and community-based publicly available reports, information was gathered regarding: Mortality/Morbidity data, Milwaukee County Health Rankings, Public Safety/Crime Reports Injury Hospitalizations, Emergency Department visits, and Socio-economic data. A full summary of Secondary Data information can be found at https://www.froedtert.com/community-engagement.</p> <p>Froedtert Hospital is committed to addressing community health needs collaboratively with local partners. Froedtert Hospital used the following methods to gain community input from March-July 2015 on the priority health needs for Milwaukee County. These methods provided additional perspectives on how to select and address top health issues facing Milwaukee County.</p> <p>Input from Community Members</p> <p>Key Informant Interviews: Key informants in Milwaukee County were identified by the Froedtert & the Medical College of Wisconsin, Milwaukee Health Care Partnership and the City of Milwaukee Health Department. These partners also invited the informants to participate and conducted the interviews. The interviewers used a standard interview script that included the following elements:</p> <ul style="list-style-type: none"> Ranking of up to five public health issues, based on the focus areas presented in Wisconsin State Health Plan, that are the most important issues for the County; and For those five public health issues: <ul style="list-style-type: none"> Existing strategies to address the issue; Barriers/challenges to addressing the issue; Additional strategies needed; Key groups in the community that hospitals should partner with to improve community health <p>Underserved Population Input: Froedtert</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
Facility: FMLH - Part V, Section B, Line 5	<p>ert Hospital is dedicated to reducing health disparities and input from community members who are medically underserved, low-income and minority populations and/or organizations th at represent those populations are important in addressing community health needs. With tha t in mind, Froedtert Hospital took the following steps to gain input: Community Health Surv ey: When appropriate, data was stratified by gender, age, education household income level and marital status. Key Informant Interviews: The key informants interviews included input from members of organizations representing medically underserved, low-incme and minority populations. Summary of Community Member Input Top five health issues ranked most consistent ly or most often cited for Milwaukee County were: Key Informant Interviews: Mental Health Alc ohol and Other Drug Use Injury and Violence Chronic Disease Access CHNA Health Survey: Chroni c Disease Alcohol and Other Drug Abuse Injury and Violence Mental Health Teen Pregnancy After a doption of the CHNA Report and Implementation Strategy, Froedtert Hospital publicly shares both documents with community partners, key informants, hospital board members, public sc hools, non-profits, hospital coalition members, Milwaukee County Health Departments, and t he general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on ht tps://www.froedtert.com/community-engagement. Feedback and public comments are always welc omed and encouraged, and can be provided through the contact form on the Froedtert & the M edical College of Wisconsin website at https://www.froedtert.com/contact, or contacting Fr oedtert Health, Inc.s Community Engagement leadership/staff with questions and concerns by calling 414-777-3787. Froedtert West Bend Hospital received no comments or issues with th e previous Community Health Needs Assessment Report and/Implementation Strategy. Key Inform ant Interview Organizations: Milwaukee County Department on Aging- Provides information, as sistance, counseling and supportive services to older adults and caregivers. City of Milwau kee Health Department - Government department that prevents disease and promotes health Wes t Allis Fire Department Emergency response West Allis/West Milwaukee Chamber of Commerce- Non-profit that support local businesses North Shore Health Department - Government departme nt that prevents disease and promotes health Center for Veterans Issues- Non-profit that se rves active duty military and veterans Milwaukee County Department of Health & Human Servic es - Government department that prevents disease and promotes health Childrens Health Allia nce of Wisconsin/Milwaukee County Oral Health Task Force coalition working to improve oral health and access to care Milwaukee Public Schools- Provides public education for Milwauke e youth Community Advocates- Community advocacy agency Tri-City National Bank- Financial ins titution Milwaukee Police Depar</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
<p>Facility: FMLH - Part V, Section B, Line 5</p>	<p>ment- Emergency response Cudahy Health Department- Government department that prevents disease and promotes health Milwaukee Center for Independence- Assists people with disabilities, disadvantages, serious mental illness, and employment barriers CORE/El Centro- Social service agency providing holistic healing and wellness services AIDS Resource Center of Wisconsin- Non-profit providing AIDS prevention and treatment services Mental Health America of Wisconsin- Mental health advocacy agency City of West Allis- Government Agency Childrens Hospital of Wisconsin- Nonprofit healthcare provider for children Gerald. E. Ignace Indian Health Center- Federally qualified health center primarily serving the Native American population Next Door Foundation- Provides early childhood education Wauwatosa Health Department - Government department that prevents disease and promotes health Boys & Girls Clubs of Greater Milwaukee - Nonprofit youth serving agency providing academic and recreational programming Apostle Presbyterian Church- Faith Based Organization Black Health Coalition of Wisconsin, Inc- Organization that addresses health problems of African Americans Medical College of Wisconsin Institute for Health and Society- Research institute West Allis & West Milwaukee Health Department - Government department that prevents disease and promotes health South Milwaukee Health Department - Government department that prevents disease and promotes health MP3 Health Group- Financial Institution UW-Milwaukee Joseph J. Silber School of Public Health- Higher education institution YWCA Southeast Wisconsin - Nonprofit working to eliminate racism and empower women Oak Creek Health Department- Government department that prevents disease and promotes health IMPACT Planning Council- Collects data on health issues in Milwaukee County Greenfield Health Department- Government department that prevents disease and promotes health Centro Hispano- Hispanic social service agency YMCA of Metro Milwaukee - Non-profit to promote healthy living United Way of Greater Milwaukee and Waukesha County - Engages, convenes, and mobilizes community resources to address root causes of local health and human services needs Milwaukee County Behavioral Health Division- Government department connecting residents with behavioral health services West Allis/West Milwaukee School District - Provides public education for West Allis/West Milwaukee youth Franklin Health Department- Government department that prevents disease and promotes health Hmong American Women's Association- Organization that advocates for social justice within the Hmong and Southeast Asian community Group Interviews/Focus Groups: EMS Council of Milwaukee County Council of local emergency response Free and Community Clinic Collaborative - Coalition comprised of the safety net clinics in Milwaukee County Federally Qualified Health Center (FQHC) Coalition - Coalition comprised of the leaders from the Milwaukee Healthcare Partnership and all 5 FQHCs in Milwaukee Medi</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
Facility: FMLH - Part V, Section B, Line 6a	Froedtert Hospital collaborates with the other hospital systems and organizations to assess the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. This shared CHNA serves as the foundation for Froedtert Hospital and is the basis for creation of an implementation strategy to improve health outcomes and reduce disparities in Milwaukee County and the hospitals primary service area. Milwaukee County Collaborative Partners: Aurora Health Care (Hospital/Health System) Childrens Hospital of Wisconsin Froedtert & the Medical College of Wisconsin Ascension (Hospital/Health System) After completion of the shared CHNA, the data was taken into consideration in order for Froedtert Hospital to create an independent CHNA and Implementation Strategy specific to the hospitals service area and community health needs.

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
Facility: FMLH - Part V, Section B, Line 7d	The full version of the most recent and past CHNA summaries, reports and other supporting documents can be found on Froedtert Health's website: https://www.froedtert.com/community-engagement Additional Websites: https://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
Facility: FMLH - Part V, Section B, Line 11	<p>The Community Health Improvement Plans, for Froedtert Hospital for both fiscal years 2017-2019 and 2020-2022, are available online at: https:// www.froedtert.com/community-engagement/froedtert-hospital</p> <p>The Fiscal Year 2017-2019 and the 2020-2022 Implementation Strategy/Community Health Improvement Plans were adopted by the Froedtert Hospital Board of Directors on 5/19/2016 and 5/23/19 respectively.</p> <p>CHNA Prioritization of Community Health Needs Process</p> <p>Froedtert Hospital community engagement strategies are guided by the Community Health Improvement Advisory Committee (CHIAC), with members representing a variety of stakeholder groups, including racial, ethnic, immigrant/refugee, disabled, elderly and faith-based organizations. The committee also includes key Froedtert & the Medical College of Wisconsin departments, and all members have a strong commitment to community health improvement and reducing health disparities. With particular expertise in public health, population health, wellness and process improvement, the members of this committee provide guidance to Froedtert Hospitals community health improvement plan for the development and monitoring of the Implementation Strategy. 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, based on the information from all the CHNA sources, the most significant health issues were identified as: 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</p> <p>To identify the top priorities among the significant health needs identified, 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); alignment with Froedtert Health's strategic priorities; current or potential community partners/coalitions; and identification of achievable and measurable outcomes for each such significant health need. Of those significant health needs categories, three overarching themes were identified as priorities for Froedtert & Medical College of Wisconsin Implementation Plan for fiscal 2017-2019: Chronic Disease Management, Injury & Violence, Access to Care and Navigation, Behavioral Health. Continued in Schedule O</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
Facility: FMLH - Part V, Section B, Line 13b	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
Facility: FMLH - Part V, Section B, Line 13h	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
Facility: FMLH - Part V, Section B, Line 20e	We request additional documentation when an individual has submitted an incomplete financial assistance application.

Schedule J
(Form 990)

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

2018

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
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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 idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<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									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	No								

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Bechtel Kathleen Dir&VP Pt Care	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	313,083	119,375	39,771	46,677	22,925	541,831	35,415
2 Buck Catherine J Dir&FMLH Pres	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	605,812	546,905	149,773	19,961	22,399	1,344,850	-----
3 Ceelen John Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	400,892	187,602	20,018	100,382	32,685	741,579	-----
4 Eastham Catherine M Former - Officer (Secr)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	-----	-----	269,916	-----	3,593	273,509	-----
5 Hawig Scott Former - Officer (CFO)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	705,321	565,280	156,560	146,323	28,980	1,602,464	136,850
6 Jacobson Catherine A Dir&FH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,265,608	1,653,587	299,135	332,714	27,430	3,578,474	296,298
7 McPike Linda BOD Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	261,091	40,807	2,053	16,097	6,823	326,871	-----
8 VanDeKreeke Jeffrey Former - Officer (Treas)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	331,553	136,381	88,805	70,392	14,493	641,624	66,509

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 III, Additional Information	<p>Part I, Line 7: Bonus compensation is paid based upon attainment of specific goals related to the organization's strategy, 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.</p> <p>Part II, Column (B)(ii): Bonus and incentive compensation amounts include incentive compensation paid. Part II, Column (B)(iii): Other reportable compensation includes 457(f) deferred compensation plan distributions paid to individuals, amounts paid in lieu of 457(f) deferred compensation plan contributions, and other miscellaneous compensation.</p>

2019 Schedule J (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

FROEDTERT MEMORIAL LUTHERAN HOSPITAL
INC

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	Catherine Buck, Linda McPike: Business Relationship with Catherine Jacobson, & John Ceelen Cathy Jacobson & John Ceelen - 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 FH, 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 FH, 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 Decreases	Change in APB other than net periodic benefit costs = -\$623525

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in beneficial interest in foundations = \$857969

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Froedtert Hospital Foundation Contributions = -\$1782881

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Other - Froedtert Hospital Foundation Asset transfers = \$41753

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to affiliates = -\$44509286

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a OUTPATIENT SERVICES	FMLH had 873,928 outpatient visits in the twelve months ended June 30, 2019. 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 4b 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 607 are staffed with 31,126 patient admissions and 185,327 patient days of care related to medical, surgical, intensive care, obstetrics, rehabilitation and other specialty care for the twelve months ended June 30, 2019. OTHER ACHIEVEMENTS: 2019-20 US News & World Report recognized FMLH as high performing in four specialties: Nephrology, pulmonology & lung surgery, gastroenterology and GI surgery, and urology. 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. 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. 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. 2018 spring report of an 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. 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. 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. 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. 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. Recognized for its Get With the Guideline.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b INPATIENT SERVICES	es Heart Failure Gold Plus Award by the American Heart Association. Energy Star Certified by the U.S. Environmental Protection Agency for superior energy performance. Froedtert Hos pital reduced its energy consumption per square foot by more than 30% since 2009. Energy S tar is the only energy efficiency certification in the U.S. that is based on actual, verif ied energy performance. Most of the services provided by FMLH are tertiary or quaternary ca re services and include the following:(Continued)

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part III 4b INPATIENT SERVICES - Cancer Center</p>	<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 with Synchrony motion tracking and Icon for image guided for the Perfexion gamma Knife for radiation oncology treatments)- One of the first two sites in US to install and treat patients using the Elekta MR-Linac Unity system.- 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 trialsOur 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. Treatments on the MR Linac began on January 17th, 2019. Since then F&MCW has treated 28 patients (278 treatments) with multiple diagnosis. Almost every case has been treated using adaptive planning, adjusting the treatment field to the shape of the tumor or position of the patient and delivering a new treatment plan for each treatment. This technique allows higher doses of daily radiation delivered in fewer treatments.Accreditations:-2019-20 US News & World Report recognized FMLH as a high performing hospital in lung cancer surgery, and colon cancer surgery.- Accredited by the American</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b INPATIENT SERVICES - Cancer Center	<p>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 psychosocial support, an individualized treatment navigation process and a survivorship care plan.- Since 2001, the Blood and Marrow Transplant Program has been accredited by the 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.- In February 2019, the Froedtert Cancer Network received Accreditation for Program Excellence (APEX) from the American Society for Radiation Oncology for meeting/exceeding national quality standards in the radiation oncology program. All sites within the Cancer Network where radiation therapy is delivered received this 4 year accreditation.- 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, 500 new cancer registry cases in FY2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b 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, 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 an 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 Heart and Vascular Center are</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part III 4b INPATIENT SERVICES - Heart & Vascular</p>	<p>e as follows:-2019-20 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.- 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.- FM LH 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 Froedter for consistent compliance</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b INPATIENT SERVICES - Heart & Vascular	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
<p>Part III 4b 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 and provide telestroke and teleneurovascular services to regional health partners. 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 neuromodulation The 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part III 4b INPATIENT SERVICES - Neurosciences</p>	<p>Through medicine and lifestyle adjustments, we work with you to find the best answers. There is a provision of sphenopalatine ganglion block procedures for appropriate patients as well. 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 program</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4b INPATIENT SERVICES - Neurosciences	s 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 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 4b 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 107 beds.** Interstitial Lung Disease Program</p> <p>Other achievements:- 2019-20 US News & World Report ranked FMLH as High Performing Hospital COPD.- 2018-19 US News & World Report ranked FMLH nationally on their list for Best Hospital- Pulmonology.- 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.</p>

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Return Reference	Explanation
<p>Part III 4b INPATIENT SERVICES - Surgery, Solid Organ, & Bone Marrow</p>	<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 cr itical care, and vascular surgery. In addition, the department supports high-complexity pr ocedures with robotic surgery and hybrid imaging,and intraoperative MRI (iMRI). The surger y program actively participates in ongoing research through its Clinical Research Initiati ve. FMLH performed 10,276 inpatient surgeries and 13,679 outpatient surgeries during the t welve months ended June 30, 2019.SOLID ORGAN PROGRAM. Our Transplant Center is a joint pro gram with Childrens Hospital of Wisconsin. The center receives vital support for tissue ty ping and research initiatives from Versiti BloodCenter of Wisconsin. The Center offers a f ull range of transplant services for adult and pediatric patients, including kidney, livin g donor kidney, paired kidney exchange, liver, living donor liver, pancreas, heart, lung a nd bone marrow transplants. The Organ Transplantation Center's multidisciplinary approach draws upon the broad range of resources and expertise available through a variety of speci alties within our campus. As an academic medical center, we are at the forefront of new de velopments and information, and we can help patients explore all available treatment optio ns. We offer education classes for potential transplant patients and their families as wel l as for medical personnel in the community and work closely with Versiti, the federally d esignated organ procurement organization supporting the transplant community in eastern Wi sconsin. BMT PROGRAM. The Blood and Marrow Transplant and Cellular Therapy Program at Froe dtert & the Medical College of Wisconsin was one of the first BMT programs in the U.S. It is the largest transplant program of its kind in Wisconsin. The Clinical Cancer Center is also the home of the Center for International Blood and Marrow Transplant Research (CIBMTR), the worldwide registry for BMT data. In 2018 F&MCW began using CAR-T cells to treat pat ients with hematologic malignancies. There are FDA approved CAR-t options as well as multi ple clinical trials.A unique CAR T-cell therapy approach developed by MCW physicians and r esearchers in a phase I clinical trial used autologous T cells engineered to recognize CD1 9 and CD20 molecules (also called antigens) on a cancer cells surface. This trial, while c losed, has set the stage for further study on a national level. The program has long been accredited by the Foundation for the Accreditation of Cellular Therapy (FACT). In addition , we were one of the first in the nation to receive specific FACT accreditation that enabl es our physicians to offer treatment with immune effectors like CAR T-cell therapy.FMLH pe rformed the following transplants during the twelve months ended June 30, 2019:Heart.....16Lung.....</p>

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<p>Part III 4b INPATIENT SERVICES - Surgery, Solid Organ, & Bone Marrow</p>	<p>.....12Kidney.....74Liver.....30Pancreas.....4 Blood and marrow.....268Achievements:- US News & World Report - FMLH is ranked as the #2 hospital in Milwaukee and #3 in Wisconsin- 2019-2020 US News & World Report FMLH is nationally ranked as high performing in nephrology,pulmonology & lung surgery,gastroenterology & GI surgery,and urology.- 2017-2019 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. Our center also offers total artificial hearts, ECMO, and short-term mechanical circulatory support options for patients as they wait for a transplant.- Froedtert Hospital has been recognized for outstanding quality of care, and was ranked the #3 academic medical center by Vizient in 2017.-In 2004, our kidney transplant program was the first in the state and is one of the few in the country offering incompatible blood type transplantation through its partnership with Versiti, Inc.-Our Kidney Transplant program participates in three national paired kidney exchange programs, allowing us to offer additional options for transplant to our patients. In 2013, our program was part of the worlds second largest kidney chain in history, involving 56 participants.- On January 24, 2018, F&MCWs heart transplant program achieved CMS certification. From 2016 to 2018 our VAD implants increased by 413%, and heart transplants increased by 300%.- Froedtert is only one of a few hospitals in the U.S. to offer a transplant-specific intensive care unit. - As of October 2019, Froedtert has 20 center of excellence designations across solid organ transplants and payers.</p>

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Part III 4b 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 in pregnancy program in collaboration with cardiology, 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 addresses complications and concerns of pregnancy and newborns. 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. 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 3,074 births during the twelve months ended June 30, 2019. 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: 2019-20 US News & World Report ranked FMLH as High Performing Hospital Urology.</p>

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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 335 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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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 traumatic injuries.- Emergency Department staffed 24/7 by board-certified emergency physicians- Board certified trauma surgeons in-house and available 24/7- Operating room dedicated solely to trauma patients- A State of the art Surgical Intensive Care Unit that provides life-saving care- A comprehensive injury prevention program providing education and outreach in the community- 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 2019, Froedtert had 72,723 emergency visits and the Trauma Center evaluated 3,544 patients.</p>

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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.

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Schedule H, Part V, Line 10a	Froedtert Hospitals Implementation Strategy is posted on our intranet site for staff, physicians and leaders as well as the general public through our external website Froedtert.com. To access the Implementation Strategy, please go to: https://www.froedtert.com/community-engagement

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Explanation of Needs Not Addressed and Reasons Why (Continued)Community Outreach - Cancer (Continued)ScreeningsFY 2017 Outcomes/Progress:Head/Neck Screening Provided screenings by two providers and RN, in 53206 at a community health event. 15 attendees were screened Lung Cancer Screening25 individuals were screened via phone to see if they met CMS guidelines for lung cancer screening 3 met the criteria and came to see RN who did further screening and met with pulmonary MD and respiratory therapist who performed pulmonary function test and shared a decision making appointment on a CT scan. All 3 went on to get CT lung cancer screening Prostate Cancer Screening 31 men registered for screenings Breast Cancer Screening 1 patient registered Smoking Cessation 3 individuals registered 1 attended a smoking cessation visit FY 2018 Outcomes/Progress:Head/Neck ScreeningProvided screenings at the Mexican Consulate, located in 53202 zip code. 9 attendees were screenedProstate Cancer Screening29 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 educationBreast Cancer Screening32 women were screened at the F&MCW and Progressive Community Health Center health fair. Three hundred residents in the Washington Park neighborhood and surrounding community attended this event offering mammography screening, education and health resourcesFY 2019 Outcomes/Progress:Prostate Cancer Screening52 men were screened at F&MCW and Pilgrim Rest Missionary Baptist Church prostate health education symposium. Over 100 community residents attended and received prostate cancer educationBreast Cancer Screening35 women were screened at the F&MCW and Progressive Community Health Center health fair. Three hundred residents in the Washington Park neighborhood and surrounding community attended this event offering mammography screening, education and health resourcesMedical College of Wisconsin - Cancer Control Outreach Team FY 2017 Outcomes/Progress:Attend bi-weekly meetings Partner on community outreach events to reach at-risk populations Provide expertise and collaborate on cancer control strategies FY 2018 Outcomes/Progress:Attend bi-weekly meetingsPartner on community outreach events to reach at-risk populations Provide expertise and collaborate on cancer control strategiesFY 2019 Outcomes/Progress:Attend bi-weekly meetingsPartner on community outreach events to reach at-risk populations Provide expertise and collaborate on cancer control strategiesPartnership with Medical College of Wisconsin Community Engagement FY 2017 Outcomes/Progress: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 . FY 2018 Outcomes/Progress:Community Engagement team meets with MCW Community Engagement & Clinical Cancer Center staff</p>

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>on a monthly basis in an effort to explore opportunities for community engaged research with established local partners.FY 2019 Outcomes/Progress:Community Engagement team meets with MCW Community Engagement & Clinical Cancer Center staff on a quarterly 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. The Progressive Community Health Center Imaging Suite project was completed in fiscal year 2017.FY 2017 Outcomes/Progress:Community Health Center Imaging Suite project has been completed in fiscal year 2017. Provided an Imaging Suite donation to Progressive totaling \$107,864.FY 2018 Outcomes/Progress:Provided an Imaging Suite donation to Progressive totaling \$162,478.Hosted a Womens Wellness Day offering free mammography screening for women and a community resource and education fair. Over 300 community members attended.Lives touched: 7332Total 72 EventsCommunity Mammography screening at Progressive Clinic located 53208, a total of 32 women received mammography screeningHead and neck cancer screening at the Mexican Consulate 9 screened.Prostate screening at Calvary Baptist Church in partnership with MCW 29 screened Froedtert Cancer outreach coordinator at 16th street clinic as a resource weekly Cancer Spanish Support groups ongoing located at 16th street and Froedtert CampusNavigating Spanish speaking patients in clinic 7/2017 - 1/2018 32 patients were navigated to FMLH from events2 patients navigated to Primary Care Physician 5 patient referrals to Primary Care PhysicianServices 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, gynecologic al cancer, cancer services in Spanish, cervical cancer, 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, PridefestFY 2019 Outcomes/Progress:Provided an Imaging Suite donatio</p>

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>n to Progressive totaling \$141,183.Hosted a Womens Wellness Day offering free mammography screening for women and a community resource and education fair. Over 300 community member s attended.Community Mammography screening at Progressive Clinic located 53208, a total of 35 women received mammography screeningCommunity Prostate screening at Progressive Clinic located in 53208 with a total of 11 men receiving prostate screeningProstate screening at Calvary Baptist Church in partnership with MCW 52 screened Froedtert Cancer outreach coor dinator at Progressive Community Health Center and 16th street clinic as a resource weekly Cancer Spanish Support groups ongoing located at 16th street and Froedtert CampusNavigatin g Spanish speaking patients in clinic42 patients were navigated to FMLH from eventsService s provided included: education on lung, prostate, smoking cessation, breast education, die tician services on healthy eating options, colon, prostate, urine bags, grief and loss and general cancer prevention, head and neck cancer screening, gynecological cancer, cancer s ervices in Spanish, cervical cancer, general cancer information, mammography screening, an d navigation.Regular prevention events with SDC, Mexican Consulate and Jane Cremer foundat ion. Locations: 53208, 53204, 53205, 53226, 53215, 53206, 53220, 53154, 53212, 53218, 5320 2, Kenosha and Racine County. Partnering organizations: American Heart Association, Washin gton Park Senior Center, MPS, Social Development Commission (SDC), Susan G Komen race, Pro gressive clinic, Mexican Consulate, American Cancer Society, Boys and Girls Club, Oak Cree k community center, Sisters 4cure, Fatherhood Summit, Latinos por la salud, Journey House, Calvary Gardens, United Community Center, Canaan Baptist Church, Sixteenth Street Communi ty Health Center, Pierce Elementary School, Rogers Street Academy, Apostolic Church, Brown Street Academy, Hayat Pharmacy, PridefestProgram: Partnership Community Based Clinical Se rvicce and Community Health Worker ModelCHNA Area of Focus: Access to Care/Chronic Disease Health Need: Lack of awareness of what services and programs exist for community members i n Milwaukee CountyFragmented coordination of care and difficult to navigate resources in M ilwaukee County12 % of Milwaukee County residents did not seek medical care due to cost18% of Milwaukee County residents did not take medication due to cost19% of Milwaukee County residents rate their health as poor11% of Milwaukee County residents are using the emergen cy department as their only source of access to healthcare4% of Milwaukee County residents are uninsuredContinued - Schedule O</p>

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Explanation of Needs Not Addressed and Reasons Why (Continued) Froedtert Hospital Summary of Implementation Strategy Froedtert Hospital has completed a separate Implementation Strategy that addresses the hospital's implementation strategy to meet the community health needs identified in this CHNA. The following is a summary of that separate, more comprehensive Implementation Strategy report. The key programs, strategies and dedicated hospital resources intended to address identified significant community health needs are addressed below. Community Engagement and Froedtert Hospital have dedicated full time employees and budgeted funds toward serving the needs of the Froedtert Hospital communities. To access a copy of the full Implementation Strategy, please go to https://www.froedtert.com/community-engagement. Program: Community Outreach Programs CHNA Area of Focus: Chronic Disease Health Need :29% of Milwaukee County residents reported having high blood pressure 20% of Milwaukee County residents reported having high blood cholesterol 14% of Milwaukee County residents reported having asthma 11% of Milwaukee County reported having diabetes 9% of Milwaukee County residents reported having heart disease/condition 19% of Milwaukee County residents reported having poor health status Goal: Improve self-management of chronic conditions for underserved populations in low socioeconomic areas in Milwaukee County Objectives: Increase self-management for individuals living with chronic conditions and reinforce healthy lifestyles to encourage behavior change Froedtert Health Available Resources: Inpatient and Outpatient departments Case Management Community Education department Froedtert Memorial Lutheran Hospital (FMLH) staff Community Engagement staff MCW Partners FMLH staff Froedtert Health Collaborative Partners: Wisconsin Institute for Healthy Aging Milwaukee County Food Pantries Fondy Food Market Faith based communities serving low socioeconomic areas American Heart Association Neighborhood Communities Progressive Community Health Center Core El Centro Sixteenth Street Community Health Center United Methodist Childrens Services Milwaukee Health Care Partnership Milwaukee Area Health Education Center American Lung Association Outreach Community Health Center Repairers of the Breach Aids Resource Center of Wisconsin Milwaukee County Health Departments Milwaukee County Homeless Organizations Chronic Disease Community Outreach Program Community Education & Screenings FY 2017 Outcomes/Progress: Hosted a community flu immunization clinic at Milwaukee senior center serving Hispanic seniors. Screened and provided a total of 30 flu immunizations. FY 2018 Outcomes/Progress: Provided two living well with chronic conditions classes with 21 participants. FY 2019 Outcomes/Progress: Provided one living well with chronic conditions class with 7 participants Milwaukee County Screenings FY 2017 Outcomes/Progress: Total of 812 blood pressure screenings and 374 blood glucose screenings for education and management</p>

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>t of hypertension and hyperglycemia Zip codes: 53212, 53215, 53206, 53218, 53212, 53204 Re sults from clinical screenings demonstrated that, of the 374 blood glucose screenings perf ormed, 72% normal range bg,18% pre-diabetes range b/g,7% probable diabetes b/g range, 3% s evere b/g range. In addition, of the 812 blood pressures screening performed, 51% had norm al b/p, 31% had prehypertension, 13% hypertension stage 1, 4% hypertension stage 2, and 1% had severe emergency b/p. Of the 17% of individuals screened who fit into the hypertensio n category, each was recommended to follow-up with a primary care physician (PCP) and prov ided onsite education on; medication management, blood pressure goals, education and resou rces on establishing care with a PCP. Performed BMI screening on 7 community individuals, at a full cardiovascular screening event hosted free to the community at Froedtert Hospita l. FY 2018 Outcomes/Progress:Total of 781 blood pressure screenings and 341 blood glucose screenings for education and management of hypertension and hyperglycemiaResults from clin ical screenings demonstrated that, of the 341 blood glucose screenings performed, 80% norm al range bg,13% pre-diabetes range b/g, 6% probable diabetes b/g range, 1% severe b/g rang e. In addition, of the 781 blood pressures screening performed, 46% had normal b/p, 28% ha d prehypertension, 15% hypertension stage 1, 10% hypertension stage 2, and 1% had severe e mergency b/p. Of the 43% of individuals screened who fit into the hypertension category, e ach was recommended to follow-up with a primary care physician (PCP) and provided onsite e ducation on; medication management, blood pressure goals, and education and resources on e stablishing care with a PCP. FY 2019 Outcomes/Progress:A total of 286 blood pressure scree nings and 262 blood glucose screenings were conducted in the community. Results from clini cal screenings demonstrated that, of the 262 blood glucose screenings performed, 69% were in the normal range, 14% were in the pre-diabetic range, 14% fell in the probable diabetes range, and 4% were in the severely elevated range. Additionally, of the 286 blood pressur e screenings performed, 35% were normal, 26% were elevated, 16% fell in the hypertension s tage 1 category, 22% were in hypertension stage 2, and 1% had severely elevated blood pres sures.For the 39% of individuals screened with abnormal blood pressure screening results, each was recommended to follow-up with a primary care provider (PCP), educated on lifestyl e modification strategies, medication management, blood pressure goals, and if necessary, provided resources on establishing a medical home. For the 31% of individuals with abnormal blood glucose screening results, each individual was recommended to follow-up with a pri mary care provider (PCP), educated on lifestyle modification strategies, medication manage ment, blood glucose goals, and if necessary, provided resources on establishing a medical home. Access to Healthy FoodsH</p>

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Schedule H, Part V, Line 11 (Continued)	<p>health effects of limited access to health foods, includes obesity, chronic disease and poor nutrition (CDC, 2010). In an effort to promote self-management of chronic conditions within areas in Milwaukee county, Froedtert Hospital committed to sponsor and support the Fondy Farmers Market and Winter Market for 3 years, which serves two underserved communities, located in the 53206 and 53204 zip codes. FY 2017 Outcomes/Progress: Hosted a healthy food drive. Collected healthy food donations from our staff and provided the donations to 3 local food pantries. Reached 691 individuals at the Fondy Food Farmers Market. Froedtert health network partnered this year with the Victory Garden Initiative (VGI) 514 raised bed gardens in and around the neighborhoods surrounding the hospital. In addition, funding was provided to VGI to help install and build raised bed gardens and help 566 individuals learn about and grow their own food, which is a natural fit with the community health improvement initiative of nutrition and physical activity. Volunteered and supported the Victory Garden Blitz 63 Froedtert Health Volunteers donated a total of 252 hours of time 514 raised garden beds 37 gardens in 53218 15 gardens in 53208 FY 2018 Outcomes/Progress: Hosted a healthy food drive. Healthy food donations from staff provided donations to 3 local food pantries. Reached 570 individuals at the Fondy Food Farmers Market. Froedtert Health network partnered this year with the Victory Garden Initiative (VGI) on 502 raised bed gardens in and around the neighborhoods surrounding the hospital, impacting over 2,750 people with approximately 1,350 under the age of 18. In addition funding was provided to VGI to help install and build raised bed gardens and help community members learn about and grow their own food, which is a natural fit with the community health improvement initiative of the impact of nutrition and physical activity. Volunteered and supported the Victory Garden Blitz 35 Froedtert Health Volunteers donated a total of 236 hours of time 502 raised garden beds 19 gardens in 53218 35 gardens in 53208 11 gardens in 53206 12 gardens in 53204 FY 2019 Outcomes/Progress: Hosted a healthy food drive. Healthy food donations from staff provided donations to 6 local food pantries. Reached 285 individuals at the Fondy Food Farmers Market. Froedtert Health network partnered this year with the Victory Garden Initiative (VGI) on 462 raised bed gardens in and around the neighborhoods surrounding the hospital, impacting over 1,400 people. In addition funding was provided to VGI to help install and build raised bed gardens and help community members learn about and grow their own food, which is a natural fit with the community health improvement initiative of the impact of nutrition and physical activity. Volunteered and supported the Victory Garden Blitz 20 Froedtert Health Volunteers donated a total of 140 hours of time 462 raised garden beds 17 gardens in 53218 67 gardens in 53208 19 gardens in 5320</p>

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Schedule H, Part V, Line 11 (Continued)	<p>Explanation of Needs Not Addressed and Reasons Why (Continued)Froedtert in Action (Continu ed) FY 2018 Outcomes/Progress:Conducted and completed 78 Froedtert in Action events, these efforts resulted in over 140,000 lives touched in Milwaukee county.FY 2019 Outcomes/Progr ess:Conducted and completed 82 Froedtert in Action events, these efforts resulted in over 115,000 lives touched in Milwaukee County.Chronic Disease Community Outreach Program FY 20 17 Outcomes/Progress:Lives touched: 55,829Total of 63 eventsTotal of 317 Blood Glucose scr eeningsTotal of 740 Blood Pressure screenings1 Living Well with Chronic Conditions (6 week evidence-based program) offered Education topics included: heart health, safety, maintain ing healthy blood sugar, diet and exercise, healthy eating, breast feeding benefits, maint aining health blood pressure, research, cardiovascular wellness, stress managementLocations: 53206, 53204, 53208, 53205, 53209, 53226, 53214, 53212, 53215, 53221, 53218, 53220, 531 54, 53224, 53129, 53216, 53223, 53202 Partners: Fondy Farmers Market, Milwaukee Brewers, W ashington Park Senior Center, Faith Builders Church, Life Walk, UNCF, Boys and Girls Club, Wauwatosa police Department, HarRunbee, Park Lawn Church, Progressive Health Center, Outr each Community Health Center, Milwaukee Bucks, American Heart Association, Clarke Square N eighborhood, Oneida Tribal Services, Islam Health Center, Muslim Womens Resource Center, O ak Creek Community Center, Greater New Birth Church, Employ Milwaukee, Mexican Consulate, St. Anthony HS, Pilgrim Rest Church, Hmong Community, Bradley Tech High School, Our Next G eneration, West Side Academy School, MPS, Longfellow Elementary School, Journey House, Rog ers Street Academy, Barack Obama School, New Testament Church, Park Lawn Assembly of God, American Heart Association, Milwaukee Kickers, Victory Garden Initiative, Drexel Town Squa re FY 2018 Outcomes/Progress:Lives touched: 56,190Total of 67 eventsTotal of 439 Blood Glu cose screeningsTotal of 617 Blood Pressure screenings2 Living Well with Chronic Conditions (6 week evidence-based program) offered - 21 attendeesStart off on right Foot Program- MS K clinic offered free foot assessment for inner city youth to prevent sports related injur iesEducation topics included: heart health, safety, maintaining healthy blood sugar, diet and exercise, healthy eating, breast feeding benefits, maintaining health blood pressure, research, cardiovascular wellness, stress managementLocations: 53206, 53204, 53208, 53205, 53209, 53226, 53214, 53212, 53215, 53221, 53218, 53220, 53154, 53224, 53129, 53216, 53223 , 53202 Partners: Fondy Farmers Market, Milwaukee Brewers, Washington Park Senior Center, Faith Builders Church, Life Walk, UNCF, Boys and Girls Club, Wauwatosa police Department, HarRunbee, Park Lawn Church, Progressive Health Center, Outreach Community Health Center, Milwaukee Bucks, American Heart Association, Clarke Square Neighborhood, Oneida Tribal Ser vices, Islam Health Center, Mu</p>

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<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>slim Womens Resource Center, Oak Creek Community Center, Greater New Birth Church, Employ Milwaukee, Mexican Consulate, St. Anthony HS, Pilgrim Rest Church, Hmong Community, Bradley y Tech High School, Our Next Generation, West Side Academy School, MPS, Longfellow Elementary School, Journey House, Rogers Street Academy, Barack Obama School, New Testament Church, Park Lawn Assembly of God, American Heart Association, Milwaukee Kickers, Victory Garden Initiative, Drexel Town Square FY 2019 Outcomes/Progress:Lives touched: 55,220Total of 76 eventsTotal of 262 Blood Glucose screeningsTotal of 286 Blood Pressure screeningsEducation topics included: heart health, safety, maintaining healthy blood sugar, diet and exercise, healthy eating, breast feeding benefits, maintaining health blood pressure, research, cardiovascular wellness, stress managementLocations: 53206, 53204, 53208, 53205, 53209, 53226, 53214, 53212, 53215, 53221, 53218, 53220, 53154, 53224, 53129, 53216, 53223, 53202 Partners: Fondy Farmers Market, Milwaukee Brewers, Washington Park Senior Center, Faith Builders Church, Life Walk, UNCF, Boys and Girls Club, Wauwatosa police Department, HarRunbee, Park Lawn Church, Progressive Health Center, Outreach Community Health Center, Milwaukee Bucks, American Heart Association, Clarke Square Neighborhood, Oneida Tribal Services, Islam Health Center, Muslim Womens Resource Center, Oak Creek Community Center, Greater New Birth Church, Employ Milwaukee, Mexican Consulate, St. Anthony HS, Pilgrim Rest Church, Hmong Community, Bradley Tech High School, Our Next Generation, West Side Academy School, MPS, Longfellow Elementary School, Journey House, Rogers Street Academy, Barack Obama School, New Testament Church, Park Lawn Assembly of God, American Heart Association, Milwaukee Kickers, Victory Garden Initiative, Drexel Town Square Program: Cancer care navigation, awareness, screening CHNA Area of Focus: Chronic Disease-CancerBreastProstate 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 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 detectionGoal: Heighten awareness on cancer screening and early detection in low socioeconomic areas in Milwaukee CountyObjectives: Implement programs to increase awareness, screenings and early detection at Froedtert Hospital and within Milwaukee county Froedtert Health Available Resources: Froedtert Hospital Cancer Center StaffFroedtert & Medical College of Wisconsin Community PhysiciansDirect financial help through Froedtert Health Charitable Gifts & Sponsorships Froedtert Health Collaborative Partners:American Canc</p>

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Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>er 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 Partnerships FY 2017 Outcomes /Progress: 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. Partnership with Medical College of Wisconsin Cancer Team on community events. FY 2018 Outcomes/Progress: Partnered with Clinical Cancer Center Community Outreach Coordinator 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. Partnership with Medical College of Wisconsin Cancer Team on community events. FY 2019 Outcomes/Progress: 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. Partnership with Medical College of Wisconsin Cancer Team on community events. Community Outreach Cancer FY 2017 Outcomes/Progress: 43 cancer specific events with vulnerable populations in Milwaukee County focused on breast, prostate, lung, and smoking cessation, with over 3,000 lives touched. Cancer outreach coordinators provided two large public education presentations, around cancer prevention screening, and guidelines focused on the Hispanic population and African American population in Milwaukee County. Developed health systems first cancer support group for Spanish speaking individuals within the community at Sixteenth Street Community Health Center FY 2018 Outcomes/Progress: 72 cancer specific events with vulnerable populations in Milwaukee County focused on breast, prostate, lung, and smoking cessation, with over 7,500 lives touched. 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. 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. FY 2019 Outcomes/Progress: 85 cancer specific events with vulnerable populations in Milwaukee County focused on breast, prostate, lung, and smoking cessation, with over 8,700 lives touched. Cancer outreach coordinators provided public education presentations, around cancer prevention screening, and guidelines focused on the Hispanic population and African American population in</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Explanation of Needs Not Addressed and Reasons Why (Continued)Goals: Expand assistance, support, and navigation through the integration of community and clinical services for vulnerable populations.Objectives: Increase self-management in high risk populations by addressing social determinants in healthExpand health resources to assist, support, and navigate through community based clinical services and insurance coverageFroedtert Health Available Resources: Community Engagement Staff FMLH Financial counselors Froedtert Health Collaborative Partners:Sixteenth Street Community Health Center Progressive Community Health Center Outreach Community Health CenterAids Resource Center of WisconsinUnited Methodist Children Services Milwaukee Area Health Education Center Core El Centro Milwaukee County Health DepartmentsNeighborhood OrganizationsMilwaukee Health Care PartnershipFood Pantries in Milwaukee County Medical College of WisconsinHousing Authority Faith based communities serving low socioeconomic areasThe 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 will be reported quarterly to Froedtert Hospital and in addition the Community Health worker will provide care coordination and system navigation for Froedtert Hospitals high emergency room utilizers in collaboration with Froedtert Healths emergency care coordination program. This will include; providing home visits and attending healthcare appointments with individuals; and helping the patient to navigate the healthcare environment. FY 2017 Outcomes/Progress:Froedtert Case Management department referred 8 patients to the CHW CHW lead 7 health and wellness community meetings Navigated 2 of the 8 patients to primary care visits at a federal qualified health center Performed 12 community walks to develop relationship with community residents FY 2018 Outcomes/Progress:52 referrals with 36 patients who responded63 patient visit encounters, 27 previous clients and 3 new clients25 appointments set2 clients kept their follow up appointments in the EDCC program23 face to face consultants3 patients screened in home3 patients enrolled in assistance programs2 community health and wellness meetings lead63 lives touched through community outreach walksAssisted clients with navigation, access and dental needs. One client had to get teeth pulled and received dentures. Assisted another client with enrolling in a housing programOver 200 lives touched with community bike ride, clothing bank and vision screening</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>event with Our Next Generation and F&MCWFY 2019 Outcomes/Progress:48 referrals with 38 patients who responded103 patient visit encounters17 face to face consultants2 patients enrolled in assistance programs5,321 lives touched through 25 community outreach opportunitiesAssisted clients with food, financial, employment, transportation and safety needsProgram: Partnership Community ClinicsCHNA Area of Focus: Access to CareHealth Need: 12% of Milwaukee County residents did not seek medical care due to cost18% of Milwaukee County residents did not take medication due to cost19% of Milwaukee County residents rate their health as poor11% of Milwaukee County residents are using the emergency department as their only source of access to healthcare4% of Milwaukee County residents are uninsuredProvide primary care access in Milwaukee CountyGoal: Improve primary care access to Milwaukee County residentsObjective: Expand access to care and healthcare services to vulnerable populations in Milwaukee County.Froedtert Health Available Resources: Community Engagement staff F&MCW primary care clinicsFMLH DietitiansFroedtert Health Collaborative Partners:Sixteenth Street Community Health CenterMilwaukee County Health DepartmentsMeijer or local grocery storesProgressive Community Health CenterAIDS Resource Center of WisconsinOutreach Community Health CenterMilwaukee Health ServicesMilwaukee Health Care PartnershipOutpost Victory GardensHunger Task ForceFeeding AmericaFaith based communities serving low socioeconomic areasEmergency Department to Medical HomeThe 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.FY 2017 Outcomes/Progress:1,555 health home referrals were secured through Froedtert's Emergency Department program with 50% of those individuals presenting for those appointments. FY 2018 Outcomes/Progress: 1,346 health home referrals were secured through Froedtert's Emergency Department program with 52% of those individuals presenting for those appointments. FY 2019 Outcomes/Progress: 1,220 health home referrals were secured through Froedtert's Emergency Department program with 46% of those individuals presenting for those appointments. Specialty Access for the Uninsured Program (SAUP)Froedtert 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Center (FQHC), meeting financial requirements, and the cost of their specialty care is covered under SAUP. FY 2017 Outcomes/Progress:Froedtert Hospital received 236 referrals to our specialists for a complete continuum of care. FY 2018 Outcomes/Progress:Froedtert Hospital received 454 referrals to our specialists for a complete continuum of care. Number of SAUP referrals from Aids Resource Center of Wisconsin 12Number of SAUP referrals from Outreach Community Health Center 111Number of SAUP referrals from Progressive Community Health Center 14Number of SAUP referrals from Sixteenth Street Community Health Center 317Collective no show rate 19%Current focus: continue to build on providing continuum of care and specialty access for patientsFY 2019 Outcomes/Progress:Froedtert Hospital received 514 referrals to our specialists for a complete continuum of care. Number of SAUP referrals from Aids Resource Center of Wisconsin 6Number of SAUP referrals from Outreach Community Health Center 100Number of SAUP referrals from Progressive Community Health Center 8Number of SAUP referrals from Sixteenth Street Community Health Center 400Collective no show rate 38%Current focus: continue to build on providing continuum of care and specialty access for patientsEmergency Department Care Coordination (EDCC)FY 2017 Outcomes/Progress:Total scheduled appointments by all hospitals: 5,073Total number of scheduled appointments by FQHCs: 4,739Total scheduled appointments by Froedtert: 1,665Total percent of kept appointments by Froedtert: 47%FY 2018 Outcomes/Progress:Total scheduled appointments by all hospitals: 4086Total number of scheduled appointments by FQHCs: 3908Total scheduled appointments by Froedtert: 1346Total percent of kept appointments by Froedtert: 52%Current focus: Exploring urgent care as a strategy and identifying collective strategies for frequent ED utilizers FY 2019 Outcomes/Progress:Total scheduled appointments by all hospitals 1,220Total number of scheduled appointments by FQHCs 1,141Total scheduled appointments by Froedtert 1,220Total percent of kept appointments by Froedtert 46%MarketplaceFY 2017 Outcomes/Progress:Marketplace open enrollment occurred November 1, 2016- December 15, 2016; o Number of FMLH financial counselors: 18 o Number of patients who are enrolled in marketplace through F&MCW: 44 o Number of patients who enrolled in Badgercare through F&MCW: 267 o Number of phone calls answered: 5,416 FY 2018 Outcomes/Progress:Market Place open enrollment occurred November 1, 2017- December 15, 2017; o Number of FMLH financial counselors: 18 o Number of patients who are enrolled in marketplace through F&MCW: 42 o Number of patients who enrolled in Badgercare through F&MCW: 416 o Number of phone calls answered: 8,987FY 2019 Outcomes/Progress:Market Place open enrollment occurred November 1, 2018- December 15, 2018; o Number of FMLH financial counselors 10 o Number of patients who are enrolled in marketplace through F&MCW 30 o Number of patients w</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Explanation of Needs Not Addressed and Reasons Why (Continued)Program: Partnership with community organizations and health service agenciesCHNA Area of Focus: Behavioral HealthHealth Need:18% of Milwaukee County residents reported having mental health conditionsMilwaukee County residents reported an increase in opioid and prescription drug abuse. Milwaukee County has seen an increase in suicide death ratesReach underserved population with accessible affordable health services. Define behavioral health strategy as it relates to community health improvement plan for Milwaukee County.Goal: Collaborate with community organizations to understand and address behavioral health concerns throughout Milwaukee CountyObjective: Increase community awareness of Mental Health and Alcohol and Other Drug Abuse (AOD/A) problems and collaborate for better case management and navigation of treatmentFroedter Health Available Resources: FMLH Community Engagement staff FMLH Case Management FMLH Care CoordinatorsFMLH & MCW Emergency Medicine staffFroedter Health Collaborative Partners: Behavioral Health Division Milwaukee CountyHealth and Human Services in Milwaukee CountyNational Association of Mental IllnessUnited Way of Greater Milwaukee & Waukesha CountyOpioid and Heroin Task Force in Milwaukee CountyMilwaukee Police Department Milwaukee Public Schools Milwaukee Center for IndependenceProgressive Community Health CenterWashington Park Department of Corrections Community Justice Council Faith based communities serving low socioeconomic areasBehavioral Health - Partnership with community organizations and health service agenciesWe have taken an active role in participating in multiple coalitions to address the opioid crisis within our community. This includes actively engaging with Milwaukee County substance abuse coalition, West Allis AODA task force, Oak Creek AODA task. Also participating in Wauwatosa Health department substance abuse task force. FY 2017 Outcomes/ Progress:Attended 6 bi-monthly meetings with the Milwaukee County Substance Abuse Prevention Committee and participating on the opioid/heroin task force subcommittee West Allis Heroin Task Force - attend monthly meetings provided support for West Allis opioid coalition to create hidden in plain sight room to educate parents in the community. Partnering with MCW - opioid/heroin group (injury and violence department) Oak Creek Opioid and substance abuse coalition Provided expert physicians to speak at 2 community events on opioid issues FY 2018 Outcome/Progress:Attended and actively participate on 9 opioid/heroin coalitions meetings across Milwaukee county Task force included: Milwaukee County Substance Abuse Coalition, West Allis Opioid/heroin coalition, Oak Creek opioid/heroin coalition, Wauwatosa Substance abuse coalition Committee focus is on prevention of substance abuse, recondition of lives lost, awareness of current problem and identifying prevention strategies.Subcommittee work planning and partner</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11 (Continued)	<p>ship with International overdose awareness event in Milwaukee County focused on recognition of lives lost to overdoses as well as prevention event. Greendale & Greenfield Health resource fair/ opioid & heroin education session 189 lives touched June opioid crisis education session for FMLH and MCW advance practice providers Milwaukee County Substance abuse meeting May 17, 2018 Wauwatosa Substance abuse committee meeting April, 2018 Support/sponsor of West Allis KIP room. 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 FY 2019 Outcome/Progress: Attended and actively participate on 24 opioid/heroin coalitions meetings across Milwaukee county Task forces included: Milwaukee County Substance Abuse Coalition, West Allis Opioid/heroin coalition, Oak Creek opioid/heroin coalition, Wauwatosa Substance abuse coalition, Greenfield behavioral health subcommittee Focus areas for committees is on prevention of substance abuse, recondition of lives lost, awareness of current problem and identifying prevention strategies. Attend two Wauwatosa substance use resource fairs with 60 lives touched Attended Milwaukee Health Department opioid awareness event with 70 lives touched. Supported Knowledge Is Power (KIP) teen bedrooms.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Explanation of Needs Not Addressed and Reasons Why (Continued)Program: School Health ProgramCHNA Area of Focus: Access to CareHealth needAccess to health services continues to emerge as a gap 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, 53215Goal: Improve access to preventative health and wellness programs to youth attending Westside Academy SchoolObjectives: Improve the educational performance and well-being of school aged childrenFroedtert Health Available Resources: Community Engagement staff. Froedtert Health Collaborative Partners:Milwaukee Public Schools (MPS)Westside Academy schools Progressive Community Health CenterSmart Smiles Dental Program Childrens Hospital of WisconsinMilwaukee County Health DepartmentsThe school nurse program is a collaboration between 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 at Westside Academy I & II, a K-8 Milwaukee Public Schools charter school serving over 200 students and their families offering care for chronic diseases as well as case management services during the school year.FY 2017 Outcomes/Progress:School Attendance: 85% Return to Class Rate: 97% Immunization Compliance: 97% # Students Receive Sealants from Seal a Smile: 352 students seen; 224 students had cavities # Medications given: 1,075#Withdrawals/Additions: 58 drop/132 add # 54 vision screenings# of visits logged to RN: 2,607# students with chronic diseases: of the 378 students, 140 were listed with chronic illness FY 2018 Outcomes/Progress: School 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%FY 2019 Outcomes/Progress: Due to a staffing change, some numbers were not able to be collected.Immunization Compliance: 96%# Students Receive Sealants from Seal a Smile: 131 students# Student visits to RN: 121# Medications given: 617# vision screenings: 2# students with chronic diseases: 96Health Lessons Taught:FY 2017 Outcomes/Progress:Staff in-service on blood borne pathogens/AED/Code Blue/Allergies/ DPI inhaler administration training and health to start school year Violence Prevention 3rd grade (16 students total) Hand Washing/Sneeze in Sleeve K3-K5 (81students total) Anger management lessons in 1st grade (39 students total) Good touch/Bad touch K3-K5 (45 students) FY 2018 Outcomes/Progress: 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11 (Continued)	<p> e K3-K5 Anger management lessons Good touch/Bad touch K3-K5 FY 2019 Outcomes/Progress: The school nurse conducted staff in-service trainings on bloodborne pathogens, AED/Code Blue/first responders, asthma and allergies management in the school setting, and medication administration DPI training. Total of 24 staff trained in FY 2018-19 Program: Injury and Violence prevention programs/partnerships CHNA Area of Focus: Injury & Violence Health 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 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 Goals: Heighten awareness and address incidence related to distracting driving in Milwaukee County Partner with community organizations to minimize incidences of violent crimes in specific Milwaukee County Neighborhoods with emphasis in the Washington Park neighborhood 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. Froedtert Health Available Resources: FMLH Inpatient and Outpatient departments FMLH & MCW Trauma team MCW Emergency Medicine team Froedtert Health 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 Violence Prevention FY 2017 Outcomes/Progress: Partner with Medical College of Wisconsin Injury Prevention department by attending coalition meetings Support Cardiff Model in partnership with Medical College of Wisconsin Injury Prevention team Attended 4 Homicide community service provider review boards FY2017, FY2018 coalition is being reevaluated and moving into addressing recommendations through other work groups in Milwaukee county FY 2018 Outcomes/Progress: Partner with Medical College of Wisconsin </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>Injury Prevention department by attending coalition meetingsSupport Cardiff Model in partnership with Medical College of Wisconsin Injury Prevention teamAttend Homicide Review Board, Community Service Provider meetingsFY 2019 Outcomes/Progress:Attend coalition meetings for injury preventionSupport Cardiff Model in partnership with Medical College of Wisconsin Injury Prevention teamProvide community service provider meetings.Launched the Violence Interrupter program & served 26 individualsInjury Prevention FY 2017 Outcomes/Progress:Participate in injury prevention task force with Oak Creek Health Department Developed and taught three community classes around falls prevention at local senior centers with 117 participants. Mock Crash program: 3 crash programs implemented, our coordinator also attended 6 school committee planning meetings with faculty, parents and students to implement the mock crash program in the school Distracted Driving Program: 4 classes taught with 775 community students educated FY 2018 Outcomes/Progress:Participate in injury prevention efforts with Oak Creek Health departmentProvided Mock Crash program at schools in collaboration with faculty, parents and studentsTaught Distracted Driving program at local schoolsLives touched: 1,049 Number of events: 63Education 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 individuals 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, Wauwatosa Health Department, Wauwatosa City Hall, Slinger High School, West Bend, FMLH Eye Institute, New Berlin-API, Madison, Franklin High school, Lannon ParkCommunity Partners: EMS Wauwatosa, MCW and CHW MDs FY 2019 Outcomes/Progress:Participate in injury prevention efforts with West Allis coalitionTaught one community class around falls prevention with 35 participants.Provided Mock Crash program at schools in collaboration with faculty, parents and studentsLives touched: 1,360 Number of events: 9Education 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, Continued - Schedule O</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11, Areas not addressed	Priority areas Not Addressed Infectious Disease: Not a priority selected by community advisory committee. Local health departments are addressing this issue. Teen Pregnancy: United Way of Greater Milwaukee and Waukesha County, City of Milwaukee Health Department and a number of non-profit agencies are working on this issue.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part VI, Line 5, Part 2	<p>Tech TernsThe 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. Students have opportunities to assist in construction of the hospitals 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. FY 2017 Outcomes/Progress: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. FY 2018 Outcomes/Progress: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. FY 2019 Outcomes/Progress:30 students from Carmen School of Science and Technology 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. Infant MortalityFMLH partnered with United Way of Greater Milwaukee and Waukesha County and other agencies in Milwaukee to establish the Connecting High Risk Women to Primary Care (CHRW2C) initiative and The Lifecourse Initiative for Healthy Families (LIHF).FY 2019 Outcomes/Progress:252 women were engaged and connected to a PCP92 women attended at least one visit with a PCPMcKinley Social WorkerThe McKinley Health Center service area includes zip codes and neighborhoods with some of the most significant physical and mental health issues and socio-economic disparities in Milwaukee. The service area is also home to many community resources, and in some cases under developed or underutilized, assets including safety-net clinics, social service organizations and community development/neighborhood associations. Census and Community Health Needs Assessment (CHNA) data illustrates the cultural, ethnic and socio-economic diversity and health needs of the service area. The data also reveals the level of poverty, unemployment, and health disparities in neighborhoods within a 2-mile radius of the health center especially to the west and north of the new health center site.Based on 2015 data from the Wisconsin Hospital Association, the 53205 ZIP code had one of the highest rates of ED utilization per capita at 976 visits/</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part VI, Line 5, Part 2	<p>1000 and ZIP code 53206 had one of the highest overall rates with 13,569 primary care treatable/ambulatory sensitive visits. With the opening of the McKinley Health Center, Froedter Hospital invested in the opportunity to enhance the McKinley Health Centers ability to be an available, accessible, and acceptable health care provider and health resource center to the area population; directly and in collaboration with others, and to this end placed the MSW role / embedded Care Coordinator at the clinic. The Community Care Coordinator - Social Worker-MSW is responsible for connecting, engaging and directing patients with community resources such as area Federally Qualified Health Centers and social services. The Community Care Coordinator - Social Worker will facilitate the follow up, referral and navigation of designated patients and families. The Community Care Coordinator - Social Worker provides a psychosocial assessment and assists patients evolving needs. The goal of the Community Care Coordinator - Social Worker is to be an advocate for patients across the continuum, connecting them with community resources to ensure safe and effective care. This role serves as an integral member of the outpatient care team of providers. To date, the Community Care Coordinator Social Worker has had 266 patient consults, provided 570 referrals to community resources from over 1,260 patient touches. This role has also built relationships with social service organizations.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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	Yes
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	1,782,881	
(2) Froedtert Hospital Foundation	q	193,505	
(3) Froedtert Hospital Foundation	s	41,753	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
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	
(1) Froedtert Surgery Center LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 20-1499345	Surgery center	WI	FMLH	Related	1,497,015	7,298,501		No			No	70.000 %
(1) D1 Sports Training of Milwaukee LLC 9200 W Wisconsin Milwaukee, WI 53226 47-3322294	Sports Therapy	WI	N/A					No			No	
(2) FHHP LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 45-2221564	Health Care	WI	N/A					No			No	
(3) FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 26-0629591	Real Estate	WI	N/A					No			No	
(4) Wisconsin Diagnostic Laboratories LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 39-1896819	Laboratory Services	WI	N/A					No			No	
(5) 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	
(6) THP - Froedtert Health Venture LLC 1415 Louisiana Fl 27th Houston, TX 77002 82-3559342	Health Care	TX	N/A					No			No	
(7) F&MCW Network LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 81-4382585	Health Care	WI	N/A					No			No	
(8) Menomonee Falls Ambulatory Surgery Ctr W180N8045 Town Hall Rd Menomonee Falls, WI 53051 39-1745697	Health Care	WI	N/A					No			No	
(9) Froedert & Medical College of WI ACOLLC 8710 Watertown Plank Rd Milwaukee, WI 53226 81-3159534		WI	N/A					No			No	