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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 black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
Security Health Plan of Wisconsin Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 8000

City or town, state or country, and ZIP + 4
Marshfield, WI 544498000

**D Employer identification number**
39-1572880

**E Telephone number**
(715) 221-9500

**G** Gross receipts $ 1,082,568,229

**F** Name and address of principal officer
KARL ULRICH PRESIDENT
1000 ST JOSEPH AVE
MARSHFIELD, WI 54449

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☐ 501(c)(3) ☑ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ www securityhealth org

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile WI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
SECURITY HEALTH PLAN WILL OPTIMIZE THE HEALTH OF THE POPULATION IT SERVES BY PROVIDING ACCESS TO HEALTH CARE, SERVING AS AN ADVOCATE FOR CUSTOMERS, AND MANAGING HEALTH RESOURCES TO MAXIMIZE VALUE

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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 9 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 3 |
| **5** | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | **5** | 0 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 3 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 4,384,717 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -611,084 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | **8** Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| | **9** Program service revenue (Part VIII, line 2g) | 909,996,315 | 942,224,093 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 8,711,440 | 12,908,385 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,857,200 | 4,384,717 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 921,564,955 | 959,517,195 |
| **Expenses** | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 10,000,998 | 0 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 864,238,185 | 915,168,405 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 874,239,183 | 915,168,405 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 47,325,772 | 44,348,790 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | **20** Total assets (Part X, line 16) | 294,708,887 | 326,201,824 |
| | **21** Total liabilities (Part X, line 26) | 135,633,988 | 133,706,638 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 159,074,899 | 192,495,186 |

## 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**

****** | 2012-09-17
Signature of officer | Date

Tim Schultz CFO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | KPMG LLP<br>4200 WELLS FARGO CTR 90 S 7TH ST<br>MINNEAPOLIS, MN 55402 | EIN ▶ | |
| | | Phone no ▶ (612) 305-5000 | |

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 to any question in this Part III . . . . . ☐

**1** Briefly describe the organization's mission

SECURITY HEALTH PLAN WILL OPTIMIZE THE HEALTH OF THE POPULATION IT SERVES BY PROVIDING ACCESS TO HEALTH CARE, SERVING AS AN ADVOCATE FOR CUSTOMERS, AND MANAGING HEALTH RESOURCES TO MAXIMIZE VALUE

**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 and section 4947(a)(1) trusts 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 $ 845,077,855 including grants of $ ) (Revenue $ 942,224,093 )

SECURITY HEALTH PLAN OF WISCONSIN, INC (SHP) PROVIDES A NETWORK FOR PREPAID HEALTH CARE SERVICES TO APPROXIMATELY 176,542 MEMBERS THE ORGANIZATION OFFERS COMMUNITY RATING FOR MEDICARE SUPPLEMENT MEMBERS PARTICIPATING IN THE WISCONSIN MEDICAID HMO IN ADDITION, SHP OFFERS COVERAGE OF INDIVIDUALS AND LARGE AND SMALL GROUPS, WITH PORTABILITY UPON LEAVING THE GROUP SHP PARTICIPATES IN MEDICAL RESEARCH, EDUCATION OF OUR MEMBERS, COMMUNITY EDUCATION, CANCER SCREENING TESTS, AND THE MEDICARE ADVANTAGE PROGRAM

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

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

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 845,077,855

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | | No |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

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

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | No |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | No |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | Yes | |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

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

Check if Schedule O contains a response to any question in this Part V . . . . . .

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . | **1a** | 3,419 | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | **1c** | | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 0 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | **2b** | | | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | **3a** | | Yes | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | **3b** | | Yes | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . . | **4a** | | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| **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? . . . . . | **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** | | | |
| **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** | | | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | **7e** | | | |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | **7f** | | | |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | **7g** | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | **7h** | | | |
| **8** | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | **8** | | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? . . . . . | **9a** | | | |
| **b** | Did the 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | **13a** | | | |
| **b** | Enter the aggregate 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 aggregate amount of reserves on hand | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | **14a** | | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | **14b** | | | |

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

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

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

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

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TIM SCHULTZ CFO
1515 ST JOSEPH AVE
MARSHFIELD, WI 54449
(715) 221-9447

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** | | | | | | | | 0 | 11,315,358 | 1,587,720 |

**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 ▶ 33

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | Yes | |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **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 |
|---|---|---|
| MEDASSURANT INC<br>4321 COLLINGTON RD<br>BOWIE, MD 20716 | CONSULTANT | 7,692,758 |
| PARAGON DEVELOPMENT SYSTEMS<br>1823 EXECUTIVE DRIVE<br>OCONOMOWOC, WI 53066 | IT CONSULTANT | 950,149 |
| TRIZETTO GROUP INC<br>1085 MORRIS AVE<br>UNION, NJ 07083 | SOFTWARE CONSULTANT | 2,510,198 |
| ROBERTS COMMUNICATIONS INC<br>64 COMMERCIAL STREET<br>ROCHESTER, NY 14614 | ADVERTISING | 2,496,443 |
| MCKESSON HEALTH SOLUTIONS<br>275 GROVE STREET SUITE 1-110<br>NEWTON, MA 024662273 | SOFTWARE CONSULTANT | 934,405 |

**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 ▶ 53

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . 1a | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c | | | | |
| | d | Related organizations . . . 1d | | | | |
| | e | Government grants (contributions) 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | 0 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | FEES FOR PROV OF PREPAID HEALTH | 942,224,093 | 942,224,093 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 942,224,093 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | 6,757,459 | | | 6,757,459 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | 0 | | | |
| | 5 | Royalties . . . . . ▶ | 0 | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents: 1,402,909 | | | | |
| | b | Less rental expenses: 1,402,909 | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory: 127,785,975 / 13,076 | | | | |
| | b | Less cost or other basis and sales expenses: 121,648,125 | | | | |
| | c | Gain or (loss): 6,137,850 / 13,076 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | 6,150,926 | | | 6,150,926 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | |
| | b | Less cost of goods sold . . b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | 0 | | | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | ASO ADMIN FEES 561000 | 4,376,903 | | 4,376,903 | |
| | b | CREDENTIALING FEES 561000 | 7,814 | | 7,814 | |
| | c | | | | | |
| | d | All other revenue . . . . | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | 4,384,717 | | | |
| | 12 | **Total revenue.** See Instructions . . . ▶ | 959,517,195 | 942,224,093 | 4,384,717 | 12,908,385 |

## 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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . . . . | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 0 | | | |
| 9 | Other employee benefits . . . . . | 0 | | | |
| 10 | Payroll taxes . . . . . | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | 2,556,117 | | 2,556,117 | |
| b | Legal . . . . . | 276,347 | | 276,347 | |
| c | Accounting . . . . . | 312,477 | | 312,477 | |
| d | Lobbying . . . . . | 5,000 | | 5,000 | |
| e | Professional fundraising *See Part IV, line 17* . . | 0 | | | |
| f | Investment management fees . . . . . | 355,915 | | 355,915 | |
| g | Other . . . . . | 9,748,753 | | 9,748,753 | |
| 12 | Advertising and promotion . . . . | 3,468,228 | | 3,468,228 | |
| 13 | Office expenses . . . . . | 2,401,217 | | 2,401,217 | |
| 14 | Information technology . . . . . | 3,058,487 | | 3,058,487 | |
| 15 | Royalties . . | 0 | | | |
| 16 | Occupancy . . . . . | 651,641 | | 651,641 | |
| 17 | Travel . . . . . | 1,292,440 | | 1,292,440 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | 0 | | | |
| 19 | Conferences, conventions, and meetings . . . . | 177,167 | | 177,167 | |
| 20 | Interest . . . . . | 408,630 | | 408,630 | |
| 21 | Payments to affiliates . . . . . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | 1,118,644 | | 1,118,644 | |
| 23 | Insurance . . . . . | 214,439 | | 214,439 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a | HOSPITAL/MEDICAL BENEFITS | 773,102,262 | 773,102,262 | | 0 |
| b | PRESCRIPTION DRUGS | 71,975,593 | 71,975,593 | | |
| c | ADMINISTRATIVE CAPITATION | 29,153,809 | | 29,153,809 | |
| d | COMMISSIONS | 8,164,228 | | 8,164,228 | |
| e | | | | | |
| f | All other expenses | 6,727,011 | | 6,727,011 | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 915,168,405 | 845,077,855 | 70,090,550 | 0 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 1,350 | 1 | 1,350 |
| | 2 | Savings and temporary cash investments | | 66,938,637 | 2 | 59,252,373 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 13,970,768 | 4 | 25,840,252 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 25,000,000 | 7 | 0 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 18,715,038 | 9 | 18,025,131 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 37,453,873 | | | |
| | b | Less accumulated depreciation | 10b 9,284,167 | 14,743,405 | 10c | 28,169,706 |
| | 11 | Investments—publicly traded securities | | 155,339,689 | 11 | 194,913,012 |
| | 12 | Investments—other securities See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 0 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 294,708,887 | 16 | 326,201,824 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 72,321,425 | 17 | 98,966,874 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 53,795,306 | 19 | 28,407,317 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | 0 | 21 | 0 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 5,877,997 | 23 | 5,358,237 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 3,639,260 | 25 | 974,210 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 135,633,988 | 26 | 133,706,638 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | | 27 | |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 0 | 30 | 0 |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 0 | 31 | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 159,074,899 | 32 | 192,495,186 |
| | 33 | Total net assets or fund balances | | 159,074,899 | 33 | 192,495,186 |
| | 34 | Total liabilities and net assets/fund balances | | 294,708,887 | 34 | 326,201,824 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 959,517,195 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 915,168,405 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 44,348,790 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 159,074,899 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -10,928,503 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 192,495,186 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 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? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . . | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
Security Health Plan of Wisconsin Inc

**Employer identification number**
39-1572880

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | 8,423,911 | 0 | 3,026,797 | 5,397,114 |
| c Leasehold improvements | 560,089 | 0 | 376,875 | 183,214 |
| d Equipment | 5,318,882 | 0 | 4,389,206 | 929,676 |
| e Other | 23,150,993 | 0 | 1,491,291 | 21,659,702 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 28,169,706 |

**Part VII Investments—Other Securities.** 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 | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | 0 |
| CONTRACT RESERVES | 974,210 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 974,210 |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 959,517,195 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 915,168,405 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 44,348,790 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -161,331 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -161,331 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 44,187,459 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 955,119,402 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 955,119,402 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 4,397,793 | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,397,793 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 959,517,195 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 920,709,551 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 9,938,939 | | |
| e | Add lines **2a** through **2d** | | | 2e | 9,938,939 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 910,770,612 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | 4,397,793 | | |
| c | Add lines **4a** and **4b** | | | 4c | 4,397,793 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 915,168,405 |

## Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| RECONCILIATION OF CHANGE IN NET ASSETS FROM 990 TO AUDITED FINANCIALS | SCH D, PART XI, LINE 8 | CHANGE IN RESERVES (9,938,939) CHANGE IN NON ADMITTED ASSETS 10,767,174 CONTRIBUTION TO PARENT (797,384) UNREALIZED GAIN/LOSS (192,182) ---------- TOTAL (161,331) |
| RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH 990 | SCH D, PART XII, LINE 4B AND PART XIII, LINE 4B | NET GAIN(LOSS) ON THE SALE OF ASSETS 13,076 ASO ADMINISTRATION FEES 4,376,903 CREDENTIALING FEES 6,711 COMMISSION 955 MISC 148 ---------- TOTAL 4,397,793 |
| RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH 990 | SCH D, PART XIII, LINE 2D | CHANGE IN RESERVES 9,938,939 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284006242

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
Security Health Plan of Wisconsin Inc

**Employer identification number**
39-1572880

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply<br>☑ Compensation committee ☑ Written employment contract<br>☐ Independent compensation consultant ☑ Compensation survey or study<br>☐ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

| **(A)** Name | | **(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 reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | | |
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## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION | 990 PART VII, LINE 1 AND SCHEDULES J-1 AND J-2 | MARSHFIELD CLINIC (EIN#39-0452970) IS THE PARENT COMPANY FOR SECURITY HEALTH PLAN ALL SECURITY HEALTH PLAN STAFF ARE EMPLOYEES OF THE MARSHFIELD CLINIC AND ALL PAYROLL AND BENEFITS ARE PAID AND ADMINISTERED BY THE MARSHFIELD CLINIC SCHEDULE J, PART I LINE 3 SECURITY HEALTH PLAN RELIED ON MARSHFIELD CLINIC TO ESTABLISH THE COMPENSATION OF THE PRESIDENT, KARL ULRICH MARSHFIELD CLINIC ESTABLISHED THE COMPENSATION WITH THE USE OF A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TIMOTHY SWAN SCHEDULE J PART II TIMOTHY SWAN WAS NOT AN OFFICER AT ANY TIME DURING 2011, BUT WAS IN THE PAST FIVE YEARS HIS COMPENSATION DURING 2011 WAS FOR HIS ROLE AS A PAID EMPLOYEE |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 39-1572880
**Name:** Security Health Plan of Wisconsin Inc

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| KARL ULRICH MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 670,308 | 0 | 2,772 | 30,729 | 22,284 | 726,093 | 0 |
| DOUG REDING MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 616,247 | 7,750 | 1,806 | 30,729 | 22,705 | 679,237 | 0 |
| BRIAN EWERT MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 254,750 | 0 | 966 | 30,728 | 20,788 | 307,232 | 0 |
| DAVID SIMENSTAD MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 1,073,177 | 0 | 966 | 30,729 | 23,705 | 1,128,577 | 0 |
| STEPHEN L BLONSKY | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 306,051 | 2,000 | 1,806 | 30,728 | 28,615 | 369,200 | 0 |
| WALLACE B BRUCKER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 617,023 | 0 | 966 | 30,728 | 25,697 | 674,414 | 0 |
| DANIEL R ERICKSON MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 214,232 | 0 | 1,806 | 28,648 | 24,897 | 269,583 | 0 |
| HUMAYUN A KHAN MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 228,770 | 2,860 | 630 | 30,728 | 18,405 | 281,393 | 0 |
| SHARLENE P KREITLOW MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 235,612 | 0 | 630 | 30,728 | 22,962 | 289,932 | 0 |
| MARK A LEPAGE MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 454,294 | 0 | 420 | 30,729 | 22,484 | 507,927 | 0 |
| RONALD F MARTIN MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 292,553 | 0 | 486 | 30,728 | 9,054 | 332,821 | 0 |
| QASIM RAZA MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 235,322 | 44,279 | 630 | 30,728 | 22,969 | 333,928 | 0 |
| IVAN SCHALLER MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 207,446 | 0 | 1,806 | 30,728 | 20,608 | 260,588 | 0 |
| C TODD STEWART MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 421,814 | 0 | 630 | 30,728 | 22,285 | 475,457 | 0 |
| HUMBERTO VIDAILLET MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 429,024 | 0 | 1,806 | 30,728 | 26,329 | 487,887 | 0 |
| MATTHIAS WEISS MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 488,299 | 0 | 966 | 30,729 | 27,920 | 547,914 | 0 |
| GARY JANKOWSKI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 381,495 | 100 | 9,724 | 30,728 | 22,759 | 444,806 | 0 |
| STEVE YOUSO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 362,181 | 100 | 966 | 30,728 | 16,579 | 410,554 | 0 |

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| STEVEN E SZEBENYI MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 296,887 | 100 | 1,806 | 2,080 | 20,525 | 321,398 | 0 |
| TIMOTHY SCHULTZ | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 197,958 | 100 | 690 | 2,046 | 23,466 | 224,260 | 0 |
| CHRIS BRUNI | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 154,154 | 40,347 | 300 | 29,592 | 17,576 | 241,969 | 0 |
| CHARLES PAINE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 165,283 | 100 | 1,251 | 23,186 | 936 | 190,756 | 0 |
| JANE WOLF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 124,293 | 100 | 916 | 16,662 | 18,602 | 160,573 | 0 |
| LAWRENCE MCFARLENE MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 257,811 | 0 | 2,772 | 30,728 | 19,547 | 310,858 | 0 |
| TIMOTHY SWAN MD | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 521,709 | 0 | 1,806 | 30,728 | 18,599 | 572,842 | 0 |
| MATTHEW THOMAS | (I) | | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 375,338 | | 420 | 30,728 | 16,579 | 423,065 | 0 |
| JOHN MELSKI MD | (I) | | | | | | | |
| | (II) | 377,605 | | 5,334 | 30,728 | 22,593 | 436,260 | |
| LISA BOERO | (I) | | | | | | | |
| | (II) | 146,824 | 100 | 217 | 19,918 | 744 | 167,803 | |
| ANDREA HILLERUD MD | (I) | | | | | | | |
| | (II) | 211,186 | | 420 | 30,728 | 18,465 | 260,799 | |
| EDWARD KRALL MD | (I) | | | | | | | |
| | (II) | 264,760 | | 2,772 | 30,728 | 21,789 | 320,049 | |
| GINGER WOLF | (I) | | | | | | | |
| | (II) | 99,781 | 100,509 | 159 | 29,541 | 17,255 | 247,245 | |
| JILL BROSTOWITZ | (I) | | | | | | | |
| | (II) | 139,347 | 100 | 1,194 | 18,948 | 17,486 | 177,075 | |
| JAY COLDWELL | (I) | | | | | | | |
| | (II) | 138,559 | 100 | 573 | 19,638 | 23,174 | 182,044 | |

**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
Security Health Plan of Wisconsin Inc

**Employer identification number**
39-1572880

| Identifier | Return Reference | Explanation |
|---|---|---|
| AUDITED FINANCIAL STATEMENTS | 990 PART IV, LINE 12 | THE AUDITED FINANCIAL STATEMENTS WERE PREPARED USING ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE STATE OF WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE (STATUTORY ACCOUNTING) WHICH DIFFERS FROM U S GENERALLY ACCEPTED ACCOUTING PRINCIPLES GOVERNING BODY ELECTION 990 PART VI, LINE 7A MARSHFIELD CLINIC, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, HAS THE ABILITY TO APPOINT SIX OF THE NINE DIRECTORS GOVERNANCE DECISIONS 990 PART VI, LINE 8A CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF MARSHFIELD CLINIC DUE TO THE ABILITY OF MARSHFIELD CLINIC TO APPOINT A MAJORITY OF THE ORGANIZATION'S BOARD OF DIRECTORS |
| 990 REVIEW PROCESS | 990 PART VI, LINE 11A | AFTER AN IN-DEPTH REVIEW BY THE CFO AS WELL AS OUTSIDE TAX ADVISOR, KPMG LLP, AND PRIOR TO FILING WITH THE IRS, FORM 990 WILL BE DISTRIBUTED TO EACH MEMBER OF THE BOARD ANY QUESTIONS THAT ARISE FROM THE BOARD OF DIRECTORS ARE ANSWERED BY THE CFO |
| CONFLICT OF INTEREST POLICY | 990 PART VI, LINE 12C | SECURITY HEALTH PLAN OFFICERS, BOARD OF DIRECTORS, KEY EMPLOYEES, AND OTHER MANAGEMENT PERSONNEL ALL SIGN A CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR |
| DISCLOSURE | 990 PART VI, LINE 19 | THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST ANNUAL FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST FROM THE WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE |
| RECONCILIATION OF CHANGE IN NET ASSETS OR FUND BALANCE - OTHER | 990 PART XI, LINE 5 | CHANGE IN UNREALIZED GAIN(LOSS) ON SALE OF INV (192,182) CHANGE IN RESERVES (9,938,939) CHANGE IN CONTRIBUTION TO PARENT (797,384) (10,928,505) |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME KARL ULRICH, MD TITLE PRESIDENT HOURS 65 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DOUG REDING, MD TITLE VICE PRESIDENT HOURS 56 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME BRIAN EWERT, MD TITLE SECRETARY HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DAVID SIMENSTAD, MD TITLE TREASURER HOURS 60 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME STEPHEN L BLONSKY TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME WALLACE B BRUCKER TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DANIEL R ERICKSON, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME HUMAYUN A KHAN, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME SHARLENE P, KREITLOW, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME MARK A LEPAGE, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME RONALD F MARTIN, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME QASIM RAZA, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME IVAN SCHALLER, MD TITLE DIRECTOR HOURS 50 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME C TODD STEWART, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME HUMBERTO VIDAILLET, MD TITLE DIRECTOR HOURS 55 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME MATTHIAS WEISS, MD TITLE DIRECTOR HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME GARY JANKOWSKI TITLE SYSTEM CFO HOURS 55 |
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME TIMOTHY SWAN, MD TITLE FORMER SECRETARY/MD HOURS 60 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
Security Health Plan of Wisconsin Inc

**Employer identification number**
39-1572880

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN 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 |
|---|---|---|---|---|---|
| | | | | | |
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**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.)

| (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 organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| **(1)** MARSHFIELD CLINIC<br>1000 NORTH OAK AVENUE<br>MARSHFIELD, WI 54449<br>39-0452970 | HEALTHCARE | WI | 501(C)(3) | 3 | NA | | No |
| **(2)** LAKEVIEW MEDICAL CENTER INC OF RICE LAKE<br>1100 N MAIN STREET<br>RICE LAKE, WI 54868<br>39-0837206 | HEALTHCARE | WI | 501(C)(3) | 3 | NA | | No |
| **(3)** THE HERITAGE FOUNDATION<br>1000 N MAIN STREET<br>MARSHFIELD, WI 54449<br>39-1865942 | HONOR INDIVID | WI | 501(C)(3) | 11 - TYPE 1 | N/A | | No |
| **(4)** VOLUNTEER PARTNERS OF LAKEVIEW MEDICAL C<br>1100 N MAIN STREET<br>RICE LAKE, WI 54868<br>39-1329084 | SUPPORT ORG | WI | 501(C)(3) | 11, III-O | N/A | | No |
| **(5)** FLAMBEAU HOSPITAL INC<br>98 SHERRY AVE<br>PARK FALLS, WI 54552<br>39-0973724 | HOSPITAL | WI | 501(C)(3) | 3 | N/A | | No |
| | | | | | | | |
| | | | | | | | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** MARSHFIELD FOOD SAFETY | FOOD TESTING | WI | MFLD CLINIC | RELATED | 0 | 0 | | No | | | No | 0 % |
| **(2)** DIAGNOSTIC TREATMENT CTR | MEDICAL SVCS | WI | MFLD CLINIC | RELATED | 0 | 0 | | No | | | No | 0 % |
| | | | | | | | | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | | Yes | No | |
| | | | | | | | | | | | | | |
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Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|---|---|---|---|

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2011**

Attachment Sequence No **179**

| Name(s) shown on return | Business or activity to which this form relates | **Identifying number** |
|---|---|---|
| Security Health Plan of Wisconsin Inc | | 39-1572880 |

**Part I** **Election To Expense Certain Property Under Section 179**

***Note:*** *If you have any listed property, complete Part V before you complete Part I.*

| | | |
|---|---|---|
| **1** Maximum amount (see instructions) | **1** | $ 500,000 |
| **2** Total cost of section 179 property placed in service (see instructions) | **2** | |
| **3** Threshold cost of section 179 property before reduction in limitation (see instructions) | **3** | $ 2,000,000 |
| **4** Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | **4** | |
| **5** Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | **5** | |

| **6** | **(a)** Description of property | **(b)** Cost (business use only) | **(c)** Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| **7** Listed property Enter the amount from line 29 | **7** | | |
| **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | **8** | | |
| **9** Tentative deduction Enter the **smaller** of line 5 or line 8 | **9** | | |
| **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | **10** | | |
| **11** Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | **11** | | |
| **12** Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | **12** | | |
| **13** Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶ | **13** | | |

**Note:** *Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II** **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions )

| | | |
|---|---|---|
| **14** Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | **14** | |
| **15** Property subject to section 168(f)(1) election | **15** | |
| **16** Other depreciation (including ACRS) | **16** | 93,686 |

**Part III** **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

**Section A**

| | | |
|---|---|---|
| **17** MACRS deductions for assets placed in service in tax years beginning before 2011 | **17** | |
| **18** If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| | **(a)** Classification of property | **(b)** Month and year placed in service | **(c)** Basis for depreciation (business/investment use only—see instructions) | **(d)** Recovery period | **(e)** Convention | **(f)** Method | **(g)** Depreciation deduction |
|---|---|---|---|---|---|---|---|
| **19a** | 3-year property | | | | | | |
| **b** | 5-year property | | | | | | |
| **c** | 7-year property | | | | | | |
| **d** | 10-year property | | | | | | |
| **e** | 15-year property | | | | | | |
| **f** | 20-year property | | | | | | |
| **g** | 25-year property | | | 25 yrs | | S/L | |
| **h** | Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | | 27 5 yrs | MM | S/L | |
| **i** | Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | | MM | S/L | |

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| **20a** | Class life | | | | S/L | |
| **b** | 12-year | | 12 yrs | | S/L | |
| **c** | 40-year | | 40 yrs | MM | S/L | |

**Part IV** **Summary** (see instructions)

| | | |
|---|---|---|
| **21** Listed property Enter amount from line 28 | **21** | |
| **22** **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | **22** | 93,686 |
| **23** For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | **23** | |

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

***Note:*** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A—Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.***)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☑ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☑ **No**

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| **25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | **25** | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . | | | | | | **28** | | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . . | | | | | | | **29** | |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) . . | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year . | | | | | | | | | | | | |
| **32** Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| **33** Total miles driven during the year Add lines 30 through 32 . . . . . | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **34** Was the vehicle available for personal use during off-duty hours? . . . . . | | | | | | | | | | | | |
| **35** Was the vehicle used primarily by a more than 5% owner or related person? . . . . . | | | | | | | | | | | | |
| **36** Is another vehicle available for personal use? . | | | | | | | | | | | | |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | **Yes** | **No** |
|---|---|---|
| **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . . | | |
| **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . | | |
| **39** Do you treat all use of vehicles by employees as personal use? . . . . . | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) . . . . | | |
| **Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2011 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2011 tax year . . . . . | | | | **43** | |
| **44 Total.** Add amounts in column (f) See the instructions for where to report . . | | | | **44** | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 39-1572880
**Name:** Security Health Plan of Wisconsin Inc

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| KARL ULRICH MD<br>PRESIDENT | 30 | X | | X | | | | 0 | 673,080 | 53,013 |
| DOUG REDING MD<br>VICE PRESIDENT | 30 | X | | X | | | | 0 | 625,803 | 53,434 |
| BRIAN EWERT MD<br>SECRETARY | 20 | X | | X | | | | 0 | 255,716 | 51,516 |
| DAVID SIMENSTAD MD<br>TREASURER | 20 | X | | X | | | | 0 | 1,074,143 | 54,434 |
| STEPHEN L BLONSKY<br>DIRECTOR | 10 | X | | | | | | 0 | 309,857 | 59,343 |
| WALLACE B BRUCKER<br>DIRECTOR | 10 | X | | | | | | 0 | 617,989 | 56,425 |
| DANIEL R ERICKSON MD<br>DIRECTOR | 10 | X | | | | | | 0 | 216,038 | 53,545 |
| HUMAYUN A KHAN MD<br>DIRECTOR | 10 | X | | | | | | 0 | 232,260 | 49,133 |
| SHARLENE P KREITLOW MD<br>DIRECTOR | 10 | X | | | | | | 0 | 236,242 | 53,690 |
| MARK A LEPAGE MD<br>DIRECTOR | 10 | X | | | | | | 0 | 454,714 | 53,213 |
| RONALD F MARTIN MD<br>DIRECTOR | 10 | X | | | | | | 0 | 293,039 | 39,782 |
| QASIM RAZA MD<br>DIRECTOR | 10 | X | | | | | | 0 | 280,231 | 53,697 |
| IVAN SCHALLER MD<br>DIRECTOR | 10 | X | | | | | | 0 | 209,252 | 51,336 |
| C TODD STEWART MD<br>DIRECTOR | 10 | X | | | | | | 0 | 422,444 | 53,013 |
| HUMBERTO VIDAILLET MD<br>DIRECTOR | 10 | X | | | | | | 0 | 430,830 | 57,057 |
| MATTHIAS WEISS MD<br>DIRECTOR | 10 | X | | | | | | 0 | 489,265 | 58,649 |
| MATTHEW THOMAS<br>DIRECTOR | 5 | X | | | | | | 0 | 375,758 | 47,307 |
| MICHAEL J LUEBKE<br>DIRECTOR | 5 | X | | | | | | | | |
| ROBERT A CHRIST<br>DIRECTOR | 5 | X | | | | | | | | |
| TIMOTHY PETERSON<br>DIRECTOR | 5 | X | | | | | | | | |
| JOHN MELSKI MD<br>DIRECTOR | 5 | X | | | | | | | 382,939 | 53,321 |
| GARY JANKOWSKI<br>SYSTEM CFO | 20 | | | X | | | | 0 | 391,319 | 53,487 |
| STEVE YOUSO<br>CAO | 550 | | | X | | | | 0 | 363,247 | 47,307 |
| STEVEN E SZEBENYI MD<br>CMO | 550 | | | X | | | | 0 | 298,793 | 22,605 |
| TIMOTHY SCHULTZ<br>SHP CFO | 550 | | | X | | | | 0 | 198,748 | 25,512 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| CHRIS BRUNI<br>DIRECTOR OF SALES | 55 0 | | | | X | | | 0 | 194,801 | 47,168 |
| CHARLES PAINE<br>DIRECTOR OF MARKETING | 55 0 | | | | X | | | 0 | 166,634 | 24,122 |
| JANE WOLF<br>DIRECTOR OF HEALTH SERVICES | 55 0 | | | | X | | | 0 | 125,309 | 35,264 |
| LISA BOERO<br>SHP LEGAL COUNCIL | 55 0 | | | | X | | | | 147,141 | 20,662 |
| JULIE BRUSSOW<br>DIRECTOR OF GOV PROGRAMS | 55 0 | | | | X | | | | 106,208 | 32,331 |
| LAWRENCE MCFARLENE MD<br>MEDICAL DIRECTOR | 45 0 | | | | | X | | 0 | 260,583 | 50,275 |
| ANDREA HILLERUD MD<br>MEDICAL DIRECTOR | 25 0 | | | | | X | | | 211,606 | 49,193 |
| EDWARD KRALL MD<br>MEDICAL DIRECTOR | 30 0 | | | | | X | | | 267,532 | 52,517 |
| GINGER WOLF<br>SALES MANAGER | 55 0 | | | | | X | | | 200,449 | 46,796 |
| JILL BROSTOWITZ<br>GOVERNMENT ACTUARIAL MANAGER | 55 0 | | | | | X | | | 140,641 | 36,434 |
| JAY COLDWELL<br>COMMERCIAL ACTUARIAL MANAGER | 55 0 | | | | | X | | | 139,232 | 42,812 |
| TIMOTHY SWAN MD<br>FORMER SECRETARY/MD | 0 0 | | | | | | X | 0 | 523,515 | 49,327 |