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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SECURITY HEALTH PLAN OF WISCONSIN INC
% GERALDINE BATTEN

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 province, country, and ZIP or foreign postal code
Marshfield, WI 544498000

D Employer identification number
39-1572880

E Telephone number
(715) 221-9500

G Gross receipts $ 1,200,358,817

F Name and address of principal officer
JULIE BRUSSOW CEO
PO Box 8000
Marshfield, WI 544498000

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (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
ENSURE OUR MEMBERS CAN GET THE CARE THEY NEED WHEN THEY NEED IT, HELP OUR MEMBERS RETAIN A STRONG VOICE IN THEIR HEALTH CARE, & KEEP QUALITY OF CARE & SERVICE HIGH AND COST LOW

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

Activities & Governance

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**	5
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	1,098,011,394	1,158,289,700
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,619,826	8,641,761
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,263,681	3,232,687
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,109,894,901	1,170,164,148

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	1,080,934,351	1,163,274,577
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,080,934,351	1,163,274,577
19	Revenue less expenses Subtract line 18 from line 12	28,960,550	6,889,571

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	346,497,044	376,832,511
21	Total liabilities (Part X, line 26)	135,103,376	152,127,897
22	Net assets or fund balances Subtract line 21 from line 20	211,393,668	224,704,614

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-15 Date

GORDON T EDWARDS MCHS/SHP CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Monroe J Gierl	Monroe J Gierl			P01413237

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 4200 Wells Fargo Ctr 90 S 7th, Minneapolis, MN 55402 — 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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SECURITY HEALTH PLAN'S MISSION IS TO ENSURE OUR MEMBERS CAN GET THE CARE THEY NEED WHEN THEY NEED IT, HELP OUR MEMBERS RETAIN A STRONG VOICE IN THEIR HEALTH CARE, AND KEEP QUALITY OF CARE AND SERVICE HIGH, AND COSTS LOW

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,104,486,342 including grants of $) (Revenue $ 1,158,289,700)

SEE SCHEDULE O

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** ▶ 1,104,486,342

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	3,641		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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			No
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ GERALDINE BATTEN 1515 ST JOSEPH AVE MARSHFIELD, WI 54449 (715) 221-9859

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								50,000	8,759,959	1,065,601

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 ▶ 40

			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
ACCORDANT HEALTH SERVICES, 4900 KOGER BLVD STE 100 GREENSBORO, NC 27407	CARE MANAGMENT	1,449,540
ASSOCIATED FINANCIAL GROUP, 711 EISENHOWER DRIVE KIMBERLY, WI 54136	SALES AGENCY	619,588
ANSAY ASSOCIATES LLC, 888 STATE HWY 153 MOSINEE, WI 54455	SALES AGENCY	424,874
SPECTRUM BENEFIT SOLUTIONS OF CENTR, 7402 STONE RIDGE DR WESTON, WI 54476	SALES AGENCY	359,099
ZIPPERER FINANCIAL, 1015 N 6TH STREET WAUSAU, WI 54402	SALES AGENCY	358,346

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 ▶ 20

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	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 524298	1,158,289,700	1,158,289,700		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	1,158,289,700			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	8,452,988			8,452,988
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents: 904,197 /				
	b	Less rental expenses: 904,197 /				
	c	Rental income or (loss): 0 / 0				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 29,474,160 / 5,085				
	b	Less cost or other basis and sales expenses: 29,288,519 / 1,953				
	c	Gain or (loss): 185,641 / 3,132				
	d	Net gain or (loss) . . . . . ▶	188,773			188,773
	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	3,181,109			3,181,109
	b	CREDENTIALING FEES 561000	7,700			7,700
	c	COMMISSION 561000	5,501			5,501
	d	All other revenue	38,377			38,377
	e	**Total.** Add lines 11a-11d . . . . . ▶	3,232,687			
	12	**Total revenue.** See Instructions . . . . . ▶	1,170,164,148	1,158,289,700		11,874,448

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	8,154,873	6,924,908	1,229,965	
b Legal	209,199		209,199	
c Accounting	292,311		292,311	
d Lobbying	72,522		72,522	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	777,428		777,428	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,508,447		4,508,447	
12 Advertising and promotion	2,386,348		2,386,348	
13 Office expenses	3,191,303		3,191,303	
14 Information technology	9,701,565		9,701,565	
15 Royalties	0			
16 Occupancy	1,015,554		1,015,554	
17 Travel	306,029		306,029	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	149,690		149,690	
20 Interest	0			
21 Payments to affiliates	35,902,272	18,740,439	17,161,833	
22 Depreciation, depletion, and amortization	6,828,234		6,828,234	
23 Insurance	269,588		269,588	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HOSPITAL/MEDICAL BENEFITS	930,490,430	930,490,430		
b PRESCRIPTION DRUG BENEFITS	119,212,817	119,212,817		
c AFFORDABLE CARE ACT FEES	19,352,996	19,352,996		
d COMMISSIONS	9,764,752	9,764,752		
e All other expenses	10,688,219		10,688,219	
25 **Total functional expenses.** Add lines 1 through 24e	1,163,274,577	1,104,486,342	58,788,235	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,150	1	1,150
	2	Savings and temporary cash investments	18,041,068	2	38,263,596
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	50,514,947	4	54,912,265
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	20,601,986	9	19,415,153
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 53,776,003			
	b	Less accumulated depreciation — 10b: 31,927,449	25,076,729	10c	21,848,554
	11	Investments—publicly traded securities	232,261,164	11	147,893,892
	12	Investments—other securities See Part IV, line 11	0	12	94,497,901
	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)	346,497,044	16	376,832,511
Liabilities	17	Accounts payable and accrued expenses	108,636,229	17	122,412,515
	18	Grants payable	0	18	0
	19	Deferred revenue	20,644,282	19	23,403,583
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	3,554,163	23	2,860,799
	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	2,268,702	25	3,451,000
	26	**Total liabilities.** Add lines 17 through 25	135,103,376	26	152,127,897
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), 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	211,393,668	32	224,704,614
	33	Total net assets or fund balances	211,393,668	33	224,704,614
	34	Total liabilities and net assets/fund balances	346,497,044	34	376,832,511

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,170,164,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,163,274,577
3	Revenue less expenses Subtract line 2 from line 1	3	6,889,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,393,668
5	Net unrealized gains (losses) on investments	5	-5,294,830
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,716,205
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	224,704,614

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 39-1572880
Name: SECURITY HEALTH PLAN OF WISCONSIN INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NARYANA S MURALI MD SHP Director	1 0 40 0	X						0	558,189	59,925
MATTHEW THOMAS MD SHP Vice Chairperson	1 0 40 0	X		X				0	548,302	46,032
IVAN B SCHALLER MD SHP Secretary	1 0 40 0	X		X				0	284,831	53,713
JOHN P PRZYBYLINSKI MD SHP Director	1 0 40 0	X						0	219,364	52,311
MICHAEL LUEBKE SHP Chairperson	1 0 0 0	X		X				16,000	4,000	0
TIMOTHY PETERSON SHP Treasurer	1 0 0 0	X		X				13,000	8,500	0
ROBERT A CRIST SHP Director	1 0 0 0	X						12,000	0	0
TERRY FRANKLAND SHP Director	1 0 0 0	X						9,000	0	0
MARY JO JOHNSON SHP Director	1 0 0 0	X						0	0	0
JULE BRUSSOW SHP CHIEF EXECUTIVE OFFICER	40 0 0 0			X				0	404,938	45,850

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gordon T Edwards SHP & MCHS CFO	1 0 40 0			X				0	128,695	8,418
MARK LEPAGE MD SHP Chief Medical Officer	40 0 0 0				X			0	398,154	52,764
JOHN KELLY SHP CHIEF MARKETING & OP OFFCR	40 0 0 0				X			0	263,644	55,348
DAVE MARKSTEINER SHP Chief Information Officer	40 0 0 0				X			0	212,599	46,649
Sue Turney MD MCHS CEO	0 0 40 0				X			0	1,091,169	169,540
Daniel Ramsey MCHS COO	0 0 40 0				X			0	664,272	26,341
John Cook MCHS CFO	0 0 40 0				X			0	201,496	9,266
Jerard Jensen General Counsel	0 0 40 0				X			0	353,735	19,077
Ken Letkeman CIO MCHS, CEO MCIS	0 0 40 0				X			0	91,326	20,077
LISA BOERO SHP CHIEF LEGAL OFFICER	40 0 0 0					X		0	206,257	30,503

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BRUNI SHP DIRECTOR OF CONSUMER SALES	40 0 0 0					X		0	301,756	39,468
SREELATHA CHALASANI MD SHP MEDICAL DIRECTOR	20 0 20 0					X		0	277,729	30,278
ANUPAMA INAGANTI MD SHP MEDICAL DIRECTOR	20 0 20 0					X		0	272,064	61,862
SUMEDHA PATHAK MD SHP MEDICAL DIRECTOR	20 0 20 0					X		0	288,319	30,286
DAVID SIMENSTAD MD Former SHP Treasurer	0 0 40 0						X	0	950,169	58,084
DOUGLAS REdING MD Former SHP Vice Chairperson	0 0 40 0						X	0	437,940	46,715
BRIAN EWERT MD Former SHP Chairperson	0 0 40 0						X	0	220,409	53,639
Alan Marshall Former Interim MCHS CFO	1 0 40 0						X	0	372,102	49,455

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		9,526,962	4,164,767	5,362,195
c Leasehold improvements		902,563	273,594	628,969
d Equipment		40,052,205	27,489,087	12,563,118
e Other		3,294,272		3,294,272
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				21,848,554

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) JP MORGAN CORE BOND	30,377,197	F
(B) WESTERN ASSET US CORE BOND	18,462,139	F
(C) RREEF AMERICA REIT II	13,222,206	F
(D) PIMCO BRAVO II	9,675,359	F
(E) OAKTREE SENIOR LOAN FUND	22,761,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	94,497,901	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
CONTRACT RESERVES	3,451,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,451,000

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,158,289,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,158,289,700
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,874,448		
c	Add lines **4a** and **4b**			4c	11,874,448
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	1,170,164,148

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,148,322,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,148,322,553
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	14,952,024		
c	Add lines **4a** and **4b**			4c	14,952,024
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,163,274,577

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Form Sch D Part X Line 2	THE SYSTEM APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES (ASC 740), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS ASC 740 PRESCRIBES A MORE-LIKELY THAN-NOT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN UNDER ASC740, TAX POSITIONS WILL BE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND WILL PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES BASED ON AN ANALYSIS PREPARED BY THE SYSTEM, IT WAS DETERMINED THAT THE APPLICATION OF ASC 740 HAD NO MATERIAL EFFECT ON THE SYSTEM AT SEPTEMBER 30, 2015 OR 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
Form Sch D Part XII Line 4b	CHANGE IN RESERVES 11,716,205 ASO ADMINISTRATION FEES 3,181,109 CREDENTIALING FEES 7,700 COMMISSION 5,501 OTHER RENTAL INCOME 38,377 NET GAIN (LOSS) ON THE SALE OF ASSETS 3,132 ---------- TOTAL 14,952,024

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SECURITY HEALTH PLAN OF WISCONSIN INC

Employer identification number
39-1572880

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean			Investments	N/A	2,667,737
(2)						
(3)						
(4)						
(5)						
3a	Sub-total					2,667,737
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					2,667,737

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 39-1572880
Name: SECURITY HEALTH PLAN OF WISCONSIN INC

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
990 PART VII, LINE 1 AND SCHEDULES J-1 AND J-2	MARSHFIELD CLINIC (EIN# 39-0452970) AND SECURITY HEALTH PLAN ARE AFFILIATES AND ORGANIZED UNDER THE MARSHFIELD CLINIC HEALTH SYSTEM ALL SECURITY HEALTH PLAN STAFF ARE EMPLOYEES OF THE MARSHFIELD CLINIC AND ALL PAYROLL AND BENEFITS ARE PAID AND ADMINISTERED BY THE MARSHFIELD CLINIC
Form Sch J Part I Line 3	THE MARSHFIELD CLINIC HEALTH SYSTEM'S (MCHS) INDEPENDENT COMPENSATION COMMITTEE (THE "COMMITTEE") HAS FINAL AUTHORITY FOR APPROVIING COMPENSATION AND BENEFITS OF ALL "DISQUALIFIED PERSONS" EMPLOYED BY ANY OF THE ORGANIZATIONS IN THE SYSTEM COMPENSATION TO THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR WAS PAID BY RELATED PARTY MARSHFIELD CLINIC THE COMMITTEE USES COMBINATIONS OF THE FOLLOWING TO EVALUATE COMPENSATION A COMPENSATION COMMITTEE B INDEPENDENT COMPENSATION CONSULTANT C COMPENSATION SURVEY OR STUDY D APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE E WRITTEN EMPLOYMENT CONTRACTS
Form Sch J Part I Line 4b	Susan Turney, MD - $120,700 deferred employer contribution in current reporting year Susan Turney, MD - $60,100 deferred employer contribution in prior reporting year, vested in current year PLEASE SEE SCHEDULE O DISCLOSURE RELATING TO PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURES, LINES 15A AND 15B FOR FURTHER INFORMATION
Form Sch J Part I Line 5a	Incentives are paid to internal sales representatives for achieving and maintaining membership goals

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NARYANA S MURALI MD SHP Director	(I) (II)	---------- 528,688	---------- 9,866	---------- 19,635	---------- 30,062	---------- - 29,863	---------- - 618,114	----------
1MATTHEW THOMAS MD SHP Vice Chairperson	(I) (II)	---------- 515,188	---------- 13,689	---------- 19,425	---------- 30,062	---------- - 15,970	---------- - 594,334	----------
2IVAN B SCHALLER MD SHP Secretary	(I) (II)	---------- 256,707	---------- 9,035	---------- 19,089	---------- 30,062	---------- - 23,651	---------- - 338,544	----------
3JOHN P PRZYBYLINSKI MD SHP Director	(I) (II)	---------- 210,009	---------- 5,426	---------- 3,929	---------- 30,062	---------- - 22,249	---------- - 271,675	----------
4MARK LEPAGE MD SHP Chief Medical Officer	(I) (II)	---------- 387,289	---------- 9,230	---------- 1,635	---------- 30,062	---------- - 22,702	---------- - 450,918	----------
5JULE BRUSSOW SHP CHIEF EXECUTIVE OFFICER	(I) (II)	---------- 395,821	---------- 1,523	---------- 7,594	---------- 30,062	---------- - 15,788	---------- - 450,788	----------
6JOHN KELLY SHP CHIEF MARKETING & OP OFFCR	(I) (II)	---------- 257,473	---------- 5,481	---------- 690	---------- 30,062	---------- - 25,286	---------- - 318,992	----------
7DAVE MARKSTEINER SHP Chief Information Officer	(I) (II)	---------- 207,825	---------- 4,084	---------- 690	---------- 30,062	---------- - 16,587	---------- - 259,248	----------
8LISA BOERO SHP CHIEF LEGAL OFFICER	(I) (II)	---------- 201,713	---------- 4,244	---------- 300	---------- 29,700	---------- - 803	---------- - 236,760	----------
9CHRIS BRUNI SHP DIRECTOR OF CONSUMER SALES	(I) (II)	---------- 165,715	---------- 135,591	---------- 450	---------- 30,062	---------- - 9,406	---------- - 341,224	----------
10 SREELATHA CHALASANI MD SHP MEDICAL DIRECTOR	(I) (II)	---------- 263,871	---------- 12,596	---------- 1,262	---------- 30,062	---------- - 216	---------- - 308,007	----------
11ANUPAMA INAGANTI MD SHP MEDICAL DIRECTOR	(I) (II)	---------- 244,838	---------- 7,911	---------- 19,315	---------- 30,062	---------- - 31,800	---------- - 333,926	----------
12SUMEDHA PATHAK MD SHP MEDICAL DIRECTOR	(I) (II)	---------- 257,376	---------- 11,390	---------- 19,553	---------- 30,062	---------- - 224	---------- - 318,605	----------
13DAVID SIMENSTAD MD Former SHP Treasurer	(I) (II)	---------- 903,860	---------- 25,498	---------- 20,811	---------- 30,062	---------- - 28,022	---------- - 1,008,253	----------
14DOUGLAS REdING MD Former SHP Vice Chairperson	(I) (II)	---------- 386,413	---------- ----------	---------- 51,527	---------- 30,062	---------- - 16,653	---------- - 484,655	----------
15BRIAN EWERT MD Former SHP Chairperson	(I) (II)	---------- 202,208	---------- 15,688	---------- 2,513	---------- 30,062	---------- - 23,577	---------- - 274,048	----------
16Sue Turney MDMCHS CEO	(I) (II)	---------- 844,302	---------- 170,000	---------- 76,867	---------- 150,762	---------- - 18,778	---------- - 1,260,709	---------- 60,100
17Daniel RamseyMCHS COO	(I) (II)	---------- 660,776	---------- ----------	---------- 3,496	---------- 2,080	---------- - 24,261	---------- - 690,613	----------
18John CookMCHS CFO	(I) (II)	---------- 193,751	---------- ----------	---------- 7,745	---------- 1,542	---------- - 7,724	---------- - 210,762	----------
19Jerard Jensen General Counsel	(I) (II)	---------- 349,375	---------- ----------	---------- 4,360	---------- 2,080	---------- - 16,997	---------- - 372,812	----------

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Alan Marshall Former Interim MCHS CFO	(I)	---	---	---	---	---	---	---
	(II)	359,264	9,061	3,777	30,062	- 19,393	- 421,557	

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
SECURITY HEALTH PLAN OF WISCONSIN INC	39-1572880

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	SECURITY HEALTH PLAN OF WISCONSIN, INC (SHP) PROVIDES A NETWORK FOR PREPAID HEALTH CARE SERVICES TO APPROXIMATELY 220,000 MEMBERS IN 2015, 51% OF SHP ENROLLMENT WAS FROM EMPLOYER GROUPS AND DIRECT PAY SUBSCRIBERS WITHIN THE HEALTHCARE, MANUFACTURING, GOVERNMENT, AND DAIRY INDUSTRIES, 27% FROM MEDICAID, 1% FROM MEDICARE SUPPLEMENT, 21% WAS FROM MEDICARE ADVANTAGE. SHP ALSO OFFERS ADMINISTRATIVE SERVICES ONLY CONTRACTS (ASO) TO SELF INSURED GROUPS SHP OFFERS COMMUNITY RATING FOR MEDICARE SUPPLEMENT MEMBERS PARTICIPATING IN THE MEDICAID HMO IN ADDITION, SHP OFFERS COVERAGE TO 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
Form 990 Part IV, Line 12	THE AUDITED FINANCIAL STATEMENTS WERE PREPARED USING ACCOUNTING PRACTICES PRESCRIBED OR PE RMITTED BY THE STATE OF WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE, STATUTORY ACCOU NTING, WHICH DIFFERS FROM U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI, SECTION A, LINE 1B	SECURITY HEALTH PLAN (SHP) PAYS A STIPEND TO THEIR INDEPENDENT BOARD MEMBERS EACH YEAR THE COMPENSATION IS ONLY FOR THE SERVICES PROVIDED IN THEIR CAPACITY AS A MEMBER OF THE GOVERNING BODY SHP FEELS THE STIPEND IS NECESSARY TO ATTRACT AND MAINTAIN HIGHLY QUALIFIED INDEPENDENT BOARD MEMBERS
Form 990 Part VI Line 7a & 7b	MARSHFIELD CLINIC HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF SECURITY HEALTH PLAN THER E ARE NINE MEMBERS ON THE SHP BOARD, FOUR MEMBERS SERVE ON THE MARSHFIELD CLINIC, INC BOA RD OF DIRECTORS, TWO MEMBERS ARE "INDEPENDENT MEMBERS" OF THE SOLE CORPORATE MEMBER'S BOA RD OF DIRECTORS AND THREE MEMBERS ARE "INDEPENDENT" MEMBERS WITHIN THE MEANING OF WIS ADMI N CODE INS 50 15(4)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11a	AFTER AN IN-DEPTH REVIEW BY THE CONTROLLER, MCHS CFO, AS WELL AS OUTSIDE TAX ADVISOR, KPMG, LLP, AND PRIOR TO FILLING WITH THE IRS, FORM 990 WILL BE DISTRIBUTED TO EACH BOARD MEMBER ANY QUESTIONS THAT ARISE FROM THE BOARD OF DIRECTORS ARE ANSWERED BY THE CONTROLLER OR MCHS CFO
Form 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15a & 15b	THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE (COMPENSATION COMMITTEE) SHALL HAVE FINAL AUTHORITY FOR APPROVING COMPENSATION AND BENEFITS OF ALL "DISQUALIFIED PERSONS" (AS THAT TERM IS DEFINED IN 4958 OF THE INTERNAL REVENUE CODE (THE "CODE")) EMPLOYED BY THE CORPORATION, INCLUDING BUT NOT LIMITED TO THE CORPORATION'S CEO THE TERM "DISQUALIFIED PERSONS" INCLUDES (BUT IS NOT LIMITED TO) ANY PERSON (OR THE PERSON'S FAMILY MEMBER) WHO WAS, AT ANY TIME DURING THE 5-YEAR PERIOD ENDING ON THE DATE OF THE TRANSACTION, IN A POSITION TO EXCERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION IT SHALL BE THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE TO ENSURE THAT THE SYSTEM DOES NOT PAY AN AMOUNT THAT EXCEEDS REASONABLE COMPENSATION FOR ANY DISQUALIFIED PERSON THE COMPENSATION COMMITTEE AND ITS OPERATING PROCEDURES SHALL BE DESIGNED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS OF COMPENSATION OUTLINED IN TREASURY REG SEC 53 4958-6 WITH RESPECT TO EACH DISQUALIFIED PERSON IN DETERMINING REASONABLENESS OF COMPENSATION, THE COMPENSATION COMMITTEE SHALL EVALUATE APPROPRIATE INFORMATION AS TO COMPARABILITY OF COMPENSATION, INCLUDING BUT NOT LIMITED TO COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE SYSTEM'S GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN JOB OFFERS FROM SIMILAR INSTITUTIONS THE ICC SHALL HAVE INDEPENDENT AUTHORITY TO OBTAIN OUTSIDE EXPERT OPINIONS ON THE REASONABLENESS AND FAIR MARKET VALUE OF COMPENSATION AND GATHER OTHER INFORMATION THE COMMITTEE CONSIDERS NECESSARY OR APPROPRIATE TO MAKE ITS DECISIONS ON COMPENSATION THE COMPENSATION COMMITTEE SHALL TIMELY DOCUMENT ITS DETERMINATION OF REASONABLENESS OF COMPENSATION
Form 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	CHANGE IN RESERVES (11,716,205)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320112696

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SECURITY ADMINISTRATIVE SERVICES LLC 1515 NORTH SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 47-4820788	Administrator	WI	0	0	SHP

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 entity? Yes	(g) No
See Additional Data Table							

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) Disproprtionate 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) DIAGNOSTIC TREATMENT CTR 3401 CRANBERRY BOULEVARD WESTON, WI 54449 20-0691634	Medical Services	WI	NA	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
MARSHFIELD CLINIC INFO **(1)**Services INC 1701 N FIG AVE MARSHFIELD, WI 54449 46-3943697	INFO TECH SVCS	WI	MFLD CLINIC	C Corp					No
(2)MCIS Inc 1701 N FIG AVE MARSHFIELD, WI 54449 47-2138889	INFO TECH SVCS	WI	MFLD CLINIC	C Corp					No

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

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

		Yes	No
1	During the tax year, did the 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, or**(iv)**rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**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	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**	**Yes**	
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	

Part VII Supplemental Information

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

Return Reference	Explanation
Part I	NOTE 1 MARSHFIELD CLINIC HEALTH SYSTEM, INC (A 501(C)3 ORGANIZATION), IS THE PARENT ORGANIZATION OF MARSHFIELD CLINIC, INC NOTE 2 THE FOLLOWING COMPANIES ARE RELATED TO to Security Health Plan, Inc THROUGH BROTHER/SISTER RELATIONSHIPS (ALL WITH PARENT COMPANY BEING MARSHFIELD CLINIC HEALTH SYSTEM, INC) LAKEVIEW MEDICAL CENTER, INC SECURITY HEALTH PLAN OF WISCONSIN, INC FLAMBEAU HOSPITAL, INC (SEE NOTE5 BELOW) MCIS, INC (SEE NOTE 9 BELOW) NOTE 3 THE FOLLOWING COMPANIES ARE SUBSIDIARIES OF MARSHFIELD CLINIC, INC , A RELATED 501(C)(3) ORGANIZATION MARSHFIELD FOOD SAFETY, LLC (SEE NOTE 8 BELOW) MARSHFIELD CLINIC HERITAGE FOUNDATION, INC FAMILY HEALTH CENTER OF MARSHFIELD, INC (SEE NOTE 10 BELOW) DIAGNOSTIC & TREATMENT CENTER, LLC (SEE NOTE 4 BELOW) MARSHFIELD CLINIC INFORMATION SERVICES, INC (SEE NOTE 7 BELOW) NOTE 4 MARSHFIELD CLINIC, INC OWNS A 50% INTEREST IN THE DIAGNOSTIC & TREATMENT CENTER, LLC THOSE RESULTS ARE REPORTED ON THE BOOKS AND RECORDS OF MARSHFIELD CLINIC, INC NOTE 5 MARSHFIELD CLINIC HEALTH SYSTEM, INC HAS A 50% MEMBER INTEREST IN FLAMBEAU HOSPITAL, INC THOSE RESULTS ARE REPORTED ON THE BOOKS AND RECORDS OF MARSHFIELD CLINIC HEALTH SYSTEM, INC NOTE 6 VOLUNTEER PARTNERS OF LAKEVIEW MEDICAL CENTER, INC , IS A SUPPORTING ORGANIZATION OF LAKEVIEW MEDICAL CENTER, INC NOTE 7 AS OF 1/1/15, AND AS DIRECTED BY AN OFFICIAL PLAN OF MERGER, MARSHFIELD CLINIC INFORMATION SERVICES, INC EFFECTIVELY MERGED WITH AND INTO MCIS, INC , THE SURVIVING COPORATION MARSHFIELD CLINIC INFORMATION SERVICES, INC WAS EFFECTIVELY DISSOLVED AS OF 1/1/15 NOTE 8 MARSHFIELD FOOD SAFETY, INC IS A 100% OWNED SUBSIDIARY OF MARSHFIELD CLINIC, INC AND IS a disregarded entity of MARSHFIELD CLINIC, INC FOR TAX PURPOSES NOTE 9 STOCK OWNERSHIP OF MCIS, INC TRANSFERRED FROM MARSHFIELD CLINIC, INC TO MARSHFIELD CLINIC HEALTH SYSTEM, INC ON 1/1/15 NOTE 10 MARSHFIELD CLINIC, INC IS THE SOLE CORPORATE (NON-VOTING) MEMBER OF FAMILY HEALTH CENTER OF MARSHFIELD, INC MARSHFIELD CLINIC, INC DOES NOT HAVE THE AUTHORITY TO APPOINT BOARD MEMBERS AND THEREFORE IS NOT CONSIDERED TO HAVE CONTROL (AS DEFINED FOR 990 REPORTING PURPOSES) OVER FAMILY HEALTH CENTER OF MARSHFIELD, INC

Additional Data

Software ID:
Software Version:
EIN: 39-1572880
Name: SECURITY HEALTH PLAN OF WISCONSIN INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Marshfield Clinic Inc 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449 39-0452970	HOSPITAL	WI	501(C)(3)	3	NA		No
LAKEVIEW MEDICAL CENTER OF RICE LAKE 1700 W STOUT STREET RICE LAKE, WI 54868 39-0837206	HOSPITAL	WI	501(C)(3)	3	NA		No
VOLUNTEER PARTNERS OF LAKE MED CNTR 1700 W STOUT STREET RICE LAKE, WI 54868 39-1329084	SUPPORT ORG	WI	501(C)(3)	11, III-O	NA		No
FLAMBEAU HOSPITAL INC 98 SHERRY AVENUE PARK FALLS, WI 54552 39-0973724	HOSPITAL	WI	501(C)(3)	3	NA		No
MARSHFIELD CLINIC HEALTH SYSTEM INC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449 46-1495343	SUPPORT ORG	WI	501(C)(3)	11, III-0	NA		No
MARSHFIELD CLINIC HERITAGE FNDTN INC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449 39-1865942	HONOR INDIVID	WI	501(C)(3)	11-TYPE 1	NA		No
FAMILY HEALTH CENTER OF MARSHFIELD Inc 1307 NORTH ST JOSEPHS AVENUE MARSHFIELD, WI 54449 39-0452970	HOSPITAL	WI	501(C)(3)	7	NA		No
MCHS HOSPITALS INC 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449 81-0977948	HOSPITAL	WI	501(C)(3)	3	NA		No