

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316040169

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

% CATHY BUKOWSKI

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) 221-9555

G Gross receipts \$

2,147,692,342

F Name and address of principal officer

Julie Brussow SHP 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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SECURITY HEALTH PLAN'S MISSION IS TO ENRICH LIVES TO HELP CONSUMERS AND COMMUNITIES REACH THEIR BEST HEALTH BY ENSURING ACCESS TO AFFORDABLE AND HIGH QUALITY HEALTH INSURANCE

2 Check this box

if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

9

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

4

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

0

1,222,301,718

9,617,745

2,446,091

1,234,365,554

530,230

0

33,457,262

0

1,190,573,908

1,224,561,400

9,804,154

Beginning of Current Year

351,282,673

179,294,237

171,988,436

Current Year

0

1,335,286,605

21,172,963

1,872,885

1,358,332,453

1,018,574

0

34,460,638

0

1,297,556,309

1,333,035,521

25,296,932

End of Year

397,140,210

254,683,396

142,456,814

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

Signature of officer

GORDON T EDWARDS CFO

Type or print name and title

2019-11-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ KPMG LLP

Firm's address ▶ 4200 Wells Fargo Ctr 90 S 7th

Minneapolis, MN 55402

Preparer's signature

Firm's EIN ▶

Phone no (612) 305-5000

Date 2019-11-13

Check if self-employed

PTIN P01413237

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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 ENRICH LIVES TO HELP CONSUMERS AND COMMUNITIES REACH THEIR BEST HEALTH BY ENSURING ACCESS TO AFFORDABLE AND HIGH QUALITY HEALTH INSURANCE

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 \$ 1,273,830,096 including grants of \$ 1,018,574) (Revenue \$ 1,337,159,490)
See Additional Data

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 ► 1,273,830,096

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	
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 Yes	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	2b	Yes	
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)						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
	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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ 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
CATHY BUKOWSKI 1000 N OAK AVENUE MARSHFIELD, WI 54449 (715) 387-5511

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Luebke Chair	1 0 1 0	X		X				0	25,500	0
(2) Matthew Thomas MD Vice Chair	1 0 42 0	X		X				0	529,805	52,402
(3) Ivan Schaller MD Secretary	1 0 42 0	X		X				0	246,826	55,901
(4) Timothy Peterson Treasurer	1 0 1 0	X		X				0	13,500	0
(5) Terry Frankland Board Member	1 0 1 0	X						0	11,500	0
(6) Robert Crist Board Member	1 0 0 0	X						0	6,000	0
(7) Mary Jo Johnson Board Member	1 0 0 0	X						0	0	0
(8) Narayana Murali MD Board Member/MCHS Chief Strate	1 0 44 0	X						0	854,715	55,886
(9) Edward Fernandez MD Board Member	1 0 42 0	X						0	575,074	59,708
(10) Julie Brussow SHP CEO	1 0 40 0			X				0	571,157	46,402
(11) Gordon Edwards CFO	1 0 44 0			X				0	702,259	57,140
(12) Krista Hoglund Chief Actuary	40 0 0 0				X			0	175,116	47,931
(13) Marty Anderson Chief Growth Officer	40 0 0 0				X			0	171,406	50,429
(14) Jennifer Hockin Chief Operating Officer	40 0 0 0				X			0	269,546	12,705
(15) Eric Quivers Chief Medical Officer	40 0 0 0				X			0	264,661	14,113
(16) Susan Turney MD MCHS CEO	1 0 44 0				X			0	2,454,892	49,690
(17) Jerard Jensen MCHS General Counsel	1 0 44 0				X			0	874,226	53,928

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michael Sautebin Chief Actuary	40 0 0 0				X			0	187,570	53,896
(19) Brian Ewert MD Former SHP Chairperson	0 0 40 0						X	0	352,174	53,417
(20) David Simenstad MD Former SHP Treasurer	0 0 40 0						X	0	1,135,999	57,569
(21) Daniel Ramsey Former MCHS COO	0 0 0 0						X	0	557,013	456
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	9,978,939	721,573

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

	Yes	No
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
NONE,		

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

Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,335,286,605	1,335,286,605	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,335,286,605			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,474,626			9,474,626
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
			(i) Real	(ii) Personal		
	6a Gross rents		1,378,886			
	b Less rental expenses		1,378,886			
	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		799,679,340			
	b Less cost or other basis and sales expenses		787,947,463	33,540		
	c Gain or (loss)		11,731,877	-33,540		
	d Net gain or (loss)		11,698,337			11,698,337
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0		
	b Less direct expenses		b	0		
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19		a	0		
	b Less direct expenses		b	0		
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances		a	0		
b Less cost of goods sold		b	0			
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a ASO ADMIN FEES		561000	918,448	918,448		
b ALL OTHER REVENUE		561000	954,437	954,437		
c						
d All other revenue						
e Total. Add lines 11a-11d		1,872,885				
12 Total revenue. See Instructions		1,358,332,453	1,337,159,490		21,172,963	

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.	1,018,574	1,018,574		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	909,493		909,493	
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.	24,647,475	24,647,475		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	8,903,670	8,903,670		
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	219,192		219,192	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,811,036		12,811,036	
12 Advertising and promotion.	145,027		145,027	
13 Office expenses.	428,282		428,282	
14 Information technology.	5,472,444		5,472,444	
15 Royalties.	0			
16 Occupancy.	659,603		659,603	
17 Travel.	57,023		57,023	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	190,976		190,976	
20 Interest.	78,936		78,936	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	3,542,815		3,542,815	
23 Insurance.	149,892		149,892	
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	1,202,914,436	1,202,914,436		
b AFFORDABLE CARE ACT FEES	21,789,927	21,789,927		
c COMMISSIONS	14,556,014	14,556,014		
d ALL OTHER EXPENSES	34,540,706		34,540,706	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	1,333,035,521	1,273,830,096	59,205,425	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	700	1	0
	2 Savings and temporary cash investments	159,231,142	2	36,270,020
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	28,688,898	4	32,089,701
	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	180,152	9	155,785
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	22,287,292		
	b Less: accumulated depreciation	9,467,996	10c	12,819,296
	11 Investments—publicly traded securities	127,868,426	11	285,246,122
	12 Investments—other securities. See Part IV, line 11	25,979,261	12	30,559,286
	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)	351,282,673	16	397,140,210	
Liabilities	17 Accounts payable and accrued expenses	153,449,606	17	226,149,079
	18 Grants payable	0	18	0
	19 Deferred revenue	25,063,262	19	27,211,067
	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	1,314,806	23	454,773
	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	-533,437	25	868,477
	26 Total liabilities. Add lines 17 through 25	179,294,237	26	254,683,396
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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	171,988,436	32	142,456,814
33 Total net assets or fund balances	171,988,436	33	142,456,814	
34 Total liabilities and net assets/fund balances	351,282,673	34	397,140,210	

Part XI Reconciliation of Net AssetsCheck 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	1,358,332,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,333,035,521
3	Revenue less expenses Subtract line 2 from line 1	3	25,296,932
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171,988,436
5	Net unrealized gains (losses) on investments	5	-17,390,300
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	-37,438,254
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,456,814

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-1572880

Name: Security Health Plan of Wisconsin Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316040169

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

OMB No 1545-0047

2018

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings	18,915,914	6,135,368	12,780,546
c	Leasehold improvements			
d	Equipment	3,371,378	3,332,628	38,750
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			12,819,296

Schedule D (Form 990) 2018

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) PIMCO BRAVO II	7,248,224	F
(B) RREEF AMERICA REIT II	8,055,166	F
(C) APOLLO TOTAL RETURN FUND LP	14,305,963	F
(D) WESTERN ASSET US CORE FUND	107,178	F
(E) BAIRD BANK FUND	842,755	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	30,559,286	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
CONTRACT RESERVES	868,477	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	868,477	

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	1,355,653,603
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	1,355,653,603
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	2,678,850
c	Add lines 4a and 4b	4c	2,678,850
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,358,332,453

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	1,330,356,671
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	1,330,356,671
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	2,678,850
c	Add lines 4a and 4b	4c	2,678,850
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,333,035,521

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-1572880

Name: Security Health Plan of Wisconsin Inc

Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part X Line 2	THE ORGANIZATION 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 ASC 740, 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 ORGANIZATION AT SEPTEMBER 30, 2018 OR 2017

Supplemental Information	
Return Reference	Explanation
FORM 990 SCH D PART XI & XII LINE 4B	NET LOSS ON SALE OF ASSETS \$(33,540) ADMINISTRATIVE REVENUE \$918,448 MISCELLANEOUS REVENUE \$954,437 MGMT FEES IN INV INCOME \$(69,785) INTEREST INCOME \$909,290 ----- ----- TOTAL \$2,678,850

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

OMB No 1545-0047

2018

**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 Activities 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	3,046,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total					3,046,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,046,000

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 separately 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, don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Security Health Plan of Wisconsin Inc

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
39-1572880

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 20

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Form 990 Sch I Part I Line 2	SECURITY HEALTH PLAN (SHP) PROVIDES ASSISTANCE (PRIMARILY CONTRIBUTIONS) TO A VARIETY OF ORGANIZATIONS, ALL OF WHICH ARE 501(C)(3) SHP MAKES DETERMINATIONS ON GRANTS AND OTHER ASSISTANCE BASED ON THE RECIPIENT ORGANIZATION'S MISSION, REPUTATION AND THE ORGANIZATION'S INTENDED USE OF FUNDS SHP REQUIRES GRANTEEES TO SUBMIT A BUDGET TO SHOW HOW FUNDS WILL BE USED IF THEIR BUDGET CHANGES DURING THE GRANT PERIOD THE GRANTEE MUST CONTACT SHP AND OBTAIN APPROVAL TO REAPPROPRIATE FUNDS AT THE END OF THE GRANT PERIOD THE GRANTEE IS REQUIRED TO SUBMIT A REPORT TO SHP EXPLAINING THE OUTCOME OF THE GRANT AS WELL AS HOW FUNDS WERE USED

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marshfield Clinic Inc 1000 N Oak Avenue Marshfield, WI 54449	39-0452970	501(c)(3)	331,010				Precision Med Initiative research study
Marathon County Special Education 1200 Lakeview Drive Suite 350 Wausau, WI 54403	39-1655623	501(c)(3)	124,570				Drug abuse prevention ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oneida County Health Department 100 W Keenan Street Rhinelander, WI 54501	39-6005723	Government	46,000				Drug abuse prevention ABCs for Healthy Communities
Eau Claire Area School District 500 Main Street Eau Claire, WI 54701	39-6001817	Government	41,530				Drug abuse prevention ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
School District of Phillips 990 Flambeau Avenue Phillips, WI 54555	39-6008030	Government	40,000				Drug abuse prevention ABCs for Healthy Communities
Community Connections To Prosperity of Barron Cnty 1107 Heart Island Parkway Rice Lake, WI 54868	82-4231103	501(c)(3)	38,000				Drug abuse prevention ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wisconsin Health Literacy 211 S Paterson Suite 260 Madison, WI 54703	39-1628898	501(c)(3)	30,000				Drug abuse prevention ABCs for Healthy Communities
Wood County Health Department 111 W Jackson Street Wisconsin Rapids, WI 54495	39-6005763	Government	30,000				Drug abuse prevention ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wisconsin Institute for Healthy Aging 1414 MacArthur Road Suite B Madison, WI 53714	27-3001041	501(c)(3)	28,000				Drug abuse prevention ABCs for Healthy Communities
Feed My People Food Bank 2610 Alpine Road Eau Claire, WI 54703	36-1488941	501(c)(3)	25,000				Pain medicine workshops ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lincoln County Health Department N607 N Sales Street Suite 101 Merrill, WI 54452	39-6005714	Government	25,000				General support ABCs for Healthy Communities
Bayfield County Health Department 117 E 6th Street PO Box 403 Washburn, WI 54891	39-6005670	Government	21,213				BEST program ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chippewa County Department of Public Health 711 North Bridge Street Room 121 Chippewa Falls, WI 54729	39-6005678	Government	15,000				General support ABCs for Healthy Communities
Juneau County Health Department 200 Hickory Street Mauston, WI 53984	39-6005706	Government	12,965				ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Newman Catholic Schools 619 Stark Street Wausau, WI 54403	39-1556442	501(c)(3)	12,271				ABCs for Healthy Communities
Big Brothers Big Sisters 2804 Rib Mountain Drive Suite G Wausau, WI 54401	39-1258616	501(c)(3)	10,000				ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clark County Public Health Department 517 Court Street Room 105 Neillsville, WI 54456	39-6005679	Government	10,000				ABCs for Healthy Communities
Northwest Wisconsin CEP 422 3rd Street W Suite 200 PO Box Ashland, WI 54806	39-1202378	501(c)(3)	7,500				ABCs for Healthy Communities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
School District of Tigerton 213 Spaulding Street Tigerton, WI 54486	39-6008518	Government	5,605				ABCs for Healthy Communities
Sawyer County Public Health 10610 Main Street Suite 224 Hayward, WI 54843	39-6005742	Government	5,181				ABCs for Healthy Communities

Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
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	Yes	
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	Yes	
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			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	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	Yes	
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	Yes	
b Any related organization?	6b	Yes	
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

See Additional Data Table

Schedule J (Form 990) 2018

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
Form 990 Sch J Part I Line 1a	THE ORGANIZATION MAY OCCASIONALLY REIMBURSE OR PROVIDE A HOUSING ALLOWANCE FOR KEY EXECUTIVES IN ORDER TO ASSIST WITH RELOCATING TO THE AREA. THE ORGANIZATION MAY ALSO CONTRIBUTE TO OR REIMBURSE FOR HEALTH AND SOCIAL CLUB DUES AS DEEMED NECESSARY IN ORDER TO SUPPORT A BUSINESS NEED.

Return Reference	Explanation
Form 990 Sch J Part I Line 3	THE MARSHFIELD CLINIC HEALTH SYSTEM'S (MCHS) INDEPENDENT COMPENSATION COMMITTEE (THE COMMITTEE) HAS FINAL AUTHORITY FOR APPROVING COMPENSATION AND BENEFITS OF ALL DISQUALIFIED PERSONS EMPLOYED BY ANY OF THE ORGANIZATIONS IN THE SYSTEM. THE COMMITTEE USES COMBINATIONS OF THE FOLLOWING TO EVALUATE COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE, AND WRITTEN EMPLOYMENT CONTRACTS.

Return Reference	Explanation
Form 990 Sch J Part I Line 4a	SEVERANCE DANIEL RAMSEY - \$557,469

Return Reference	Explanation
Form 990 Sch J Part I Line 4b	457(F) PLAN SUSAN TURNEY, MD - \$241,400

Return Reference	Explanation
Form 990 Sch J Part I Line 5a & 5b	SEVERAL INDIVIDUALS MAY RECEIVE INCENTIVE COMPENSATION BASED ON A VARIETY OF FACTORS, INCLUDING NOT ONLY FINANCIAL MEASURES SUCH AS REVENUE GROWTH OR EARNINGS, BUT ALSO QUALITY, SERVICE, MARKET EXPANSION, COMMUNITY & EMPLOYEE ENGAGEMENT, AND OTHER OUTCOMES OR EXPECTATIONS SET BY THE BOARD AND/OR CEO ANY PERFORMANCE BONUS IS SUBJECT TO REVIEW BY THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE FOR REASONABLENESS

Return Reference	Explanation
Form 990 Sch J Part I Line 6a & 6b	SEVERAL INDIVIDUALS MAY RECEIVE INCENTIVE COMPENSATION BASED ON A VARIETY OF FACTORS, INCLUDING NOT ONLY FINANCIAL MEASURES SUCH AS REVENUE GROWTH OR EARNINGS, BUT ALSO QUALITY, SERVICE, MARKET EXPANSION, COMMUNITY & EMPLOYEE ENGAGEMENT, AND OTHER OUTCOMES OR EXPECTATIONS SET BY THE BOARD AND/OR CEO ANY PERFORMANCE BONUS IS SUBJECT TO REVIEW BY THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE FOR REASONABLENESS



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				
Matthew Thomas MD Vice Chair	(i)	0	0	0	0	0	0	0
	(ii)	493,259	15,250	21,296	29,497	25,110	584,412	0
Ivan Schaller MD Secretary	(i)	0	0	0	0	0	0	0
	(ii)	232,003	10,410	4,413	29,497	28,084	304,407	0
Narayana Murali MD Board Member/MCHS Chief Strate	(i)	0	0	0	0	0	0	0
	(ii)	720,583	112,500	21,632	29,497	28,594	912,806	0
Edward Fernandez MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	426,883	125,719	22,472	29,497	32,416	636,987	0
Julie Brussow SHP CEO	(i)	0	0	0	0	0	0	0
	(ii)	429,811	129,888	11,458	29,497	19,110	619,764	0
Gordon Edwards CFO	(i)	0	0	0	0	0	0	0
	(ii)	570,052	90,000	42,207	29,497	29,848	761,604	0
Krista Hoglund Chief Actuary	(i)	0	0	0	0	0	0	0
	(ii)	171,442	0	3,674	24,953	24,236	224,305	0
Marty Anderson Chief Growth Officer	(i)	0	0	0	0	0	0	0
	(ii)	168,854	0	2,552	24,771	26,921	223,098	0
Jennifer Hockin Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	246,656	1,500	21,390	11,132	3,536	284,214	0
Eric Quivers Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	261,073	0	3,588	2,080	13,697	280,438	0
Susan Turney MD MCHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,686,332	510,000	258,560	29,497	22,398	2,506,787	154,255
Jerard Jensen MCHS General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	741,937	112,500	19,789	29,497	26,636	930,359	0
Brian Ewert MD Former SHP Chairperson	(i)	0	0	0	0	0	0	0
	(ii)	328,738	0	23,436	29,497	26,123	407,794	0
David Simenstad MD Former SHP Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	1,062,027	51,500	22,472	29,497	30,277	1,195,773	0
Daniel Ramsey Former MCHS COO	(i)	0	0	0	0	0	0	0
	(ii)	-456	0	557,469	0	456	557,469	0
Michael Sautebin Chief Actuary	(i)	0	0	0	0	0	0	0
	(ii)	187,120	0	450	27,700	27,583	242,853	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Security Health Plan of Wisconsin Inc

Employer identification number
39-1572880

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Julie Koplitz	FAMILY RELATIONSHIP	80,221	Compensation		No
(2) Justin Koplitz	FAMILY RELATIONSHIP	126,752	Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Security Health Plan of Wisconsin Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection****Employer identification number**

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 230,000 MEMBERS IN 2018, 47% OF SHP ENROLLMENT WAS FROM EMPLOYER GROUPS AND DIRECT PAY SUBSCRIBERS WITHIN THE HEALTHCARE, MANUFACTURING, GOVERNMENT, AND DAIRY INDUSTRIES, 27% FROM MEDICAID, 2% FROM MEDICARE SUPPLEMENT, 24% 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 PERMITTED BY THE STATE OF WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE, STATUTORY ACCOUNTING, WHICH DIFFERS FROM U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	MARSHFIELD CLINIC HEALTH SYSTEM, INC (A WISCONSIN NONSTOCK, NONPROFIT ORGANIZATION DESCRIBED IN CODE SECTION 501(C)(3)) IS THE SOLE MEMBER OF SECURITY HEALTH PLAN OF WISCONSIN, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7a	MARSHFIELD CLINIC HEALTH SYSTEM, INC (AS THE SOLE MEMBER) HAS THE RESERVE POWER TO APPOINT OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF SECURITY HEALTH PLAN OF WISCONSIN, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7b	MARSHFIELD CLINIC HEALTH SYSTEM, INC (THE SOLE MEMBER) HAS THE RIGHT TO APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS OF SECURITY HEALTH PLAN OF WISCONSIN, INC MARSHFIELD CLINIC HEALTH SYSTEM, INC (THE SOLE MEMBER) ALSO HAS THE RIGHT TO INITIATE AND APPROVE ANY OF THE FOLLOWING ACTIONS MERGER, CONSOLIDATION, AFFILIATION OR JOINT VENTURE WITH ANY OTHER ENTITY OR ENTITIES, LIQUIDATION, REORGANIZATION OR DISSOLUTION OF THE ORGANIZATION, FILING OF A VOLUNTARY PETITION IN BANKRUPTCY, ANY CHANGE IN CONTROL OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	MARSHFIELD CLINIC HEALTH SYSTEM, INC ENGAGES A PUBLIC ACCOUNTING FIRM TO PREPARE AND REVIEW THE FORM 990 IN ADDITION TO REVIEW BY THE SYSTEM CFO, VP OF FINANCE AND CONTROLLER PRIOR TO FILING THE FORM WITH THE IRS, THE CFO AND HIS/HER DESIGNEE WILL PROVIDE TO EACH MEMBER OF THE SYSTEM'S AUDIT AND COMPLIANCE COMMITTEE (A SUBCOMMITTEE OF THE BOARD OF DIRECTORS) A COPY IN ELECTRONIC OR PAPER FORM OF THE COMPLETED FORM 990 (AND ALL REQUIRED SCHEDULES) FOR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	<p>ALL OFFICERS, BOARD DIRECTORS, AND KEY EMPLOYEES OF EVERY MARSHFIELD CLINIC HEALTH SYSTEM (MCHS) ENTITY, AS WELL AS ANY OTHER PERSON DESIGNATED BY THE AUDIT AND COMPLIANCE COMMITTEE (ACC) TO BE A REQUIRED REPORTER BY VIRTUE OF HIS OR HER POSITION AT A SYSTEM ENTITY, SHALL ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. SUCH FORMS SHALL BE DISTRIBUTED AND RECORDED BY THE SYSTEM'S DESIGNATED COMPLIANCE OFFICER. ALL FINANCIAL INTERESTS DISCLOSED AS PART OF THE ANNUAL DISCLOSURE PROCESS SHALL BE REVIEWED BY THE ACC. THE ACC SHALL INFORM THE BOARD OF DISCLOSED FINANCIAL INTERESTS WHICH MAY BEAR UPON OR RELATE TO A TRANSACTION UPON WHICH THE BOARD OR ANOTHER BOARD, COMMITTEE OR OTHER BODY OF A SYSTEM ENTITY, MAY DELIBERATE OR ACT. IN ADDITION TO THE ANNUAL DISCLOSURES, IF AT ANY TIME BETWEEN ANNUAL DISCLOSURES, A REQUIRED REPORTER BECOMES AWARE THAT THE BOARD, OR A BOARD, COMMITTEE OR OTHER BODY, OR ANY SYSTEM ENTITY MAY DELIBERATE OR ACT UPON ANY TRANSACTION THAT MAY HAVE ANY BEARING OF ANY KIND UPON, OR MAY RELATE IN ANY MANNER TO, AN EXISTING, INTENDED OR EXPECTED FINANCIAL INTEREST OF THE REQUIRED REPORTER, HE OR SHE SHALL DISCLOSE THE FINANCIAL INTEREST TO THE RELEVANT SYSTEM ENTITY BOARD, COMMITTEE OR BODY CHAIR, AS WELL AS TO THE SYSTEM'S COMPLIANCE OFFICER, IN ADVANCE OF ANY DELIBERATIONS OR ACTIONS, WRITTEN DISCLOSURE OF THE EXISTENCE, NATURE AND EXTENT OF HIS OR HER FINANCIAL INTEREST. ALL WRITTEN OR ORAL DISCLOSURES OF FINANCIAL INTERESTS SHALL BE RECORDED IN THE MINUTES OF THE BOARD AND BY THE OFFICE OF THE COMPLIANCE OFFICER. THE COMPLIANCE OFFICER SHALL DISCLOSE THE COMPLETED FORMS AS NECESSARY TO THOSE MCHS EMPLOYEES RESPONSIBLE FOR COMPLETION OF THE IRS FORM 990.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a	<p>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 EXERCISE 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 NON-ADMITTED ASSETS \$(36,187,343) CHANGE IN CONTRACT RESERVES \$713,000 AGGREGA TE WRITE-INS FOR GAINS/LOSSES IN SURPLUS \$(537,911) ----- ----- TOTAL OTHER CHANGES IN NET ASSETS \$(37,438,254)

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

OMB No 1545-0047

2018

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 N St Josephs Ave Marshfield, WI 54449 47-4820788	ADMINISTRATOR	WI	-1,230,210	2,865,339	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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE DIAGNOSTIC & TREATMENT CENTER LLC 3401 CRANBERRY BLVD WESTON, WI 54476 20-0691634	MEDICAL SERVICES	WI	NA	RELATED	0	0		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	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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

No

Yes

No

No

No

Yes

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

No

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

Schedule R (Form 990) 2018

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Form 990 Sch R	MARSHFIELD CLINIC HEALTH SYSTEM, INC (A 501(C)(3) ORGANIZATION), IS THE PARENT ORGANIZATION OF SECURITY HEALTH PLAN OF WISCONSIN, INC THE FOLLOWING COMPANIES ARE RELATED TO SECURITY HEALTH PLAN OF WISCONSIN, INC THROUGH BROTHER/SISTER RELATIONSHIPS DUE TO A COMMON PARENT ORGANIZATION MARSHFIELD CLINIC, INC LAKEVIEW MEDICAL CENTER INC OF RICE LAKE FLAMBEAU HOSPITAL, INC MCHS HOSPITALS, INC MARSHFIELD CLINIC HEALTH SYSTEM FOUNDATION, INC MEMORIAL HOSPITAL, INC SECURITY ADMINISTRATIVE SERVICES, LLC IS A 100% OWNED SUBSIDIARY OF SECURITY HEALTH PLAN OF WISCONSIN, INC AND IS TREATED AS A DISREGARDED ENTITY OF SECURITY HEALTH PLAN OF WISCONSIN, INC FOR TAX PURPOSES



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
1000 N OAK AVE MARSHFIELD, WI 54449 39-0452970	MEDICAL SVCS	WI	501(C)(3)	3	MCHS		No
1700 W STOUT ST RICE LAKE, WI 54868 39-0837206	HOSPITAL	WI	501(C)(3)	3	MCHS		No
1700 W STOUT ST RICE LAKE, WI 54868 39-1329084	SUPPORT ORG	WI	501(C)(3)	12-TYPE III	NA		No
98 SHERRY AVE PARK FALLS, WI 54552 39-0973724	HOSPITAL	WI	501(C)(3)	3	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 46-1495343	SUPPORT ORG	WI	501(C)(3)	12-TYPE III	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 39-1865942	HONOR INDVDLS	WI	501(C)(3)	12-TYPE I	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 39-0452970	COM HLTH CTR	WI	501(C)(3)	7	NA		No
1000 N OAK AVE MARSHFIELD, WI 54449 81-0977948	HOSPITAL	WI	501(C)(3)	3	MCHS		No
1000 N OAK AVE MARSHFIELD, WI 54449 81-2822823	PHILANTHROPY	WI	501(C)(3)	7	MCHS		No
216 SUNSET PLACE NEILLSVILLE, WI 54456 39-0806828	HOSPITAL	WI	501(C)(3)	3	MCHS		No