

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**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) 805-3000

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

**G** Gross receipts \$ 1,958,748,992

**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](http://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

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: Froedtert Memorial Lutheran Hospital, Inc. (FMLH) advances the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17		
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	305		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>				
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	4,082,881	Current Year	7,082,915
	<b>9</b> Program service revenue (Part VIII, line 2g)		1,785,702,474		1,827,811,745
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,277		167,996
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,519,870		123,674,939
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,860,321,502		1,958,737,595
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)					0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			440,093,291		457,235,597
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)					0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0					
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,307,648,955		1,357,918,241
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,747,742,246		1,815,153,838	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		112,579,256		143,583,757	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	1,103,690,270	End of Year	1,236,552,714
	<b>21</b> Total liabilities (Part X, line 26)		107,305,032		293,714,366
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		996,385,238		942,838,348

## 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: 2021-05-13

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  if self-employed PTIN: P00294881

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 people of the diverse 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 \$ 683,930,684 including grants of \$ ) (Revenue \$ 886,611,803 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 638,248,448 including grants of \$ ) (Revenue \$ 850,175,157 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 128,774,660 including grants of \$ ) (Revenue \$ 59,288,679 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 38,153,026 including grants of \$ ) (Revenue \$ 148,077,807 )

**4e Total program service expenses** ▶ 1,489,106,818

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		No

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 4a No
b If "Yes," enter the name of the foreign country: \_\_\_\_\_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 7d 0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders . . . . . 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? . . . . . Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b
c Enter the amount of reserves on hand . . . . . 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 16 No
If "Yes," complete Form 4720, Schedule O.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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?

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 15b Other officers or key employees of the organization 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? 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?

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. 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) 805-3000

**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.

See instructions for the order in which to list the persons above.

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) Jacobson Catherine A Dir&FH Pres/CEO	1.00 46.00	X						0 2,651,194	384,277	
(2) Hawig Scott Former - Officer (CFO)	0.00 45.00							0 1,177,562	191,561	
(3) Buck Catherine J Dir&FMLH Pres	5.00 46.00	X		X				0 1,060,334	39,463	
(4) VanDeKreeke Jeffrey Former - Officer (Treas)	0.00 46.00							0 662,645	48,637	
(5) Ceelen John Treasurer	1.00 42.00			X				0 510,875	133,205	
(6) Bechtel Kathleen Dir&VP Pt Care	40.00 0.00	X						0 412,661	71,536	
(7) McPike Linda BOD Secretary	1.00 40.00			X				0 292,365	23,400	
(8) Acevedo Rafael Jr Director	1.00 0.00	X						0 0	0	
(9) Adams Angela Director	1.00 0.00	X						0 0	0	
(10) Brenton Stephen Director	1.00 0.00	X						0 0	0	
(11) Bria Michele Director	1.00 0.00	X						0 0	0	
(12) Brown Kellie Director	1.00 0.00	X						0 0	0	
(13) Butler Louis Jr Director	1.00 0.00	X						0 0	0	
(14) Callahan Margaret Director	1.00 0.00	X						0 0	0	
(15) Johnson Nina VA Director	1.00 0.00	X						0 0	0	
(16) Lauer Kathryn MD Director	1.00 0.00	X						0 0	0	
(17) Patterson Renee Director	1.00 0.00	X						0 0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Resnick Andrew MD ..... Director	1.00 ..... 0.00	X						0	0	0
(19) Rinka Matthew ..... Director	1.00 ..... 0.00	X						0	0	0
(20) Stadler Michael ..... Director	1.00 ..... 0.00	X						0	0	0
(21) Troy William ..... Director	1.00 ..... 0.00	X						0	0	0
(22) Zizzo Anne ..... Director	1.00 ..... 0.00	X						0	0	0
(23) Fulkerson Jay ..... Dir&BOD Chair	1.00 ..... 0.00	X			X			0	0	0
(24) Gendelman Lori ..... Dir&BOD V.Chair	1.00 ..... 0.00	X			X			0	0	0
(25) Sevenich Jenni ..... Dir&BOD V.Ch/Ch	1.00 ..... 0.00	X			X			0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								6,767,636		892,079

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

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

**Section B. Independent Contractors**

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

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

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



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations (7,082,915), 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total (7,082,915).

Table for Program Service Revenue with 5 columns. Rows include 2a Hospital Inpatient (Business Code 900099, 886,611,803), 2b Hospital Outpatient (900099, 850,175,157), 2c Medical Education (611600, 59,288,679), 2d Trauma (900099, 31,736,106), 2e, 2f All other program service revenue, and 2g Total (1,827,811,745).

Table for Other Revenue with 5 columns. Rows include 3 Investment income (179,393), 4 Income from investment of tax-exempt bond proceeds (0), 5 Royalties (0), 6a-6c Rental income (0), 7a-7c Gain or loss from sales of assets (-11,397), 8a-8c Net income from fundraising events (0), 9a-9c Net income from gaming activities (0), 10a-10c Net income from sales of inventory (0), 11a-11e Miscellaneous Revenue (123,674,939), and 12 Total revenue (1,958,737,595).

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	426,466,639	403,028,189	23,438,450	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	43,832	41,423	2,409	
<b>10</b> Payroll taxes . . . . .	30,725,126	29,036,484	1,688,642	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	846,648		846,648	
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	195,489,971	175,488,394	20,001,577	
<b>12</b> Advertising and promotion . . . . .	4,464	4,066	398	
<b>13</b> Office expenses . . . . .	3,871,058	3,642,754	228,304	
<b>14</b> Information technology . . . . .	581,873	565,158	16,715	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	19,024,046	15,520,381	3,503,665	
<b>17</b> Travel . . . . .	520,753	473,855	46,898	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	457,058	412,074	44,984	
<b>20</b> Interest . . . . .	19,328,874	15,769,068	3,559,806	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	70,020,998	57,125,206	12,895,792	
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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.)				
<b>a</b> Corporate Allocations	416,401,648	171,448,292	244,953,356	
<b>b</b> Medical Supplies	415,191,394	414,382,736	808,658	
<b>c</b> Medical Education	128,774,660	128,774,660		
<b>d</b> Affiliate Support-Comm Phys	40,520,238	33,109,086	7,411,152	
<b>e</b> All other expenses	46,884,558	40,284,992	6,599,566	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,815,153,838	1,489,106,818	326,047,020	0
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,050	<b>1</b>	14,400
	<b>2</b> Savings and temporary cash investments . . . . .	2,953,671	<b>2</b>	2,725,938
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	214,279,212	<b>4</b>	234,571,574
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	19,893,442	<b>8</b>	19,079,185
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,066,234	<b>9</b>	7,267,258
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,665,490,116		
	<b>b</b> Less: accumulated depreciation	745,586,469		
		821,890,173	<b>10c</b>	919,903,647
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	36,586,488	<b>15</b>	52,990,712	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,103,690,270	<b>16</b>	1,236,552,714	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	80,222,802	<b>17</b>	82,729,736
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	266,227	<b>19</b>	307,040
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	256,919	<b>24</b>	215,898
	<b>25</b> 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	26,559,084	<b>25</b>	210,461,692
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	107,305,032	<b>26</b>	293,714,366
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	964,869,476	<b>27</b>	917,323,461
	<b>28</b> Net assets with donor restrictions . . . . .	31,515,762	<b>28</b>	25,514,887
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	996,385,238	<b>32</b>	942,838,348	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,103,690,270	<b>33</b>	1,236,552,714	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,958,737,595
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,815,153,838
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	143,583,757
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	996,385,238
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-197,130,647
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	942,838,348

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 19009920

**Software Version:** 2019v5.0

**EIN:** 39-6105970

**Name:** FROEDTERT MEMORIAL LUTHERAN HOSPITAL  
INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

Inpatient Services - See Schedule O

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**Form 990, Part III, Line 4b:**

Outpatient Services - See Schedule O

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**Form 990, Part III, Line 4c:**

Medical Education - See Schedule O

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	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>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	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>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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 <b>Part VI</b> 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>		
<b>5a</b>	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 <b>Part VI</b>, 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>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b>.</i>		
<b>7</b>	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>		
<b>8</b>	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>		
<b>9a</b>	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 <b>Part VI</b>.</i>		
<b>b</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 <b>Part VI</b>.</i>		
<b>c</b>	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 <b>Part VI</b>.</i>		
<b>10a</b>	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>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:** 19009920

**Software Version:** 2019v5.0

**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 2019 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 instructions and 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	12,604,461	12,339,528	12,221,884	11,687,212	12,000,842
<b>b</b> Contributions . . . . .	340,465	609,946	117,782	189,731	106,927
<b>c</b> Net investment earnings, gains, and losses	33,502	466,100	490,740	898,893	-31,188
<b>d</b> Grants or scholarships . . . . .	235,502	246,749	235,262	326,196	322,577
<b>e</b> Other expenditures for facilities and programs . . . . .	271,733	558,214	254,695	227,973	67,897
<b>f</b> Administrative expenses . . . . .	2,750	6,150	921	-217	-1,105
<b>g</b> End of year balance . . . . .	12,468,443	12,604,461	12,339,528	12,221,884	11,687,212

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 96.000 %
- b** Permanent endowment ▶ 4.000 %
- 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

**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
<b>1a</b> Land . . . . .		16,051,769		16,051,769
<b>b</b> Buildings . . . . .		690,957,352	209,288,137	481,669,215
<b>c</b> Leasehold improvements		294,804,949	111,645,772	183,159,177
<b>d</b> Equipment . . . . .		504,750,476	352,283,436	152,467,040
<b>e</b> Other . . . . .		158,925,570	72,369,124	86,556,446
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				919,903,647

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Contingent Liability	4,600,000
(3) Due to Affiliates	6,817,686
(4) LT Portion Finance lease Obligation	8,703,026
(5) LT Portion Operating lease Obligation	32,882,266
(6) Other 3rd Party Payables	151,893,125
(7) Pension Liability Base	-22,241
(8) Pension Liability URMS	1,545,886
(9) Post Retirement Medical	4,041,944
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	210,461,692

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,908,633,027
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	11,397
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	11,397
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,908,621,630
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	50,115,965
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	50,115,965
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	1,958,737,595

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,771,132,186
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	11,397
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	11,397
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,771,120,789
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	44,033,049
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	44,033,049
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	1,815,153,838

**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:** 19009920  
**Software Version:** 2019v5.0  
**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 FMLH. 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 FMLH 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, 2020 and 2019, FMLH 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 \$11397

## 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) \$44033049 Contribution FHF \$1932916 Contribution FMLH Trust \$4150000



## Supplemental Information

Return Reference	Explanation
Part XII, Line 2d: Other expenses and losses per audited F/S	Asset Dispositions \$11397

## Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Corporate allocated revenue \$44033049

**SCHEDULE H  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
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](http://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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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>b</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	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			8,365,883		8,365,883	0.460 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			286,423,961	166,768,485	119,655,476	6.590 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			294,789,844	166,768,485	128,021,359	7.050 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	58	120,523	8,861,478		8,861,478	0.490 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	4	2,285	86,917,107		86,917,107	4.790 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	2	2,668	210,637		210,637	0.010 %
<b>h</b> Research (from Worksheet 7) . . . . .	1	512	1,039,267		1,039,267	0.060 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	12	3,993	1,878,669		1,878,669	0.100 %
<b>j Total.</b> Other Benefits . . . . .	77	129,981	98,907,158		98,907,158	5.450 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	77	129,981	393,697,002	166,768,485	226,928,517	12.500 %

**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		8,087		8,087	
3 Community support	1		38,082		38,082	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		11,756		11,756	
8 Workforce development	6	3,470	807,378		807,378	0.040 %
9 Other						
<b>10 Total</b>	<b>9</b>	<b>3,470</b>	<b>865,303</b>		<b>865,303</b>	<b>0.040 %</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	280,575,847
6 Enter Medicare allowable costs of care relating to payments on line 5	6	335,745,128
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-55,169,281
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

1

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

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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	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	
<b>6 a</b>	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>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.froedtert.com/community-engagement</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>See Schedule H, Part V, Section C</u>		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
<b>10</b>	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	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		No
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .	Yes	
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	Yes	
<b>c</b>	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? <u>\$100,000</u>		

**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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.froedtert.com/financial-services</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.froedtert.com/financial-services</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>same as 16a &amp; 16b</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	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): <b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>23</b>		No
<b>24</b>		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, 20a, 20b, 20c, 20d, 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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 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 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, FMLH 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 <a href="https://www.froedtert.com/about/annual-reports">https://www.froedtert.com/about/annual-reports</a>

**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. FMLH reports accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. FMLH 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>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column F - Explanation of Bad Debt Expense	Our total expense from Form 990, Part IX, line 25, column (A) was \$1,815,153,838. Bad debt expense is included in Form 990, Part VIII, lines 2a, 2b and 2d as required by ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. Therefore, bad debt expense is not included on Part IX, Statement of Functional Expenses, Line 25, column (A).

## 990 Schedule H, Supplemental Information

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



## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	<p>In 2018, 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. FMLH 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: Community Health Survey: Using the Center for Disease Controls Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 1,312 residents was conducted by FMLH in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Key Informant Interviews: FMLH 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 &amp; human service department and business leaders. A list of organizations can be found on page 12 of this document. The full Key Informant CHNA can be found at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Secondary Data Source: Health Compass Milwaukee: Health Compass Milwaukee serves as a comprehensive source of health-related data about Milwaukee County residents and communities. This public database was used to compile numerous publicly reported health data and other sources specific to FMLHs primary service area. For more information on health indicators specific to Milwaukee County go to <a href="http://www.healthcompassmilwaukee.org">www.healthcompassmilwaukee.org</a>. FMLH is committed to addressing community health needs collaboratively with local partners. Hospital used the following methods to gain community input from April to June 2018 on the significant health needs of the FMLHs community. These methods provided additional perspectives on how to select and address top health issues facing FMLHs community. Input from Community Members Key Informant Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs (informants) in FMLHs 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. 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: Identified up to three public health issues that are the most important for Milwaukee County, based on focus areas presented in Healthiest Wisconsin 2020, Wisconsin State Health Plan. For each public health priority, informants were asked to identify: -Existing strategies to address the issue- Barriers/challenges to addressing the issue-Additional strategies needed to address the issue-Key groups in the community that hospitals should partner with to improve community health-Subgroups or populations recommended for specific outreach Selected the top three determinants of health (also called health factors) impacting our community, as described in the federal governments Healthy People 2020 Rated the level of impact of two emerging areas identified in Wisconsin State Health Assessment and Health Improvement Plan: Adverse Childhood Experiences (ACEs) and Alzheimers Disease and Dementia Underserved Population Input: FMLH 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, FMLH took the following steps to gain input: Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status. Key Informant Interviews: The key informant interviews included input from members of organizations representing medically underserved, low-income and minority populations. Summary of Community Member Input Top five health issues ranked most consistently or most often cited for Milwaukee County were: Key Informant Interviews: Mental Health Access to Health Care Violence Substance Use Nutrition and Healthy Food CHNA Health Survey: Chronic Disease or Cancer Illegal Drug Use or Prescription/OTC Drug Abuse Access to Health Care Infectious Disease Violence or Crime After adoption of the CHNA Report and Implementation Strategy, FMLH publicly shares both documents with community pa</p>

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	<p>rtners, key informants, hospital board members, public schools, non-profits, hospital coal ition members, Milwaukee County Health Departments, and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and elect ronic copies are made available by PDF for download on <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Feedback and public comments are always welcomed and encouraged, and can be p rovided through the contact form on the Froedtert &amp; the Medical College of Wisconsin websi te at <a href="https://www.froedtert.com/contact">https://www.froedtert.com/contact</a>, or contacting Froedtert Health, Inc.s Community E ngagement leadership/staff with questions and concerns by calling 414-777-3787. FMLH recei ved no comments or issues with the previous Community Health Needs Assessment Report and I mplementation Strategy.</p>

**990 Schedule H, Supplemental Information**

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	<p>Overview                      Froedtert &amp; 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), FMLH is a major training facility for more than 1,000 medical, nursing and health technical students annually. FMLH 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. FMLH is located on the Milwaukee Regional Medical Center campus. FMLH is part of the Froedtert &amp; 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 &amp; the Medical College of Wisconsin advance the health of the diverse communities we serve through exceptional care enhanced by innovation and discovery.</p> <p>FMLH 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. FMLH 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 FMLH 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>FMLH Demographics                      Froedtert &amp; the Medical College of Wisconsin - FMLH</p> <p>Household Income                      CY19 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%\$100,000 and                      up.....27.03%.....22.45%</p> <p>Total Households.....740,786.....231,784</p> <p>Source:                      Intelere</p> <p>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%                      Hispanic.....10.74%.....9.58%</p> <p>Total Population.....1,859,412.....595,535</p> <p>Source: Intelere</p> <p>Payer Source                      FY19 Primary Service Area Secondary Service Area                      Commercial/Managed Care.....25.3%.....29.8%                      Medicaid.....19.0%.....14.3%                      Medicare.....52.2%.....51.5%                      Other Government.....1.0%.....1.3%                      Other/Self Pay.....2.5%.....3.1%</p> <p>Source: Intelere</p> <p>Payer Source                      FY20Q3 Primary Service Area Secondary Service Area                      Commercial/Managed Care.....24.7%.....30.2%                      Medicaid.....19.1%.....14.1%                      Medicare.....52.5%.....51.5%                      Other Government.....1.1%.....1.5%                      Other/Self Pay.....2.6%.....2.7%</p> <p>Source: Intelere</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	To promote the health of our communities, FMLH 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
Part VI, Line 5 - Promotion of Community Health	<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 &amp; 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. FMLHs Community Benefit programming and health improvement activities are supported through staff resources, budgeted dollars for programming and community partnerships. Froedtert &amp; 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 2020 Outcomes/Progress:Sponsors more than 100 support groups and 2,123 people were served. Milwaukee Health Care PartnershipFMLH 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 2020 Outcomes/Progress:Financially supported MHCP through a membership fee in the amount of \$125,000.Health Professionals/Academic Medical CenterIn partnership with the Medical College of Wisconsin, FMLH provides medical resident opportunities for 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 southeastern Wisconsin, Froedtert &amp; 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 &amp; The Medical College of Wisconsin also has its own School of Radiology, a two-year program.FY 2020 Outcomes/Progress:Provided internships and preceptor program guidance and training to 266 pharmacy studentsProvided internships and preceptor program guidance and training to 4 nuclear medicine studentsProvided internships and preceptor program guidance to 699 allied health studentsProvided internships and preceptor program guidance to 936 nursing students48 radiology technicians continued their education through the School of Radiology programMedical Transportation ProgramThe Medical Transportation Program at FMLH 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 2020 Outcomes/Progress:Provided approximately \$11,668 for 976 Ambulance, Cab and Bus transportation services.United Way Employee Giving CampaignFMLH collaborates with the United Way of Greater Milwaukee to address basic needs in the community, developing self-reliance, strengthening communities and its support. FMLH hosts an annual workplace giving campaign to support all the local United Ways. FY 2020 Outcomes/Progress:\$650,174.36 in direct employee donations that includes FH corporate match of \$119,520 that is restricted for United Way of Greater Milwaukee and Waukesha County. Workforce DevelopmentFMLH participates in a number of workforce development initiatives, to expose Milwaukee youth in underserved communities to all varieties for careers in health care. Programs include:Center for Healthcare Careers The mission of the Center for Healthcare Careers of Southeast Wisconsin is to unite all appropriate stakeholders in a viable, flexible structure to locate, educate and support a workforce from service to professional levels in the healthcare industry in SE Wisconsin with a vision to create a supply of fully skilled and capable individuals prepared to meet the current and future needs of the healthcare field from entry-level to professional skilled-level roles.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 are employed.Tech Terns This career path</p>

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>way development initiatives pairs an introduction to healthcare careers and construction job. 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 at the hospital, and to learn from a variety of healthcare professionals about their roles. Tech Terns was not held in FY20 due to the COVID-19 pandemic.</p> <p>Project SEARCH Project SEARCH provides training and education for young adults ages 18 and older with physical or cognitive challenges. The cornerstone of the program is total immersion into the business environment, and the ultimate end goal is employment. Through the program, participants learn employable skills in a classroom setting, hands-on job skills, and participate in a variety of meaningful rotations and experiences within the Froedtert environment.</p> <p>Infant Mortality Infant mortality is the death of an infant before his or her first birthday. From 2015-2017, Milwaukee's overall infant mortality rate was 10.4 infant deaths per 1,000 babies born. The rate among white babies was 5.1, while the rate for African American babies was 15.4 per 1,000 births. (United Way of Greater Milwaukee &amp; Waukesha County, 2020)</p> <p>FMLH Care Coordination program makes it a goal to connect each mom with a primary care provider if they do not have one. Of the patients that are in the program that come without a primary care provider, they leave the program established with a primary care provider in the Froedtert Health system by their choice. The Lifecourse Initiative for Healthy Families (LIHF) has connected 42 patients to primary care providers.</p> <p>For more information on FMLH Community Benefit programs, please visit <a href="https://www.froedtert.com/community-engagement/froedtert-hospital">https://www.froedtert.com/community-engagement/froedtert-hospital</a> or see Report to the Community at <a href="https://www.froedtert.com/about/annual-reports">https://www.froedtert.com/about/annual-reports</a></p>

Form and Line Reference	Explanation
<p>Part VI, Line 6 - Affiliated Health Care System</p>	<p><b>AFFILIATED HEALTH CARE SYSTEM:</b> Froedtert &amp; 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), FMLH is a major training facility for more than 1,000 medical, nursing and health technical students annually. FMLH also operates the region's 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. FMLH is located on the Milwaukee Regional Medical Center campus. FMLH is part of the Froedtert &amp; 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. FMLH, Froedtert Menomonee Falls Hospital, and Froedtert West Bend Hospital have made significant investments in the health of their communities. Individuals who could not pay for their medical care received more than \$156 million in uncompensated care. Beyond providing care for the most uninsured/underinsured patients, we contributed \$109.3 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 <a href="http://www.froedtert.com">www.froedtert.com</a></p> <p><b>PROMOTION OF COMMUNITY HEALTH:</b> Community Health Improvement Advisory Committee (CHIAAC) With particular expertise in public health, population health, wellness and process improvement, the members of this committee provide guidance to FMLH's community benefit plan for the development and monitoring of the Implementation Strategy. Members include: MCW Faculty, Progressive Community Health Center, Executive and VP leadership at Froedtert Hospital, Wauwatosa Health Department, Outreach Community Health Center, Milwaukee Muslim Womens Coalition, Milwaukee County Department on Aging, Milwaukee Achiever Literacy Services, Core/El Centro, Christ the King Baptist Church, Milwaukee County Sheriffs Department, Independence First, American Heart Association. The responsibilities of the Community Health Improvement Advisory Committee include: Support the mission of FMLH 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. FMLH's 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. Addressing Needs Through Targeted Outreach: FMLH develops and executes community outreach programming and activities based on identified community health needs. Every needs assessment cycle, FMLH Community Engagement staff along with the hospital's community partners and other leaders develops a Community Health Improvement Plan that is incorporated into the hospital's overall strategic plan to address the most critical needs in the communities we serve. The plan is reviewed annually by the FMLH Board of Directors. FMLH Community Engagement staff, leaders and external community partners work collaboratively to develop key goals and strategies to address community health needs. Progress towards community outreach program</p>

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	Programs/activities and goals are reported annually to the FMLH Board of Directors, Physician Advisory Council, Froedtert Health Community Engagement Steering Committee, Leadership Meetings and Community Health Improvement Advisory Committee. Based on the results from the 2018 Community Health Needs Assessment, programs and activities are focused around the following identified health needs: Behavioral Health; Chronic Disease; Violence; and Access to Care. For more information on specific community outreach efforts, Implementation Strategy and Community Health Needs Assessments, please go to Froedtert Health's website at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a> .

## 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 10aFMLHs 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: <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>

**Additional Data****Software ID:** 19009920**Software Version:** 2019v5.0**EIN:** 39-6105970**Name:** FROEDTERT MEMORIAL LUTHERAN HOSPITAL  
INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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
<p>Facility: FMLH - Part V, Section B, Line 5</p>	<p>CHNA Process and Report In 2018, 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. FMLH 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: Community Health Survey: Using the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 1,312 residents was conducted by FMLH in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Key Informant Interviews: FMLH Community Engagement team and leaders conducted 40 in-person interviews and four focus groups with community leaders of various school districts, non-profit organizations, health &amp; human service department and business leaders. The full Key Informant CHNA can be found at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Secondary Data Source: Health Compass Milwaukee: Health Compass Milwaukee serves as a comprehensive source of health-related data about Milwaukee County residents and communities. This public database was used to compile numerous publicly reported health data and other sources specific to FMLH's primary service area. For more information on health indicators specific to Milwaukee County go to <a href="http://www.healthcompassmilwaukee.org">www.healthcompassmilwaukee.org</a>. FMLH is committed to addressing community health needs collaboratively with local partners. FMLH used the following methods to gain community input from April to June 2018 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 FMLH's community. Input from Community Members Key Informant Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs (informants) in FMLH's 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. 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: Identified up to three public health issues that are the most important</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>or Milwaukee County, based on focus areas presented in Healthiest Wisconsin 2020, Wisconsin State Health Plan. For each public health priority, informants were asked to identify:- Existing strategies to address the issue- Barriers/challenges to addressing the issue- Additional strategies needed to address the issue- Key groups in the community that hospitals should partner with to improve community health- Subgroups or populations recommended for specific outreach Selected the top three determinants of health (also called health factors) impacting our community, as described in the federal governments Healthy People 2020 Rated the level of impact of two emerging areas identified in Wisconsin State Health Assessment and Health Improvement Plan: Adverse Childhood Experiences (ACEs) and Alzheimers Disease and Dementia Underserved Population Input: FMLH 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: Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status. Key Informant Interviews: The key informant interviews included input from members of organizations representing medically underserved, low-income and minority populations. Summary of Community Member Input Top five health issues ranked most consistently or most often cited for Milwaukee County were: Key Informant Interviews: Mental Health Access to Health Care Violence Substance Use Nutrition and Healthy Food CHNA Health Survey: Chronic Disease or Cancer Illegal Drug Use or Prescription/OTC Drug Abuse Access to Health Care Infectious Disease Violence or Crime After adoption of the CHNA Report and Implementation Strategy, FMLH 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 <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>. Feedback and public comments are always welcomed and encouraged, and can be provided through the contact form on the Froedtert &amp; the Medical College of Wisconsin web site at <a href="https://www.froedtert.com/contact">https://www.froedtert.com/contact</a>, or contacting Froedtert Health, Inc.s Community Engagement leadership/staff with questions and concerns by calling 414-777-3787. FMLH received no comments or issues with the previous Community Health Needs Assessment Report and Implementation Strategy. Continued in Schedule O - (Account Input from Person Who Represent the Community)</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	FMLH 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 FMLH 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 FMLH 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: <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a> Additional Websites: <a href="https://mkehcp.org/publications">https://mkehcp.org/publications</a>

**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 11</p>	<p>The Community Health Improvement Plan for FMLH is available online at <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>The Fiscal Year 2020-2022 Implementation Strategy/Community Health Improvement Plan was adopted by the FMLH Board of Directors on 11/19/2020. CHNA Prioritization of Community Health Needs Process FMLH 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 &amp; 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 FMLH's 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: 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 After several facilitated workout sessions in January 2019-March 2019, based on the information from all the CHNA sources, the most significant health issues were identified as: Mental Health; Chronic Disease; Access to Care; Violence Prevention; Substance Use; Infectious Diseases; and Nutrition and Healthy Food 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 FMLH 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, four overarching themes were identified as priorities for Froedtert &amp; the Medical College of Wisconsin Implementation Strategy for fiscal 2020-2022: Behavioral Health; Chronic Disease; Violence; and Access to Care Significant Health Needs Not Addressed Infectious Disease: Not a priority selected by community advisory committee. Local health departments are addressing this issue. FMLH Summary of Implementation Strategy FMLH has completed a separate Implementation Strategy that addresses the hospital's implementation strategy to meet the community health need</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 11	<p>ds 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 FMLH have dedicated full time employees and budgeted funds toward serving the needs of the FMLH communities. To access a copy of the full Implementation Strategy, please go to <a href="https://www.froedtert.com/community-engagement">https://www.froedtert.com/community-engagement</a>.</p> <p>Program: Behavioral Health Awareness, Education, Navigation and Community Partnerships</p> <p>CHNA Significant Health Need: Behavioral Health</p> <p>CHNA Community Health Need/Rationale: 8% reported feeling sad, blue, or depressed always or nearly always in the last month. 6% reported they considered suicide in the past year, with 2% of Hispanic &amp; 9% of African Americans reported considering suicide in the past year (Health Compass Milwaukee). 9% reported alcohol use or abuse in the past year. 27% reported substance use of either drugs, prescriptions, over the counter use or abuse in the past year. 45% of Hispanic &amp; 33% of African Americans reported having a mental health condition (Health Compass Milwaukee). Goal: To improve behavioral health through mental wellness and substance use prevention for Milwaukee County residents. Objectives: 1. Support and enhance collaborations with community organizations. 2. Increase outreach, education and awareness of behavioral health in hospital, clinical and community-based settings.</p> <p>FMLH Hospital Resources: FMLH Community Engagement staff FMLH Case Management FMLH Care Coordinators FMLH &amp; MCW Emergency Medicine staff Froedtert Health Behavioral Health Services FMLH Collaborative Partners: Community-based organizations with licensed clinicians/providers Support efforts Faith-based Organizations Support education and outreach to community populations Federally Qualified Health Center Partners Support integrated behavioral health care models IMPACT 2-1-1 Partner to promote services Lutheran Social Services - Support education and outreach programming Mental Health America &amp; National Association of Mental Illness Partner to support coalitions and programming Milwaukee Area Schools Partner to promote services and outreach education Milwaukee Center for Independence Partner to promote services Milwaukee County Health Departments Partner with coalitions to address mental and behavioral health issues Milwaukee County Substance Abuse Prevention Coalition Partner to address mental and behavioral health issues Milwaukee Health Care Partnership Support behavioral health efforts in Milwaukee County Peer Support Groups Partner to promote services Prevent Suicide Greater Milwaukee Partner to support behavioral health efforts in Milwaukee County Serenity Inn Support community engagement efforts and programming Silver Cloud (web-based tool) Promote engagement and programming United Way of Greater Milwaukee &amp; Waukesha County Provide fun</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 11	<p>ding to address priority health needs WISE Wisconsin Support efforts and outreach Partners hip with Community Organizations and Health Service AgenciesWe have taken an active role i n participating in multiple coalitions to address the mental health and substance use and abuse within our community. This includes actively engaging with various Milwaukee County behavioral health coalitions. FY2020 Outcomes/Progress:Collaborated with 10 behavioral hea lth coalitionsParticipated in 46 behavioral health coalition meetings1,112 lives touched t hrough behavioral health coalitionsMcKinley Health Center &amp; Social WorkerThe Community Car e Coordinator - Social Worker - MSW is responsible for connecting, engaging and directing patients with community resources such as area Federally Qualified Health Centers and soci al services. The Community Care Coordinator - Social Worker facilitates the follow up, ref erral and navigation of designated patients and families. The Community Care Coordinator - Social Worker provides psychosocial assessment and assists patients evolving needs. The g oal of the Community Care Coordinator - Social Worker is to be an advocate for patients ac ross 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. FY2 020 Outcomes/Progress:450 total patients762 total encounters141 total face-to-face consult ations91 total no show call follow ups398 total referrals to community agenciesContinued i n 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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	<b>1b</b>	
<b>2</b> 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 on Line 1a?	<b>2</b>	
<b>3</b> 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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)	321,084	50,790	40,787	47,746	23,790	484,197	36,431
2 Buck Catherine J Dir&FMLH Pres	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	638,598	260,718	161,018	20,183	19,280	1,099,797	
3 Ceelen John Treasurer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	409,222	79,815	21,838	100,068	33,137	644,080	
4 Hawig Scott Former - Officer (CFO)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	711,149	290,308	176,105	162,288	29,273	1,369,123	155,396
5 Jacobson Catherine A Dir&FH Pres/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,359,783	933,722	357,689	356,623	27,654	3,035,471	354,851
6 McPike Linda BOD Secretary	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	271,846	18,904	1,615	16,543	6,857	315,765	
7 VanDeKreeke Jeffrey Former - Officer (Treas)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	280,780	47,073	334,792	33,578	15,059	711,282	282,183

**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>

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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: Emergency & Trauma Center and Other Program Services Revenue - See Schedule O, Page 2

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	Biannual Review of the Hospital Bylaws for Froedtert Memorial Lutheran Hospital, Inc. (FMLH)The changes are as follows: <ul style="list-style-type: none"><li>oSection 3.3.2: Language was revised to clarify that the Health System CEO, or her designee, is to serve as an Ex Officio Director; the change was made to align with the changes to the Froedtert Health, Inc. bylaws regarding the Director Designee. Additional Change to the FMLH Bylaws in November 2020. The Community Engagement Committee was added as a standing committee of the FMLH board;</li><li>oSection 6.9: Language was added to add that the Community Engagement Committee shall consist of not less than three (3) members of the Board of Directors; and such other members, who may but need not be members of the Board of Directors, as may be appointed by the Board of Directors.</li></ul>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	Froedtert Health, Inc. is the sole corporate member of FMLH.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	Froedtert Health, Inc., as the sole corporate member of FMLH has the final approval of election of all board members.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 FMLH, has certain reserved powers and authorities with respect to the operations and management of FMLH, as set forth in FMLH's bylaws.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in APB other than net periodic benefit costs = \$166916

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in beneficial interest in Foundation = -\$2627583

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Decreases	Froedtert Hospital Foundation Contributions = -\$1932916

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Increases	Other - Froedtert Hospital Foundation Asset transfers = \$577160

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Decreases	Released from restrictions for operations = -\$6169349

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to affiliates = -\$187144875

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES</p>	<p>Part III 4a INPATIENT SERVICES 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 783 beds, of which 689 are staffed, with 32,624 patient admissions and 192,486 patient days of care related to medical, surgical, intensive care, obstetrics, rehabilitation and other specialty care for the 12 months ending June 30, 2020. OTHER ACHIEVEMENTS: FMLH ranks No. 3 in Wisconsin on the U.S. News &amp; World Report 2020-2021 Best Hospitals list. FMLH is recognized as high performing in five adult specialties diabetes and endocrinology, gastroenterology and GI surgery, nephrology, pulmonology and lung surgery, and urology, as well as seven procedures and conditions. FMLH received an A grade from The Leapfrog Group in its spring 2020 report. Leapfrogs 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. The Human Rights Campaign Foundation recognized FMLH as a Top Performer in LGBTQ Healthcare Equality for protecting our LGBTQ patients and employees from discrimination, ensuring equal visitation for LGBTQ people and providing staff training in LGBTQ patient-centered care. Froedtert Health, parent organization to FMLH, was named a Best Place to Work for Disability Inclusion, earning a top score on the 2020 Disability Equality Index (DEI) for outstanding commitment to disability inclusion practices. The DEI assessment measures an organization's culture and leadership, accessibility, employment practices (including benefits, education and accommodations), community engagement and supplier diversity. The Froedtert &amp; MCW Cancer Network is a 2020 Press Ganey Guardian of Excellence Award winner. This award honors organizations that have reached the 95th percentile for patient experience, engagement or clinical quality performance. The American Hospital Association's (AHA) Health Forum recognized the Froedtert &amp; MCW health network, of which FMLH is a member, as a most wired hospital in its 19th Annual Health Cares Most Wired survey. The survey is an industry barometer measuring information technology use and adoption among hospitals nationwide. FMLH was named a top major teaching hospital in IBM Watson Health's annual 100 Top Hospitals ranking that recognizes the top-performing hospitals in the U.S. To determine the hospitals included on the list, IBM Watson Health researchers evaluated 3,134 short-term, acute care hospitals using publicly available clinical, operational and patient satisfaction data and metrics. Beckers Healthcare recogni</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part III 4a INPATIENT SERVICES	<p>zed FMLH in the 2020 edition of its list of 100 great hospitals in America. The hospitals included on this list are recognized nationally for excellence in clinical care, patient outcomes and staff and physician satisfaction. As a part of the American Nurses Credentialing Centers (ANCC) Magnet Recognition Program, FMLH received its third Magnet recognition. The program recognizes health care organizations that demonstrate excellence in nursing and is considered the gold standard for nursing excellence. With this achievement, FMLH retains its place among the best of the best as part of the Magnet community a select group of 425 health care organizations out of nearly 6,000 U.S. health care organizations. The Cardiovascular Intensive Care Unit (CVICU) and Neurosurgical Intensive Care Unit (NICU) at FMLH have each received a silver-level Beacon Award for Excellence from the American Association of Critical-Care Nurses. This award recognizes unit caregivers who successfully improve patient outcomes and align practices with AACNs six Healthy Work Environment Standards. Receiving this national three-year award with gold, silver and bronze designations, marks a significant milestone on the path to exceptional patient care and achieving a healthy work environment. The Froedtert &amp; MCW Cancer Network, including the Clinical Cancer Center on the FMLH campus, is a 2020 Press Ganey Guardian of Excellence Award winner. This award honors organizations that have reached the 95th percentile for patient experience, engagement or clinical quality performance. 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 by the American Heart Association with its Get With the Guidelines Heart Failure Gold Plus Award. Energy Star Certified by the U.S. Environmental Protection Agency for superior energy performance. FMLH reduced its energy consumption per square foot by more than 30% since 2009. Energy Star is the only energy efficiency certification in the U.S. that is based on actual, verified energy performance. Most of the services provided by FMLH are tertiary or quaternary care services and include the following: (Continued)</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Cancer Care</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)and CAR-T program- 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&amp;MCW has treated 90 patients (948 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 &amp; World Report recognized FMLH as a high performing hospital in lung cancer surgery, and colon cancer surgery.- Accredited</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III 4a INPATIENT SERVICES - Cancer Care	<p>d by the American College of Surgeons Commission on Cancer as an Academic Comprehensive Cancer Program. Accreditation at this level recognizes organizations that take a multidisciplinary approach to treating cancer and office, in addition to excellent clinical care, access to clinical trials and new treatments, genetic counseling, and comprehensive patient-centered services including psycho-social support, an individualized treatment navigation process and a survivorship care plan.- Since 2001, the Blood and Marrow Transplant Program has been accredited by the 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.-NAPRC Rectal accreditation as of 10/2020.FMLH had 5,167 new cancer registry cases in FY2020.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III 4a INPATIENT SERVICES - Heart & Vascular	<p>Heart and Vascular Center. The Heart and Vascular Center provides a complete range of specialized programs to diagnose and treat heart disease and vascular disease from the common to the complex. Our program offers a comprehensive array of services, including: wellness and preventive services, diagnostics, endovascular procedures, minimally invasive surgery, and surgical procedures. Our staff and physicians treat a wide range of heart and vascular conditions. Our physicians are highly skilled and experienced in treating heart and vascular disease and have access to state-of-the-art technology enabling care across the continuum from prevention to complex interventions. Innovative programs include: Structural Heart including TAVR, Mitraclip and other novel percutaneous approaches to heart valve disease, Adult Congenital Heart Disease, Comprehensive Heart Failure and Transplant, Aortic Disease, Arrhythmia and Atrial Fibrillation, Coronary Artery Disease, Hereditary Hemorrhagic Telangiectasia, Hypertrophic Cardiomyopathy, Preventive Cardiology and Lipid Therapy, Peripheral Arterial Disease, Pulmonary Hypertension, Valvular Disease, Venous and Vein Disease, Women and Heart Disease, and Vascular and Cardiac Second Opinion programs. 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 patients 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. Froedtert Health, including FMLH, is the o</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Heart &amp; Vascular</p>	<p>nly health system in Wisconsin to offer Intensive Cardiac Rehab (ICR). ICR has improved outcomes over traditional cardiac rehab, through inclusion of educational modules focused on nutrition, active lifestyle, and health mindset. Some distinctions for our Heart and Vascular Center are as follows:- 2020-2021 U.S. News &amp; World Report recognized FMLH as high performing in 7 adult procedures/conditions including: abdominal aortic aneurysm repair, aortic valve surgery, heart bypass surgery and heart failure.- 2019-20 Best Doctors in America Many of FMLHs heart and vascular physicians are listed in the 2019-2020 Best Doctors in America list. This is considered one of the more prestigious and credible tools available to consumers for selecting a doctor.- FMLH was awarded the Gold Seal of Approval by The Joint Commission 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 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 veno</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part III 4a INPATIENT SERVICES - Heart & Vascular	us ultrasound imaging.- FMLH has earned the American Heart Association's Get with the Guidelines - Heart Failure Gold Plus award and Target Honor Roll. This award is an advanced level of recognition acknowledging Froedtert for consistent compliance with Quality Measures for 24 or more consecutive months.- FMLH collaborates with the Cleveland Clinic Heart, Vascular and Thoracic Institute, ranked No. 1 in the nation for heart care since 1995 by U.S. News & World Report. As the first academic health network in the Midwest to join Cleveland Clinics Alliance Network, we are continuing our promise to bring the best in cardiovascular care to our patients.- FMLH's Heart Transplant three year adult survival rate is the highest/best in Wisconsin as measured by the Scientific Registry of Transplant Recipients, according to data released in Aug. 2020.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Neurosciences</p>	<p>Neurosciences Institute. The Froedtert &amp; MCW Neurosciences Institute 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: FMLH takes a multidisciplinary team approach to examine the reasons for you</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Neurosciences</p>	<p>ur headaches. Through medicine and lifestyle adjustments, we work with you to find the bes t answers. There is a provision of sphenopalatine ganglion block procedures for appropriat e patients as well. Looking at all angles, our multidisciplinary approach is an effective way to achieve positive results over time. F&amp;MCW has developed a Headache School, which is a program made up of 20 modules designed to help people with severe headaches be an activ e 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 multid isciplinary team is made up of neurologists, geropsychiatrist, neuropsychologists, nurses and a social worker. They are experienced in diagnosing and treating all types of memory d isorders. The team is committed to:- Identifying memory disorders early through a comprehe nsive 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 Par kinson'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 lon ggest-standing providers in the area offering patients unique advantages such as:-Board-cer tified physicians who are specialists in Parkinson's disease and movement disorders- Innov ative technology &amp; treatment options such as deep brain stimulation (DBS)- Individualized, coordinated care with active involvement of the patient and family members in treatment p lanning- Active involvement of the patient and family members in treatment planning.- An a cademic medical center setting where patients benefit as soon as possible from research ad vancements related to treatment of movement disorders.- Dedication to enhancing the qualit y of lifeAMYOTROPHIC LATERAL SCLEROSIS (ALS): Patients receive multidisciplinary care with in the ALS Program. Although there is no cure for ALS, the program provides state-of-the-s cience diagnostic services and access to advanced drug therapies that may slow the progres s of the disease's symptoms. The ALS Clinic is one of 52 clinics to be officially certifie d by the ALS Association in the United States.OTHER: Neurologists specialize in the diagno sis and treatment of peripheral nerve and muscle disorders, dementia, neuro-ophthalmologic conditions, and demyelinating disorders. It offers multidisciplinary programs in Brain In jury, Spinal Cord Injury, Memory Disorders, MS, Spasticity, Headache and Neuro-oncology. T he NeuroRehab program and Neuropsychology services are an integral part of all Neuroscienc es programs. In addition to th</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Neurosciences	In addition to the core programs noted above, the Neurosciences Center also provides care for patients with Autonomic Disorders and Neuromuscular Disorders.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part III 4a INPATIENT SERVICES - Pulmonary & Critical Care	<p>Pulmonary and Critical Care Medicine. Physicians in this division evaluate and treat people with a range of disorders including: asthma, chronic obstructive pulmonary disorder (COPD), cystic fibrosis, hereditary hemorrhagic telangiectasia, interstitial lung disease, lung cancer, pulmonary hypertension, respiratory insufficiency, sleep medicine and many others. A pulmonary function diagnostic laboratory provides complete services for evaluation, diagnostic and follow-up studies. FMLH has six intensive care units with 113 beds.** Interstitial Lung Disease Program</p> <p>Other achievements:- 2020-21 U.S. News &amp; World Report recognized FMLH as high performing in Pulmonology and Lung Surgery. FMLH was also recognized as high performing in COPD and Lung Cancer Surgery. - 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 4a INPATIENT SERVICES - Surgery, Solid Organ, &amp; Bone Marrow</p>	<p>SURGERY. Comprehensive surgical services are provided at FMLH, including tertiary surgical services in cardiothoracic, minimally invasive/gastrointestinal (including bariatric), oral/maxillofacial, pancreatobiliary/endocrine, surgical oncology, transplant, trauma and critical care, neurosurgery, orthopedics, ENT and vascular surgery. In addition, the department supports high-complexity procedures with robotic surgery and hybrid imaging, surgical navigation, and intraoperative MRI (iMRI). The surgery program actively participates in ongoing research through its Clinical Research Initiative. FMLH performed 10,298 inpatient surgeries and 12,213 outpatient surgeries during the twelve months ended June 30, 2020. SOLID ORGAN PROGRAM. Our Transplant Center is a joint program with Childrens Hospital of Wisconsin. The center receives vital support for tissue typing and research initiatives from Versiti BloodCenter of Wisconsin. The Center offers a full range of transplant services for adult and pediatric patients, including kidney, living donor kidney, paired kidney exchange, liver, living donor liver, pancreas, heart, lung and bone marrow transplants. The Organ Transplantation Center's multidisciplinary approach draws upon the broad range of resources and expertise available through a variety of specialties within our campus. As an academic medical center, we are at the forefront of new developments and information, and we can help patients explore all available treatment options. We offer education classes for potential transplant patients and their families as well as for medical personnel in the community and work closely with Versiti, the federally designated organ procurement organization supporting the transplant community in eastern Wisconsin. BMT PROGRAM. The Blood and Marrow Transplant and Cellular Therapy Program at Froedtert &amp; 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&amp;MCW began using CAR-T cells to treat patients with hematologic malignancies. There are FDA approved CAR-t options as well as multiple clinical trials. A unique CAR T-cell therapy approach developed by MCW physicians and researchers in a phase II clinical trial used autologous T cells engineered to recognize CD19 and CD20 molecules (also called antigens) on a cancer cells surface. This trial, while closed, 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 enables our physicians to offer treatment with immune effectors like CAR T-cell therapy. FMLH performed the following transplants during the twelve months ended J</p>

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Return Reference	Explanation
<p>Part III 4a INPATIENT SERVICES - Surgery, Solid Organ, &amp; Bone Marrow</p>	<p>une 30, 2020:Heart.....9Kidney.....60Liver.....29 Pancreas.....4 Blood and marrow.....300Achievements:- US News &amp; World Report - FMLH is ranked as the #2 hospital in Milwaukee and #3 in Wisconsin- 2020 US News &amp; World Report FMLH is recognized by U.S. News &amp; World Report as high performing in five adult specialties diabetes and endocrinology, gastroenterology and GI surgery, nephrology, pulmonology and lung surgery, and urology, as well as seven procedures and conditions.- 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 &amp; 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.- FMLH 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, all owing us to offer additional options for transplant to our patients. In 2013, our program was part of the world's second largest kidney chain in history, involving 56 participants.- On January 24, 2018, F&amp;MCW's 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 November 2020, Froedtert has 28 center of excellence designations across solid organ transplants and payers.</p>

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Part III 4a INPATIENT SERVICES - Women's Health	<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 3,267 births during the twelve months ended June 30, 2020. 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.</p>

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<b>Return Reference</b>	<b>Explanation</b>
Part III 4b OUTPATIENT SERVICES	FMLH had 774,412 outpatient visits in the twelve months ended June 30, 2020. 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

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<b>Return Reference</b>	<b>Explanation</b>
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 356 full-time equivalent residents at FMLH. Substantially all patient encounters at FMLH are teaching related. Froedtert Hospital 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 Froedtert Hospital, 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 and degree programs, including but not limited to Alverno College, Carroll University, Concordia University, Marian University, Marquette University, Milwaukee Area Technical College, Milwaukee School of Engineering, Mount Mary University, Moraine Park Technical College, University of Wisconsin System (UW Madison, UW Milwaukee and UW Oshkosh), Waukesha County Technical College, and Wisconsin Lutheran College.</p>

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Return Reference	Explanation
<p>Part III 4d EMERGENCY &amp; TRAUMA CENTER, AND OTHER PROGRAM REVENUE</p>	<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 a 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 2020, Froedtert had 66,117 emergency visits and the Trauma Center evaluated 3,901 patients. Other Program Services Revenue As part of operating an acute care hospital and providing health care services to the community, other revenue is derived in the following areas: Other Department Operating Revenue - revenue derived from different services through the process of providing patient care and in the normal operation of a medical facility. Included in this category are items such as meaningful user revenue, pharmacy Revenue, medical staff application fees, and revenue from classes, pump rentals, and other wellness services. Dietary Revenue revenue derived from cafeteria sales, vending machine sales, guest tray sales and employee meals. Dietary services are necessary to support services to patient families while their loved one is receiving care in the Hospital. The revenue from employee meals is a benefit provided by the Hospital as an employer and it allows our staff to remain on site for patient care. Corporate Allocated Revenue - revenue passed through from Froedtert Health (FH), a related party. Intercompany Revenue consists of revenue derived from medical and administrative services provided to the other FH entities. All of these services support the delivery of healthcare to the community. Miscellaneous Revenue - revenue derived from different services through the process of providing patient care in the normal operation of a medical facility. Included in this category are items such as rental revenue, parking revenue, research revenue, recycling revenue, taxable sales, and sale of me</p>

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<b>Return Reference</b>	<b>Explanation</b>
Part III 4d EMERGENCY & TRAUMA CENTER, AND OTHER PROGRAM REVENUE	dical records, and interest income.



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Part IX 24b Corporate Allocations	Froedtert Health, Inc. allocates certain revenues and expenses to related organizations: FMLH, Froedtert Menomonee Falls Hospital, Froedtert West Bend 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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<p>Schedule H - Supplemental Information Part V, Line 12</p>	<p>Froedtert Memorial Lutheran Hospital, Inc. (FMLH) Schedule H Disclosures of Section 501(r) -Related Failure and Corrections:FY19 Community Health Needs Assessment:OverviewIn early 2 020, Froedtert Memorial Lutheran Hospital, Inc. (FMLH) (the Hospital), determined that its FY19 Community Health Needs Assessment (CHNA) and Implementation Strategy (which were int ended to cover FY19-FY21) did not comply with certain of the technical requirements of section 501(r) of the Internal Revenue Code and the Treasury Regulations thereunder. The fail ures were discovered in connection with a review conducted by outside counsel to the Hospi tal and Froedtert Health, Inc. (Froedtert), the parent corporation of the Hospital. As des cribed herein, the deficiencies were due to reasonable cause and were promptly corrected u pon discovery.Froedtert is a member of the Milwaukee Health Care Partnership (Partnership) . Through this Partnership, Froedtert worked with four other local health systems and seve ral Milwaukee County health departments to collaborate and fund the joint data collection, stakeholder interviews, focus groups and other information systems that contributed to th e CHNA for the Hospital and the region in 2019, and that the Hospital used in developing i ts Implementation Strategy. The Partnership worked with the Center for Urban Population He alth to develop a FY19 CHNA Data Report and its components (e.g., Community Survey, Key In formant Interview Report, Secondary Data Report). Froedterts Community Engagement team use d this information, along with the Hospitals overall service area, market share and patien t demographic data, to prepare the Hospitals FY19 CHNA report and Implementation Strategy, which the Hospitals board approved on May 23, 2019, and which was posted to the Hospitals website on May 24, 2019. The Hospital believed that these steps brought the Hospital into compliance with the CHNA requirements of section 501(r) for the Hospitals fiscal year end ed June 30, 2019, through its fiscal year ended June 30, 2021. Subsequent review determine d that neither the FY19 CHNA report nor the Implementation Strategy was in full compliance with certain of the technical and complex elements required by the 501(r) regulations, as the Community Engagement team did not fully understand or did not appropriately interpret all of the applicable requirements during a transition period in which team members becam e familiar with those requirements and how to implement them. Since its discovery of these errors, Froedtert has worked with its internal Office of General Counsel (OGC), Community Engagement team, Compliance Department, and Finance Department, as well as its outside le gal counsel (Quarles &amp; Brady), and its outside tax advisor (Ernst &amp; Young LLP), to identif y specific Section 501(r)-related errors or omissions, with each party conducting an indep endent review of the Hospitals CHNA reports, Implementation Strategies, and related practi ces. Based on these parties re</p>

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Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12	<p>views and findings, Froedtert and the Hospital have worked to correct the 501(r) errors and omissions. For instance, the Hospital amended its FY19 CHNA report and Implementation Strategy to conform with the 501(r) regulations, and both corrected documents were approved by the Hospitals Board of Directors (its governing body under the Hospitals governing documents and Wisconsin state law) on November 19, 2020, then posted to the Hospitals website on November 20, 2020. In this manner, the Hospital corrected the deficiencies in the manner set forth in Revenue Procedure 2015-21 for each of the fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021.</p> <p><b>Description of the Failure and Corrections</b>The errors and omissions that together constitute a failure were identified and corrected as follows: 1. The CHNA must be conducted in the current taxable year or in either of the two immediately preceding taxable years (Treas. Reg. 1.501(r)-3(a)):The Hospital historically has begun each community health needs assessment in advance of the next three-year CHNA implementation cycle. This has allowed the Hospital to put the Implementation Strategy into action for the first day of the first fiscal year that begins the three-year CHNA cycle, thereby affording the Hospital three full years to implement and operationalize programs, partnerships and investments to meet the most significant community health needs of the diverse communities the Hospital serves. The practice, however, has led to an unintentional and unexpected compliance issue with respect to timing. The Hospitals FY19 CHNA and Implementation Strategy (to cover FY19-FY21) should have been conducted during the Hospitals fiscal year ended June 30, 2019. The Hospitals governing body approved the CHNA report and Implementation Strategy on May 23, 2019, and posted those documents on its web page on May 24, 2019. The Hospital subsequently determined, in consultation with its advisors, that each did not include certain elements required by the 501(r) regulations. Accordingly, the Hospital had not fully conducted a FY19 CHNA. The Hospitals Community Engagement team then worked with the OGC and outside legal counsel throughout 2020 to revise the FY19 CHNA report and Implementation Strategy as set forth below and to conform with the 501(r) regulations. The Hospitals Board of Directors adopted both amended documents on November 19, 2020. Upon the Hospitals posting these documents to its website on November 20, 2020, it satisfied the requirements of Treas. Reg. 1.501(r)-3(a), as explained below. 2.The CHNA report must include a definition of the community served by the facility (Treas. Reg. 1.501(r)-3(b)(6)(i)(A)):As part of the 501(r) compliance review described above, the Hospital concluded that its FY19 CHNA had not sufficiently defined the community served by its hospital facility or described how it determined its community, as required under Treas. Reg. 1.501(r)-3(b)(6)(i)(A). The Hospitals Community Enga</p>

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Schedule H - Supplemental Information Part V, Line 12	<p>gement team amended the FY19 CHNA report to identify the Hospitals community as Milwaukee County, and to describe how it identified Milwaukee County as its community: based on its annual review and analysis of hospital discharges and market share, because it derives 58. 1% of discharges from Milwaukee County, and because it engages in all programs, activities , and partnerships that are described in the FY19 CHNA in Milwaukee County. The amended FY 19 CHNA report adopted by the Hospitals Board of Directors on November 19, 2020 corrected this deficiency for each of the Hospitals fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021.3.The CHNA report must include [a] description of how the hospital faci lity solicited and took into account input received from persons who represent the broad i nterests of the community it serves (Treas. Reg. 1.501(r)-3(b)(6)(i)(C)):Continued - Sched ule O</p>

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Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>Froedtert Memorial Lutheran Hospital, Inc. (FMLH) Schedule H Disclosures of Section 501(r) -Related Failure and Corrections: (Continued)As part of the 501(r) compliance review described above, the Hospital concluded that it had not sufficiently described in its FY19 CHNA report its efforts to solicit and take into account input from persons who represent the broad interests of the community it serves, over what time period such efforts were conducted, or from which specific members of medically underserved, low-income, and minority populations or their representatives the Hospital solicited input. The Hospital's Community Engagement team amended the FY19 CHNA report to correct these errors. In particular, the Hospital included a new section describing how it solicited input on the significant health needs in its community, including interviews with key informants and with members of low-income, minority and underserved populations. The Hospital added to the FY19 CHNA report the time frame during which it solicited this community input. It also added a new Appendix E describing key informant organizations from which input was solicited, and described how some of these organizations represent medically underserved, low-income, and minority populations in its community. The Hospital also added a new section to the report that specifically describes how it solicited and took into account written comments on its most recently conducted CHNA and most recently adopted Implementation Strategy, along with describing how feedback and public comments on the FY2019 CHNA report can be provided, electronically or by phone. The amended FY19 CHNA report adopted by the Hospital's Board of Directors on November 19, 2020, corrected this deficiency for each of the fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021.4.The CHNA report must include [a] description of resources potentially available to address [the significant health] needs identified through the CHNA (Treas. Reg. 1.501(r)-3(b)(6)(i)(E)):As part of the 501(r) compliance review and analysis described above, the Hospital realized that although its FY19 Implementation Strategy referenced resources available for certain Hospital programs designed to meet significant health needs identified through the FY19 CHNA, the Hospital's FY19 CHNA report did not expressly identify such resources. The Hospital corrected this deficiency in its FY19 amended CHNA report for each of the three affected years by incorporating a description of these resources, and explaining that they are available to address the community health needs identified in the report. 5. The Implementation Strategy must identify each significant health need identified through the CHNA that the hospital does not intend to address, and explain why it does not intend to address that health need (Treas. Regs. 1.501(r)-3(c)(1)(ii) and 1.501(r)-3(c)(2)).In its FY19 Implementation Strategy, the Hospital explained how it planned to address most o</p>

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Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>f the significant health needs identified in its FY19 CHNA report. However, it did not explain why it did not plan to address one of those significant health needs, infectious diseases. In its amended FY19 Implementation Strategy (approved on November 19, 2020 and posted on its website on November 20, 2020), the Hospital corrected this deficiency for each of the three affected years by explaining that it does not intend to address infectious diseases because local health departments are addressing this issue.</p> <p>6. The CHNA report must include [a]n evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA (s) (Treas. Reg. 1.501(r)-3(b)(6)(i)(F)): As part of the 501(r) compliance review and analysis described above, the Hospital realized that although its Implementation Strategy contained an evaluation of actions taken to address significant health needs, this evaluation was not included in the Hospital's FY19 CHNA report, per se. The Hospital amended its FY19 CHNA report to correct this deficiency for each of the three affected years by including Appendix G, which describes the actions taken by the Hospital to address the significant health needs identified through its prior CHNA, as well as the impact / outcomes of those actions. Further, the amended FY19 CHNA report specifically identifies the significant health needs in Appendix G as being those identified in the Hospital's prior CHNA report.</p> <p><b>Cause of the Failure</b>The above-described failure was caused by a good-faith misinterpretation of certain elements of the highly technical and complex 501(r) regulations and requirements during a transition period in which Hospital staff became familiar with those requirements and how to implement them.</p> <p><b>Hospital Facility Where the Failure Occurred</b>The above-described failure occurred with respect to the Hospital's facility located at 9200 West Wisconsin Avenue, Milwaukee, Wisconsin.</p> <p><b>Date(s) of the Failure and Discovery</b>The above-described failure occurred beginning July 1, 2018, which is the first day of the Hospital's fiscal year in which it was required to have, but did not have, a CHNA and Implementation Strategy that complied with the final 501(r) regulations. The failure was discovered with the assistance of legal counsel primarily during February and March 2020 upon review of the Hospital's compliance with section 501(r) and the regulations thereunder. The failure continued until November 20, 2020, when a corrected CHNA and Implementation Strategy had been approved by the Hospital's board and published on the Hospital's website.</p> <p><b>Number of Occurrences</b>Each above-described error occurred once with respect to the FY19 CHNA and Implementation Strategy, and continued until the Hospital corrected all such errors in its fiscal year ending June 30, 2021.</p> <p>Continued - Schedule O</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>Froedtert Memorial Lutheran Hospital, Inc. (FMLH) Schedule H Disclosures of Section 501(r) -Related Failure and Corrections: (Continued)Financial Assistance PolicyOverviewThe Hospital also determined that Froedterts Financial Assistance Policy (FAP), which applied to and served as the Hospitals FAP, contained certain errors and omissions under section 501(r)(4 ). Froedterts OGC has worked with its outside counsel, its tax advisors, and Froedterts Patient Financial Services team to correct those errors and omissions through amendments to the FAP, which the Hospitals Board of Directors adopted on April 16, 2021, and which were posted on the Hospitals web site on April 23, 2021. Description of the Failure and CorrectionsThese errors or omissions which together constitute a failure, since corrected, are as follows: The telephone number of the office that provides information about and assistance in completing the FAP was not included in the Plain Language Summary (PLS) of the FAP, as required by Treas. Reg. 1.501(r)-(1)(b)(24)(v). The Hospitals Board of Directors adopted an amended FAP on April 16, 2021 that includes this information.As of early 2020, the FAP was only translated into Spanish. Based on the most recent census data for Milwaukee County, this may have not been sufficient to satisfy the 501(r) requirement that the FAP, FAP application form, and PLS of the FAP must be translated into the language spoken by each [ limited English proficient] language group that constitutes the lesser of 1,000 individuals or 5 percent of the community served by the facility or population likely to be affected or encountered by the hospital facility. (emphasis added; see Treas. Reg. 1.501(r)-4(b)(5 )(ii)) Froedterts OGC worked with the Patient Financial Services team to determine for which limited English proficient populations the FAP, PLS, and FAP application needed to be translated into their primary language, then to translate those documents into Hmong, Arabic and Russian, which the Hospital posted on its web site on or about July 28, 2020. The FAP previously stated that Froedtert Health had final authority or responsibility for determining that the hospital facility has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in extraordinary collection actions (ECAs) against the individual, rather than specifying the office or department with responsibility for making this determination, as required by Treas. Reg. 1.501(r)-4(b)(4)(i)(C). Froedterts OGC worked with the Patient Financial Services team to amend the FAP. That amended FAP was adopted by the Hospitals Board of Directors on April 16, 2021, and now provides that Patient Financial Services has the final authority for determining that the hospital facility has made reasonable efforts to determine whether an individual is FAP-eligible before engaging in ECAs against that individual. While the FAP references the Billing and Collections Policy, it does not provide</p>

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Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>Provide a link to the URL at which the FAP can be accessed on the website, or otherwise explain how to obtain that Policy on a website, as required by Treas. Reg. 1.501(r)-4(b)(6)(i). Froedtert's OGC worked with the Patient Financial Services team to amend the FAP to include this link. That amended FAP was adopted by the Hospitals Board of Directors on April 16, 2021. The list of providers attached as Exhibit A to the FAP did not state that it included all providers (other than the hospital facility itself) delivering emergency or other medically necessary care in the hospital facility, rather than only those providers not covered under the FAP, as required by Treas. Reg. 1.501(r)-4(b)(1)(iii)(F). Froedtert's OGC worked with the Patient Financial Services team to amend both the FAP and Exhibit A to include a new paragraph stating that Exhibit A contains a complete list of all providers who render emergency or other medically necessary care at a Froedtert Health hospital, and that none of those providers' services are covered by the FAP. That amended FAP and Exhibit A were adopted by the Hospitals Board of Directors on April 16, 2021. The FAP application stated that it must be completed and returned to the Hospital within ten days, and that failure to do so may result in a denial of the application. The Hospital understands that this may have been inconsistent with the definition of application period in Treas. Reg. 1.501(r)-1(b)(3). However, notwithstanding the language in the FAP application, the Hospital has at all times accepted and processed, and continues to accept and process, completed FAP applications within the application period, as defined in section 1.501(r)-1(b)(3). The FAP did not apply to medically necessary care received outside of the patient's insurance network, when similar care can be rendered within the patient's network (i.e., not unique to [the Hospital]), which may have been inconsistent with the requirement that financial assistance policies apply to all emergency and other medically necessary care provided by the hospital facility pursuant to Treas. Reg. 1.501(r)-4(b)(1)(i). The Hospital has since amended the FAP, through approval of its Board of Directors on April 16, 2021, to eliminate this restriction. Neither the FAP nor any other policy of the Hospital included the emergency medical care policy language described in Treas. Reg. 1.501(r)-4(c)(1)-(2), which would prohibit the Hospital from engaging in actions that discourage individuals from seeking emergency medical care. The Hospital has since amended the FAP, through approval of its Board of Directors, on April 16, 2021, to incorporate the required language. Note that Froedtert and the Hospital have not been able to identify any individuals who have been adversely affected by any of the foregoing FAP-related errors or omissions. Cause of the Failure The above-described failure with respect to the FAP was caused by a good-faith misinterpretation of certain elements of the highl</p>



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<b>Return Reference</b>	<b>Explanation</b>
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>y technical and complex 501(r) regulations and requirements during a transition period in which Hospital staff became familiar with those requirements and how to implement them. Hos pital Facility Where the Failure OccurredThe above-described failure occurred with respect to the Hospitals facility located at 9200 West Wisconsin Avenue, Milwaukee, Wisconsin. Dat e(s) of the Failure and DiscoveryThe above-described failure with respect to the FAP occur red beginning July 1, 2016, which is the first day that the final regulations regarding FA Ps applied to the Hospital. The failure was partially discovered during 2017, and was more fully identified in 2020. The failure continued until April 16, 2021, when a fully-correc ted FAP was adopted by the Hospitals Board of Directors.Number of OccurrencesEach above-de scribed failure was ongoing during the periods described above.Continued - Schedule O</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	<p>Froedtert Memorial Lutheran Hospital, Inc. (FMLH) Schedule H Disclosures of Section 501(r)-Related Failure and Corrections: (Continued) Practices and procedures to promote 501(r) compliance and prevent recurrence of failures Through the review and correction process described above, each of the Hospital and Froedtert has taken proactive steps to meet the requirements of Sections 501(r) and the regulations, and to minimize the likelihood of 501(r) errors or omissions recurring. These steps include: Froedterts OGC reviewed the deficiencies and met on several occasions with the internal departments responsible for the CHNA/IS, FAP, and patient billing and collections, including the Community Engagement team and Patient Financial Services team, to identify and correct 501(r) errors. Froedtert discussed the deficiencies with outside legal counsel and tax advisors, who reviewed 501(r) policies and practices, identified errors and omissions, and recommended corrections to bring the Hospital into full 501(r) compliance. The Community Engagement team then revised the CHNA report and related Implementation Strategy to correct each of the identified 501(r) deficiencies. The amended FY19 CHNA report and related Implementation Strategy were then approved by the Hospital's Board of Directors and posted to the hospital's website. Froedtert's Office of General Counsel and Compliance Department will be working with outside consultants to develop necessary education sessions that will be required of the Hospitals Community Engagement team, Patient Financial Services team, and other applicable departments and teams. This education will be intended to improve those departments and teams' understanding of the applicable 501(r) regulations and their application to (i) development and preparation of CHNA reports and implementation strategies, (ii) the administration of and adherence to the Hospitals FAP, and (iii) the Hospitals billing and collections practices. The applicable Froedtert departments are in the process of drafting or amending policies and procedures to assure consistent compliance with, and management of processes designed to promote compliance with, the 501(r)(3) regulations.</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)Housing Navigation ProjectIn patient and emergency department housing navigation services for homeless patients provide d in partnership with the Milwaukee Co. Housing Division. The purpose of the program is to secure temporary or transitional housing for homeless patients and work longitudinally to secure permanent housing solutions. FY 2020 Outcomes/Progress: Number of patients referre d: 79Number of referrals not taken: 27Number of patients served: 52Number of patients plac ed in short-term (temporary placement): 37Number of patients placed in long- term (permane nt placement): 15Program: Violence Interrupter Program/Forensic Nurse ExaminerCHNA Signifi cant Health Need: ViolenceCHNA Community Health Need/Rationale:14% had experienced one per sonal safety issue in the last year. 9% residents reported being afraid for their personal safety in the past year. 9% reported being pushed, kicked, or slapped in the past year. G oals: To reduce violence and intentional injuries, and lessen their consequences for all p eople in Milwaukee County.Objectives: 1. Expand community partnerships to support violence prevention programs. 2. Enhance innovative violence prevention programs at Froedtert Hosp ital. FMLH Resources: FMLH Inpatient and Outpatient departments FMLH &amp; MCW Trauma teamMCW Emergency Medicine teamFroedtert Health Diversity &amp; Inclusion DepartmentFMLH Collaborative Partners:Black Health Coalition Partner on coalitions and support initiatives to reduce v iolence and promote African American health Black Panthers of Milwaukee Partner to support violence prevention initiatives Community Advocates Partner to support education, outreac h, and prevention initiatives Employ Milwaukee Partner to promote socioeconomic health and services Faith-based Organizations Support prevention education and outreach to community populations Medical College of Wisconsin Support the efforts of the Comprehensive Injury Center Milwaukee County Fire Departments Support collaboration and emergency response effo rts in Milwaukee County Milwaukee County Health Departments Collaborate to address health needs and determinants of health Milwaukee County/City of Office of Violence Prevention Su pport 414 Life/Blueprint for Peace initiatives Milwaukee County Police Departments Support collaboration and emergency response efforts in Milwaukee County Milwaukee Area Schools P artner to promote education and early intervention programming Milwaukee Muslim Womens Cen ter Partner to promote programs, support efforts, and outreach to diverse populations NAAC P Milwaukee Support violence prevention initiatives Neighborhood Associations Support comm unity engagement and violence prevention efforts Project Return Support community engageme nt and re-entry programing Project Safe Neighborhoods Partner efforts to reduce violence M ilwaukee neighborhoods Project Ujima Support efforts to reduce violence ResCare Partner to promote socioeconomic health</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Schedule H, Part V, Line 11 (Continued)	<p>and services Running Rebels Support programing and services Safe and Sound Partner to promote services Social Development Commission Support efforts to reduce economic disparities Sojourner Family Peace Center Support efforts to reduce the burden of domestic violence and promote healthy families. West Allis Cardiff Model Support the efforts of the Comprehensive Injury Center Youth-based organizations Partner to promote services and support efforts YWCA Partner to promote services Violence Interrupter Program FMLH has partnered with the City of Milwaukee's Office of Violence Prevention and Ascension Health to help combat gun violence in Milwaukee. This new partnership is part of the 414LIFE program, which uses a public health approach to violence. This program is modeled after Cure Violence, a successful violence prevention effort based in Chicago and implemented in multiple cities around the world. The model involves credible messengers from the community to engage in prevention-based outreach and targeted conflict mediation. Through this partnership with local hospitals, the team will be trained to provide support in local hospitals and the community to families, friends and survivors of gun violence. The intention is to start the support and mediation process as early as possible in both the neighborhood and the hospital. This effort aims to address the pipeline of pain that gun violence in Milwaukee produces on individuals, their families and entire neighborhoods. As the only adult Level I Trauma Center in eastern Wisconsin, FMLH is a critical partner in this effort. Over the past year, physicians and other experts from the adult Level I Trauma Center at FMLH and the MCW Comprehensive Injury Center have worked with city leaders to create a medical partnership for the 414LIFE initiative. FY 2020 Outcomes/Progress: 262 patients were served through the 414LIFE initiative SANE Nurse Program FY 2020 Outcomes/Progress: SANE nurses screened 30 patients and provided referrals and case management after initial consultation Partnership with Community Organizations and Health Service Agencies FY 2020 Outcomes/Progress: Participate on Violence Free West Allis Coalition Participate on committees that support 414 Life/Blueprint for Peace Participate in Washington Park Neighborhood Committee Participate on committees that support MHCP Violence Prevention efforts Participate in Healthcare Collaborative Against Sex Trafficking (HCAS)</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: Chronic Disease Management (Cancer, High Blood Pressure, Diabetes, Heart Disease)CHNA Significant Health Need : Chronic Disease CHNA Community Health Need/Rationale:28% residents reported having high blood pressure. 20% reported having fair or poor health status, with 13% of Hispanics and 28% of African Americans reporting having fair or poor health (Health Compass Milwaukee). 10% reported having diabetes, with 5.4% of Hispanics and 13.1% of African Americans reporting diabetes (Health Compass Milwaukee). 8% reported having heart disease/condition. Milwaukee County cancer incidence rate 494.4 (per 100,000 populations). Goal: To reduce the burden of chronic disease (cancer, high blood pressure, diabetes, heart disease) for Milwaukee County residents. Objectives: 1. Build partner collaborations within select geography. 2. Improve chronic disease navigation and awareness of treatment and resources for targeted populations. 3. Increase opportunities for individuals to engage in physical activity and healthy eating. 4. Increase care for individuals suffering from chronic conditions. FMLH Resources: FMLH Inpatient and Outpatient departments FMLH Case Management Froedtert Health Community Education department FMLH staff FMLH Community Engagement staff FMLH Cancer Center FMLH Collaborative Partners: American Cancer Society Partner to improve health and reduce cancer disparities in our community Beauty Salons/Barbershops Partner to provide outreach and education to community Community Health Workers (CHWs) Partner to promote services and increase collaboration related to chronic disease Faith-based Organizations Partner on outreach and education to communities Fondy Farmers Market Partner to promote nutrition and access to health foods Girl Scouts of Wisconsin Southeast Partner to provide wellness education to youth MCW Cancer Community Outreach Team Support efforts and outreach to diverse populations Milwaukee Area Health Education Center Partner to provide education to communities Milwaukee Area Schools &amp; Higher Education Institutions Partner to promote services and outreach education Milwaukee Bucks Partner to provide outreach and education to community Milwaukee County Health Departments Collaborate to address health needs and determinants of health Milwaukee County Parks System Support efforts to encourage physical activity and outreach to diverse populations Milwaukee Health Care Partnership Collaborate to address health needs and determinants of health. Milwaukee Public Library System Support efforts and outreach to diverse populations Neighborhood associations Collaborate to address health needs and determinants of health Shelters Partner to provide education to communities Susan G. Komen Partner to promote cancer prevention education and reduce cancer care disparities UMOS Partner to promote services Victory Gardens Partner to promote nutrition and access to health foods Milwau</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>kee County Screenings FY 2020 Outcomes/Progress:Total Cancer Screenings: 129Prostate Cancer Screening: 85Breast Cancer Screening: 42Blood Pressure Screening: 795Community Care-A-Van Blood Pressure Screenings: 350 Blood Glucose Screening: 157Community Care-A-Van Blood Glucose Screenings: 1 Foot and Ankle Screenings: 72Froedtert in ActionFroedtert in Action, a Community Engagement initiative, provides both clinical and nonclinical volunteer opportunities to FMLH staff to proactively address the social, cultural and economic determinants that underpin health and seek to build partnerships with others to find solutions.FY 2020 Outcomes/Progress:Conducted and completed 61 Froedtert in Action events, these efforts resulted in over 62,108 lives touched in Milwaukee County.Chronic Disease Community Outreach &amp; Programs (including Cancer)Community outreach includes participating in events such as BUCKSFit, Farmers Markets, run/walks, Harvest of the Month, and cancer events.FY 2020 Outcomes/Progress:22,375 lives touched through 28 farmers market events18,327 lives touched through 3 BUCKSFit activities15,787 lives touched through 28 community events (National Night Out, run/walks, festivals, other community-based activities)7,119 lives touched through 18 health and resource fairsConducted 95 cancer outreach events and touching 13,751 livesLiving Well with Chronic ConditionsFY 2020 Outcomes/Progress:No longer provide Living Well with Chronic ConditionsCancer Community Education Classes:FY 2020 Outcomes/Progress:The Anti-Inflammation Diet: 61Whole Food Diet: 23Obesity and Gynecologic Cancer: 3Advance Care Planning: 20Green Route to Cancer Prevention: 34Family History in Cancer Screening and Treatment: 5Community Education Classes FY2020 Outcomes/Progress:Conducted 57 health education /outreach classes at Froedtert Hospital serving 1,136 individuals. Examples of classes: hearing loss and hearing aids, cultural transformation in addiction care, hernias, balance and falls prevention, diabetes management, and stroke prevention and action toolkit.Community Education Support GroupsFY20 Outcomes/Progress:Conducted 103 support groups at FMLH serving 2,123 individuals. Partnerships (including Cancer)FY 2020 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, screenings and navigation.o The FMLH Clinical Cancer Center outreach coordinators are located at Progressive Community Health Center and Sixteenth Street Community Health Center weekly. Spanish speaking Cancer support groups are offered at the Sixteenth Street and Froedtert Campus. oServices provided included: education on various types of cancer, smoking cessation and cancer prevention, grief and loss, cancer services in Spanish, dietician services on healthy eating options and general cancer informati</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule H, Part V, Line 11 (Continued)	on, and navigation.Partnership with Medical College of Wisconsin Cancer Team on community events by attending monthly meetings and partnering on community outreach events.Progressive Community Health Centers Progressive Community Health Center is a federally qualified health center that provides primary and dental care in an area of Milwaukee where access to health care services is a significant need. FY 2020 Outcomes/Progress:Hosted a screening event and resource fair offering free mammography screening for women, prostate cancer screening for men and a community resource and education fair. 350 community members attended the resource fair, 42 women received mammography screenings and 11 men received prostate cancer screenings.Health screenings referrals from the Clinical Cancer Center Community Outreach Coordinator at Progressive: 27Girl Scouts Health in Action Patch ProgramThe Froedtert & the Medical College of Wisconsin Health in Action patch program is designed for Girl Scouts to learn about health & wellness individually or as a troop to earn a free Health in Action patch.FY 2020 Outcomes/Progress:416 participants earned a Health in Action patchContinued - Schedule O

**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: Navigation and Support to Community-based Providers: Community Care-A-Van, Screening, EducationCHNA Significant Health Need: Access to CareCHNA Community Health Need/Rationale:20% rate their health as fair or poor. 12% did not take medication due to cost. 9% are uninsured. 8% did not seek medical care due to cost. 6% are using the emergency department as their primary source of access to healthcare. Goal: To improve access to comprehensive, culturally competent, quality health &amp; wellness services.Objective: 1. Increase reach to vulnerable populations to access healthcare services. 2. Support local efforts to increase community-based access to care. FMLH Resources: Community Engagement staff FMLH Financial CounselorsFMLH Collaborative Partners:Catholic Charities Partner to promote access to healthcare services Children's Hospital of Wisconsin Collaborate to address health needs and determinants of health Covering Wisconsin Collaborate to address health needs and determinants of health Faith-based organizations Support prevention education and outreach to community populations Federally Qualified Health Centers Partner to promote and access healthcare services to underserved populations Greater Galilee Life Center Support prevention education and outreach to community populations Impact 2-1-1 Partner to promote services Insurance Companies Support access to healthcare services Islamic Society of Milwaukee Partner to support efforts and outreach to diverse populations Lutheran Social Services Support education and outreach programming Milwaukee Bucks Collaborate on initiatives and partner to provide outreach and education to community Milwaukee County food pantries Support education and access to health services Milwaukee County Health Departments Collaborate to address health needs and determinants of health Milwaukee Health Care Partnership Collaborate to address health needs and determinants of health Milwaukee Muslim Women Coalition Partner to promote programs, support efforts, and outreach to diverse populations Milwaukee Public Library System Partner to promote education, programs, and outreach Milwaukee Public Schools Partner to provide access to care, promote services, and outreach education MKE Elevate Collaborate to address health needs and determinants of health MKEN Collaborate to address health needs and determinants of health Muslim Community &amp; Health Center Partner to promote programs, support efforts, and outreach to diverse populations Neighborhood Associations Support community engagement efforts Neighborhood House/International Learning Center Support programming to improve access to health care for diverse populations Silver Spring Neighborhood Center Partner to promote community education, access to care, and community outreach SWIM Initiative Collaborate to address health needs and determinants of health United Methodist Children's Services Collaborate to address</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>s health needs and determinants of health Vivent Health Collaborate to address health need s and determinants of health Community Care-A-VanThe Froedtert &amp; the Medical College of Wi sconsin and the Milwaukee Bucks Community Care-A-Van is a vehicle that transports register ed nurses to community sites to provide free preventive medical services, such as blood pr essure checks, blood sugar testing and vision screenings. The Care-A-Van nurses also provi de education, navigation to resources, connection to social workers, and insurance enrollm ent. FY 2020 Outcomes/Progress:CAV Sites: Greater Galilee Missionary Baptist Church and Un ited Methodist Childrens Services973 total individuals served28 total referrals579 total e ncounters351 total individuals screened 350 blood pressure screenings1 blood glucose scree ning Community Health WorkerThe Community Health Worker (CHW), provided in collaboration w ith United Methodist Childrens Services, is responsible for improving in the overall healt h of residents in Milwaukee's Washington Park neighborhood by engaging with community memb ers through various avenues including educational programs, community events, and individu al sessions. The CHW also works to reduce unnecessary healthcare costs and improve access to primary care by providing resources, advocacy, and navigation services to residents.FY 2020 Outcomes/Progress:154 individuals served231 referrals 277 patient visit encounters10 patients enrolled in assistance programs91 individuals served through educational offering s868 lives touched through community outreachAssisted clients with food, financial, employ ment, transportation and safety needsEmergency Department Care Coordination (EDCC)The Emer gency Department Care Coordination 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 patien t appointments scheduled in the ED and help establish those individuals for ongoing primar y care. The health systems have also enhanced the role of ED cast managers in transition c are management for this patient population.FY 2020 Outcomes/Progress:Total scheduled appoi ntments by all hospitals: 1,670Total number of scheduled appointments by FQHCs: 1,614Total scheduled appointments by Froedtert: 712Total percent of kept appointments by Froedtert: 46%Specialty Access for the Uninsured Program (SAUP)FMLH participates in the Specialty Acc ess for the Uninsured Program (SAUP) in collaboration with the Milwaukee Health Care Partn ership. The SAUP program recognized the need for specialized care that may not be availabl e for individuals at Community Clinics. Individuals are referred from a Federally Qualifie d Health Center (FQHC), meeting financial requirements, and the cost of their specialty ca re is covered under the SAUP program. FY 2020 Outcomes/Progress: FMLH received 379 referra ls to our specialists for a co</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule H, Part V, Line 11 (Continued)</p>	<p>mplete continuum of care. Number of SAUP referrals from Aids Resource Center of Wisconsin: 5Number of SAUP referrals from Outreach Community Health Center: 45Number of SAUP referrals from Progressive Community Health Center: 11Number of SAUP referrals from Sixteenth Street Community Health Center: 318Collective no show rate: 75%Current focus: continue to build on providing continuum of care, specialty access for patients, advanced specialty care via telehealth and elevating consistent and conservative referral practices.Health Insurance Marketplace and Enrollment AssistanceFroedtert Health (parent company of FMLH) recognizes the need to help individuals navigate the choices available to them through the Health Insurance Marketplace. These certified application counselors answer thousands of phone calls and assisted with questions. Froedtert Health also partners with the Milwaukee Enrollment Network which represents health systems, free clinics, health departments and other non-profit organizations to reach out to people throughout Milwaukee, Washington and Waukesha Counties to provide assistance in securing adequate and affordable health insurance coverage. FY 2020 Outcomes/Progress:Marketplace open enrollment started November 1, 2019- December 15, 2019 Number of FMLH financial counselors - 12 oNumber of patients who are enrolled in marketplace through F&amp;MCW 15oNumber of patients who enrolled in Badgercare through F&amp; MCW 264oNumber of phone calls answered 4,510School Health ProgramFMLH partners with Westside Academy, a Milwaukee Public School, to provide a full-time registered school nurse. The school nurse supports the general health and wellness of the school community by providing daily nursing care, case management, health screenings and referrals, and classroom health education services. FY 2020 Outcomes/Progress: School Attendance: 87%Return to Class Rate: 95%Immunization Compliance: 96.7%Number of Students Receive Sealants from Seal a Smile: 55 studentsNumber of Student visits to RN: 572Number of Medications given: 572Number of vision screenings: 50Number of students with chronic diseases: 99School Nurse Health Lessons Taught:FY 2020 Outcomes/Progress: The school nurse conducted multiple staff in-service trainings, classroom educations, and parent education sessions on medications, asthma and allergies, bed bugs, emergency response, regulating emotions, immunizations, and influenza prevention. Total of 23 staff trained in FY2019-2020Community School CoordinatorFY 2020 Outcomes/Progress: Community Conversations: There were five conversations held. Each conversation consisted of school staff (15), partners of the school (5), students (8), family members (6), and community residents (3)Cultural Relevance Book Club for Staff: 4 Session with 5 participants Community School Leader Team Meetings: There were 2 meetings during this time frame. Each meeting consisted of school staff (5), partners of the school (5), students (2), family members (1),a</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Line 11, Areas not addressed	Significant areas Not Addressed Infectious Disease: Not a priority selected by community advisory committee. Local health departments are addressing this issue.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Schedule H, Part V, Line 5 (Continued)</p>	<p>Account Input From Person Who Represent the Community (continued)Key Informant Interview Organizations:Aurora Walkers Point Community Clinic Safety net clinic with primary care for the uninsured. Boys &amp; Girls Clubs of Greater Milwaukee Nonprofit youth serving agency providing academic and recreational programming. Childrens Health Alliance of Wisconsin, Milwaukee County Oral Health Task Force Coalition to improve oral health and access to care. Childrens Hospital of Wisconsin Nonprofit healthcare provider for children. City of Milwaukee Office of Violence Prevention Government department to reduce violence. Community Advocates Community advocacy agency. CORE- El Centro Social service agency providing holistic healing and wellness services. Gerald L. Ignace Indian Health Center Federally qualified health center primarily serving the Native American population. Greater Milwaukee Foundation Community philanthropic foundation providing funds to strengthen community organizations and programs. Housing Authority of the City of Milwaukee Government department providing high quality housing options to residents. IMPACT, Inc. Nonprofit social service agency providing access and navigation to community resources. Interfaith Older Adult Services Provides information, assistance, and supportive services to increase the self-sufficiency and well-being of older adults in the community. Journey House Family empowerment agency serving diverse populations. Lutheran Social Services of Wisconsin and Upper Michigan Nonprofit social service agency to improve the health and wellbeing of our community. Mental Health America of Wisconsin Mental health advocacy agency. Milwaukee County Behavioral Health Division Government department connecting residents with behavioral health services. Milwaukee County Department of Aging Provides information, assistance, counseling and supportive services to older adults and caregivers. Milwaukee County Department of Health and Human Services Government department that prevents disease and promotes health. Milwaukee County District Attorneys Office Governmental department promoting public safety and advocating for violence prevention. Milwaukee County Office of Emergency Management Government department for emergency preparedness and response. Milwaukee LGBT Community Center Nonprofit agency advocating for the LGTBQ community and inclusivity in Milwaukee. Milwaukee Police Department Emergency response. Milwaukee Public Schools Provides public education for Milwaukee youth. Milwaukee Succeeds Collaborative partnership to improve educational achievement in Milwaukee. Milwaukee Urban League Nonprofit committed to addressing disparities, advancing economic stability and improving educational outcomes. Social Development Commission Community action agency to address economic disparities. Sojourner Family Peace Center Nonprofit providing safety, shelter, advocacy, and support for individuals affected by domestic or sexual violence. Southeast</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule H, Part V, Line 5 (Continued)	Asian Educational Development (SEAED) of Wisconsin, Inc. Nonprofit to advocate for an engage the Asian American community for positive change regarding chronic diseases and cancer health and wellness. Southside Organizing Center Neighborhood-based organization dedicated to the development and sustainability of Milwaukee near south side neighborhoods. United Community Center Nonprofit agency providing education, cultural arts, recreation, community development, and health and human services programming to residents of all ages on Milwaukee near south side. 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. Whole Health Clinical Group Service provider and advocacy agency for adults with mental illness. YWCA Southeast Wisconsin Nonprofit working to eliminate racism and empower women. Zilber Family Foundation Philanthropic foundation dedicated to enhancing well-being in Milwaukee. Vivent Health Health care provider for sexually transmitted infections and harm reduction programming. Group Interviews/Focus Groups: Federally Qualified Health Center (FQHC) Coalition Coalition comprised of the leaders from the Milwaukee Healthcare Partnership and all 5 FQHCs in Milwaukee. Local Health Departments in Milwaukee County Government departments that prevent disease and promotes health. Free and Community Clinic Collaborative

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://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
<b>(1)</b> Froedtert Memorial Lutheran Hsptl Trust 777 E Wisconsin Ave Milwaukee, WI 53202 39-6040438	Charitable Trust	WI	N/A	Trust					No
<b>(2)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	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	1,932,916	
(2) Froedtert Hospital Foundation	p	1,537,356	
(3) Froedtert Hospital Foundation	s	577,160	





**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Froedtert Surgery Center LLC  9200 W Wisconsin Ave Milwaukee, WI 53226 20-1499345	Surgery center	WI	N/A					No			No	
D1 Sports Training of Milwaukee LLC  9200 W Wisconsin Milwaukee, WI 53226 47-3322294	Sports Therapy	WI	N/A					No			No	
FMLH MCW Real Estate Ventures LLC  9200 W Wisconsin Ave Milwaukee, WI 53226 26-0629591	Real Estate	WI	N/A					No			No	
Wisconsin Diagnostic Laboratories LLC  9200 W Wisconsin Ave Milwaukee, WI 53226 39-1896819	Laboratory Services	WI	N/A					No			No	
Drexel Town Square Surgery Center LLC  7901 S 6th Street Second Floor Oak Creek, WI 53154 81-4904300	Surgery Center	WI	N/A					No			No	
THP - Froedtert Health Venture LLC  1415 Louisiana Pl 27th Houston, TX 77002 82-3559342	Health Care	TX	N/A					No			No	
F&MCW Network LLC  9200 W Wisconsin Ave Milwaukee, WI 53226 81-4382585	Health Care	WI	N/A					No			No	
Menomonee Falls Ambulatory Surgery Ctr  W180N8045 Town Hall Rd Menomonee Falls, WI 53051 39-1745697	Health Care	WI	N/A					No			No	
Froedert & Medical College of WI ACOLLC  8710 Watertown Plank Rd Milwaukee, WI 53226 81-3159534		WI	N/A					No			No	