

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** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

FROEDTERT SOUTH, INC. IS A COMPREHENSIVE REGIONAL HEALTHCARE SYSTEM THAT HAS SERVED SOUTHEASTERN WISCONSIN AND NORTHERN ILLINOIS COMMUNITIES FOR MORE THAN 100 YEARS. FROEDTERT SOUTH PROVIDES SERVICES PRIMARILY THROUGH THE FROEDTERT KENOSHA HOSPITAL AND THE FROEDTERT PLEASANT PRAIRIE HOSPITAL AND SEVERAL OTHER CLINIC LOCATIONS. WE, AT FROEDTERT SOUTH, ARE COMMITTED TO LIVING OUT THE HEALING MINISTRIES OF THE JUDEO-CHRISTIAN FAITHS BY PROVIDING EXCEPTIONAL AND COMPASSIONATE HEALTHCARE SERVICES THAT PROMOTES THE DIGNITY AND WELL BEING OF THE PEOPLE WE SERVE. THIS IS OUR MISSION AND OUR REASON FOR BEING.

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 \$ 280,005,759 including grants of \$ 14,300) (Revenue \$ 326,746,666)
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 ▶ 280,005,759

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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 Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	No
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	No
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 Yes	
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	1a	75
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

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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	14	
	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	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
► JENS EMERSON 6308 8TH AVENUE KENOSHA, WI 531435082 (262) 577-8113

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD O SCHMIDT JR PRESIDENT/CEO/DIRECTOR	45.00 2.00	X		X				1,426,039	0	147,453
(2) DAVID KNIGHT PHYSICIAN	40.00					X		1,282,764	0	23,284
(3) NEIL BHAMB PHYSICIAN	40.00					X		799,421	0	33,780
(4) NEIL SHEPLER PHYSICIAN	40.00					X		748,677	0	43,039
(5) KEVIN FULLIN PHYSICIAN	40.00					X		681,303	0	35,964
(6) MARIO GARRETTO MD DIRECTOR/PHYSICIAN	40.00	X						664,081	0	37,202
(7) PHILLIP CHUNG PHYSICIAN	40.00					X		646,524	0	37,229
(8) SUSAN VENTURA SVP/COO	45.00				X			617,643	0	55,430
(9) LINDA WOHLGEMUTH ASST SECRETARY/SVP-COO	45.00			X				616,584	0	55,077
(10) THOMAS KELLEY ASST TREASURER/VP-CFO	45.00			X				565,721	0	72,188
(11) THOMAS AMBRO MD DIRECTOR/PHYSICIAN	40.00	X						340,026	0	52,744
(12) DR F GREGORY CAMPBELL CHAIRMAN	2.00 2.00	X		X				0	0	0
(13) TODD BATTLE DIRECTOR	2.00	X		X				0	0	0
(14) ROBERT LEE JR DIRECTOR	2.00	X		X				0	0	0
(15) THOMAS P MAHONEY DIRECTOR	2.00	X		X				0	0	0
(16) HAROLD W MAYER DIRECTOR	2.00	X		X				0	0	0
(17) DAVID R RILEY DIRECTOR	2.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE GENTILE DIRECTOR	2.00	X						0	0	0
(19) CATHERINE JACOBSON DIRECTOR	2.00	X						0	0	0
(20) MICHAEL PITTS DIRECTOR	2.00	X						0	0	0
(21) DEAN THOMAS DIRECTOR	2.00	X						0	0	0
(22) GARY ZAID MD DIRECTOR/PHYSICIAN	2.00	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	8,388,783	0	593,390

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 ▶ 172

	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		No
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	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		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
RILEY CONSTRUCTION 5301 99TH AVE KENOSHA, WI 53144	BUILDING CONSTRUCTION	23,665,766
AEROTEK COMMERCIAL STAFFING PO BOX 198531 ATLANTA, GA 30384	STAFFING	3,311,245
ALLSCRIPTS HEALTHCARE 24630 NETWORK PLACE CHICAGO, IL 60673	IS SERVICES	2,631,395
FUSION MEDICAL STAFFING PO BOX 82674 LINCOLN, NE 68501	STAFFING	1,842,340
INFINITY HEALTHCARE 7032 COLLECTION CENTER CHICAGO, IL 60693	MEDICAL	1,632,919

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 53

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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	49,685									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	162,413									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		212,098										
Program Service Revenue	2a NET PATIENT SERVICE REVENUE		Business Code										
			623000	314,295,560		314,295,560							
	b OTHER OPERATING REVENUE		623990	12,444,402		12,290,027		154,375					
	c MEDICAL OFFICE RENTAL		900099	161,079		161,079							
	d												
	e												
	f All other program service revenue.												
g Total. Add lines 2a-2f.		326,901,041											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					2,685,099				2,685,099			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	264,157,954	22,300								
	b Less: cost or other basis and sales expenses		7b	263,918,589	1,700,000								
	c Gain or (loss)		7c	239,365	-1,677,700								
	d Net gain or (loss)					-1,438,335				-1,438,335			
	8a Gross income from fundraising events (not including \$ 49,685 of contributions reported on line 1c). See Part IV, line 18		8a	18,065									
	b Less: direct expenses		8b	65,695									
	c Net income or (loss) from fundraising events					-47,630				-47,630			
	9a Gross income from gaming activities. See Part IV, line 19		9a	14,075									
	b Less: direct expenses		9b	1,648									
	c Net income or (loss) from gaming activities					12,427				12,427			
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue		Business Code											
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d													
12 Total revenue. See instructions					328,324,700		326,746,666		154,375		1,211,561		

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,300	14,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,091,388	4,178,879	912,509	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	135,566,431	113,076,828	22,489,603	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,398,838	4,267,711	2,131,127	
9 Other employee benefits	19,763,098	11,653,767	8,109,331	
10 Payroll taxes	9,148,702	7,628,985	1,519,717	
11 Fees for services (non-employees):				
a Management				
b Legal	236,895		236,895	
c Accounting	105,000		105,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,633,655	26,668,684	2,964,971	
12 Advertising and promotion	391,283	82,607	308,676	
13 Office expenses	1,405,679	824,007	581,672	
14 Information technology	11,107,145	2,185,136	8,922,009	
15 Royalties				
16 Occupancy	6,361,502	6,212,818	148,684	
17 Travel	473,522	155,219	318,303	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,356,975	23,721,278	2,635,697	
23 Insurance	972,261	268,666	703,595	
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 SUPPLIES	31,964,362	30,937,724	1,026,638	
b DRUGS	27,773,355	27,773,355		
c BAD DEBTS	8,047,119	8,047,119		
d PROVIDER TAX ASSESSMENT	6,865,688	6,865,688		
e All other expenses	7,727,337	5,442,988	2,284,349	
25 Total functional expenses. Add lines 1 through 24e	335,404,535	280,005,759	55,398,776	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance 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			1		
	2	Savings and temporary cash investments		24,083,525	2	50,205,435	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		52,259,843	4	44,414,533	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		10,000,000	7	5,000,000	
	8	Inventories for sale or use		5,867,944	8	7,539,542	
	9	Prepaid expenses and deferred charges		6,400,325	9	6,822,229	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	563,064,503			
	b	Less: accumulated depreciation	10b	313,623,385	249,768,545	10c	249,441,118
	11	Investments—publicly traded securities		168,268,124	11	149,690,755	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		17,000,346	15	16,381,500	
16	Total assets. Add lines 1 through 15 (must equal line 34)		533,648,652	16	529,495,112		
Liabilities	17	Accounts payable and accrued expenses		29,592,420	17	30,377,565	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		10,000,000	23	5,000,000	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		54,697,303	25	47,136,000	
	26	Total liabilities. Add lines 17 through 25		94,289,723	26	82,513,565	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		436,933,535	27	444,453,156	
	28	Net assets with donor restrictions		2,425,394	28	2,528,391	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		439,358,929	32	446,981,547	
33	Total liabilities and net assets/fund balances		533,648,652	33	529,495,112		

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	328,324,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	335,404,535
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,079,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439,358,929
5	Net unrealized gains (losses) on investments	5	1,104,233
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	13,598,220
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	446,981,547

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: 39-0816845
Name: FROEDTERT SOUTH INC

Form 990 (2019)

Form 990, Part III, Line 4a:

ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES TO ITS COMMUNITY. 2019 CHARITY CARE \$3,793,145 CHARITY CARE IS DEFINED AS FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO THOSE WHO CANNOT AFFORD TO PAY AND WHO MEET ALL CRITERIA FOR FINANCIAL ASSISTANCE. CHARITY CARE IS BASED ON ACTUAL COSTS, NOT CHARGES, AND DOES NOT INCLUDE BAD DEBT. UNREIMBURSED COST OF PUBLIC PROGRAMS \$30,231,948. UNREIMBURSED COST OF PUBLIC PROGRAMS IS DEFINED AS THE SHORTFALL EXPERIENCED WHEN PAYMENTS RECEIVED ARE BELOW THE COST OF TREATING PUBLIC BENEFICIARIES THROUGH MEDICAID AND OTHER LOCAL PUBLIC PROGRAMS. COMMUNITY HEALTH IMPROVEMENT SERVICES \$840,427. COMMUNITY HEALTH IMPROVEMENT SERVICES ARE DEFINED AS CLINICAL AND NON-CLINICAL SERVICES DESIGNED TO IMPROVE COMMUNITY HEALTH, WHICH ARE PROVIDED TO THE COMMUNITY FOR FREE OR FOR FEES THAT DID NOT COVER COSTS. FINANCIAL CONTRIBUTIONS \$295,729. FINANCIAL CONTRIBUTIONS ARE DEFINED AS CONTRIBUTIONS, INCLUDING CASH, NON-CASH ITEMS SUCH AS FOOD, FURNITURE, EQUIPMENT, SUPPLIES, AND LOANED STAFF FOR VOLUNTEER AND CHARITABLE PURPOSES, MADE TO INDIVIDUALS, COMMUNITY GROUPS, OR NONPROFIT ORGANIZATIONS FOR CHARITABLE PURPOSES. HEALTH PROFESSIONS EDUCATION \$3,329. HEALTH PROFESSIONS EDUCATION IS DEFINED AS DIRECT COSTS INCURRED FOR ACCREDITED TRAINING AND EDUCATION PROGRAMS FOR PHYSICIANS, NURSES, ALLIED HEALTH PROFESSIONALS AND TECHNICIANS (DOES NOT INCLUDE ONGOING EDUCATION FOR STAFF). COMMUNITY BUILDING ACTIVITIES \$350,157. COMMUNITY BUILDING ACTIVITIES ARE DEFINED AS PROGRAMS THAT, WHILE NOT DIRECTLY RELATED TO HEALTH CARE, PROVIDE OPPORTUNITIES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES. COSTS FOR THESE ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS. COMMUNITY BENEFIT OPERATIONS \$6,659. COMMUNITY BENEFIT OPERATIONS ARE DEFINED AS COSTS ASSOCIATED WITH DEDICATED STAFF AND COMMUNITY HEALTH NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS, OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS. TOTAL BENEFIT TO THE COMMUNITY FOR 2019 \$35,521,394.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FROEDTERT SOUTH INC

Employer identification number
39-0816845

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 39-0816845
Name: FROEDTERT SOUTH INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FROEDTERT SOUTH INC

Employer identification number
39-0816845

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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	2,425,394	2,360,682	2,296,413	2,168,810	2,050,490
b Contributions					
c Net investment earnings, gains, and losses	117,297	67,837	76,069	136,903	125,683
d Grants or scholarships					
e Other expenditures for facilities and programs	14,300	3,125	11,800	9,300	7,363
f Administrative expenses					
g End of year balance	2,528,391	2,425,394	2,360,682	2,296,413	2,168,810

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 60.120 %

c

Temporarily restricted endowment ▶ 39.880 %

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)		No
3a(ii)		No
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		17,348,877		17,348,877
b Buildings		385,457,326	195,672,747	189,784,579
c Leasehold improvements				
d Equipment		154,757,296	117,950,638	36,806,658
e Other		5,501,004		5,501,004
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				249,441,118

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	22,030,544
(3) PENSION LIABILITY	25,105,456
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	47,136,000

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	334,965,734
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,104,233
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,536,801
e	Add lines 2a through 2d	2e	6,641,034
3	Subtract line 2e from line 1	3	328,324,700
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	328,324,700

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	327,343,116
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	0
3	Subtract line 2e from line 1	3	327,343,116
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	8,061,419
c	Add lines 4a and 4b	4c	8,061,419
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	335,404,535

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: 39-0816845
Name: FROEDTERT SOUTH INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	TEMPORARILY RESTRICTED NET ASSETS ARE RESTRICTED FOR EDUCATION SCHOLARSHIP GRANTS AND VARIOUS HEALTH CARE PROGRAMS. PERMANENTLY RESTRICTED NET ASSETS ARE TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE FOR HOSPITAL DEVELOPMENT.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN PENSION OBLIGATION OTHER THAN PENSION EXPENSE 5,641,437. SCHOLARSHIPS INCLUDED IN INCOME -14,300. BAD DEBT EXPENSE -8,047,119. PERIODIC BENEFIT COST 7,956,783.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS INCLUDED IN INCOME 14,300. BAD DEBT EXPENSE 8,047,119.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	67,750			67,750
	2 Less: Contributions	49,685			49,685
	3 Gross income (line 1 minus line 2)	18,065			18,065
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,938			1,938
	6 Rent/facility costs				
	7 Food and beverages	43,323			43,323
	8 Entertainment				
	9 Other direct expenses	20,434			20,434
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				65,695
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-47,630	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ Yes ☐ No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FROEDTERT SOUTH INC

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
39-0816845

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 25000.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,793,145		3,793,145	1.160 %
b Medicaid (from Worksheet 3, column a)			52,043,097	21,811,149	30,231,948	9.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			55,836,242	21,811,149	34,025,093	10.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			847,086		847,086	0.260 %
f Health professions education (from Worksheet 5)			3,329		3,329	0 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			295,729		295,729	0.090 %
j Total. Other Benefits			1,146,144		1,146,144	0.350 %
k Total. Add lines 7d and 7j			56,982,386	21,811,149	35,171,237	10.750 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			13,329		13,329	0 %
2 Economic development			274,752		274,752	0.080 %
3 Community support			57,415		57,415	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			4,661		4,661	0 %
10 Total			350,157		350,157	0.100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,770,899	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	50,027,770
6 Enter Medicare allowable costs of care relating to payments on line 5	6	72,154,419
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,126,649
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

2

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FROEDTERT KENOSHA HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, PAGE 8</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

FROEDTERT KENOSHA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

FROEDTERT KENOSHA HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FROEDTERT KENOSHA HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FROEDTERT PLEASANT PRAIRIE HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, PAGE 8</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FROEDTERT PLEASANT PRAIRIE HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %		
b	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	☒ The FAP was widely available on a website (list url): HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/		
b	☒ The FAP application form was widely available on a website (list url): HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/		
c	☒ A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.FROEDTERTSOUTH.COM/PATIENTS-VISITORS/BILLING/		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

FROEDTERT PLEASANT PRAIRIE HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

FROEDTERT PLEASANT PRAIRIE HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 1 - FROEDTERT SOMERS CLINIC 3400 MARKET LANE KENOSHA, WI 53144	OUTPATIENT PHYSICIAN CLINIC
2 2 - FROEDTERT PRAIRIE RIDGE 9697 ST CATHERINES DRIVE PLEASANT PRAIRIE, WI 53158	OUTPATIENT PHYSICIAN CLINIC
3 3 - FROEDTERT PADDOCK LAKE CLINIC 7322 236TH AVENUE SALEM, WI 53168	OUTPATIENT PHYSICIAN CLINIC
4 4 - LAKEVIEW RECPLEX 9900 TERWALL TERRACE PLEASANT PRAIRIE, WI 53158	REHABILITATION CLINIC
5 5 - YMCA PHYSICAL THERAPY 7101 53RD STREET KENOSHA, WI 53144	REHABILITATION CLINIC
6 6 - RCW ADMINISTRATIVE BUILDING 5000 68TH AVE KENOSHA, WI 53144	ADMINISTRATIVE BUILDING
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE COST METHOD USED TO CALCULATE THE COST OF THE COMMUNITY BENEFIT PROGRAMS WAS THE COST-TO-CHARGE RATIO. WORKSHEET 2 WAS USED TO CALCULATE THE RATIO OF PATIENT CARE COST TO CHARGES.
PART I, LN 7 COL(F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$8,047,119.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	MANY STAFF MEMBERS ARE UTILIZED TO PROMOTE THE HEALTH OF THE COMMUNITY AND THE GENERAL WELL-BEING OF THE COMMUNITY WE SERVE. THROUGH OUR EMERGENCY PREPAREDNESS COMMITTEE, STAFF ARE ALWAYS PLANNING AND PREPARING TO BE READY TO MEET THE NEEDS OF THE COMMUNITY AS EVENTS OCCUR. ADDITIONALLY, A VARIETY OF STAFF WORK WITH LOCAL SCHOOLS AND OTHER ORGANIZATIONS TO GIVE TALKS PROMOTING HEALTH AND CAREERS IN HEALTHCARE. A NUMBER OF STAFF MEMBERS ARE INVOLVED IN MENTORING PROGRAMS WITHIN THE LOCAL SCHOOLS. RECOGNIZING THE IMPORTANCE OF SUSTAINING AND GROWING OUR ECONOMY, WE PARTICIPATE IN OUR LOCAL BUSINESS ALLIANCE.
PART III, LINE 2:	THE ORGANIZATIONS UTILIZED THE HMFA #15 METHODOLOGY FOR DETERMINING BAD DEBT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	SINCE THE ORGANIZATION UTILIZES HMFA #15, THERE IS NO PORTION OF THE BAD DEBT THAT WOULD BE CONSIDERED CHARITY CARE.
PART III, LINE 4:	MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY RESPONSIBLE FOR, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION EXPERIENCE AND THE CURRENT STATUS OF INDIVIDUAL ACCOUNTS. BALANCES THAT ARE STILL OUTSTANDING AFTER MANAGEMENT HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE VALUATION ALLOWANCE AND A CREDIT TO PATIENT ACCOUNTS RECEIVABLE. WORKSHEET A IN THE INSTRUCTIONS WAS USED TO DETERMINE THE COSTING METHODOLOGY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	SCHEDULE H PART III SECTION B LINE 6 REPORTS "ALLOWABLE COSTS OF CARE" AS TAKEN FROM THE MOST RECENTLY FILED MEDICARE COST REPORT AVAILABLE AT THE TIME THE COMMUNITY BENEFIT REPORT IS PUBLISHED. THE MEDICARE COST REPORT CALCULATES ITS ALLOWABLE TOTAL COSTS BASED ON APPLICABLE MEDICARE REGULATIONS. MEDICARE AND MEDICAID COST IS DETERMINED USING INDIVIDUAL COST CENTER COST-TO-CHARGE RATIOS. THIS COST TO CHARGE RATIO IS DETERMINED USING ALL PAYER COST AND ALL PAYER CHARGES. THE COST TO CHARGE RATIO IS APPLIED TO THE ACTUAL MEDICARE AND MEDICAID CHARGES TO DETERMINE THE MEDICARE AND MEDICAID COST. THIS ORGANIZATION HAS ADOPTED THE COST AND CHARGE PRACTICES AS RECOMMENDED BY THE CATHOLIC HEALTH ASSOCIATION AND THE WISCONSIN, IOWA, OR ILLINOIS HOSPITAL ASSOCIATION AS APPLICABLE, AND THEREFORE, DOES NOT COUNT ANY MEDICARE SHORTFALL NUMBERS IN ITS ANNUAL REPORTING OF COMMUNITY BENEFIT AMOUNTS.
PART III, LINE 9B:	OUR COLLECTION PROCESS IS THE SAME FOR ALL PATIENTS. IF A PATIENT EXPRESSES A NEED FOR FINANCIAL ASSISTANCE WE OFFER THE FINANCIAL ASSISTANCE APPLICATION. WE BILL ALL INSURANCES. PATIENT DOES NOT RECEIVE A COPY OF THE BILL UNTIL IT IS THEIR BALANCE. OUR EXTENDED BUSINESS OFFICE SENDS THREE STATEMENTS AND OUR REQUIRED FINAL REQUEST STATEMENT. FROM THIS POINT THE OUTSTANDING BALANCE IS HANDLED BY THE COLLECTION AGENCY. THE ACCOUNT DOES STAY ACTIVE ON OUR FINANCIAL SYSTEM FOR ONE YEAR. AT THAT TIME THE OUTSTANDING BALANCE IS MOVED OVER TO A BAD DEBT STATUS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	IN AN EFFORT TO UNDERSTAND AND ASSIST IN ADDRESSING THE NEEDS OF THE COMMUNITY WE SERVE, FROEDTERT SOUTH HAS INVOLVEMENT IN A VARIETY OF COMMUNITY COMMITTEES. FROEDTERT SOUTH HAS MULTIPLE STAFF, MANAGEMENT AND ADMINISTRATIVE LEVEL EMPLOYEES PARTICIPATE IN COMMITTEES THAT ARE SET UP TO ASSESS AND ADDRESS NEEDS IN THE COMMUNITY SUCH AS A HEALTHY LIFESTYLE COMMITTEE, MENTAL HEALTH COMMITTEE, INJURY PREVENTION COMMITTEE, SUICIDE PREVENTION COMMITTEE, INFANT MORTALITY COMMITTEE. THROUGH OUR PARTICIPATION IN COMMUNITY COMMITTEES WE GAIN AN UNDERSTANDING ABOUT THE NEEDS OF THE COMMUNITY AS WELL AS THE OPPORTUNITY TO WORK TOGETHER TO ADDRESS THE NEEDS.
PART VI, LINE 3:	WHEN STATEMENTS ARE SENT FROM OUR EXTENDED BUSINESS OFFICE, THERE IS A PHONE NUMBER FOR THE PATIENT TO CALL FOR ASSISTANCE WITH THEIR BALANCES. PATIENTS CALL AND THEY WORK WITH THEM TO SET UP PAYMENT ARRANGEMENTS. IF THEY EXPRESS ANY CONCERNS FOR FINANCIAL NEEDS THEY OFFER TO SEND THEM A COMMUNITY CARE APPLICATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	KENOSHA COUNTY IS A FAST GROWING LAKESHORE COUMMUNITY IN SOUTHEASTERN WISCONSIN. LOCATED BETWEEN CHICAGO AND MILWAUKEE, KENOSHA COUNTY BOASTS A DIVERSE ECONOMY. KENOSHA IS THE FOURTH LARGEST CITY IN THE STATE OF WISCONSIN WITH 100,164 RESIDENTS REPORTED BY THE UNITED STATES CENSUS BUREAU IN THE 2018 POPULATION ESTIMATES. KENOSHA IS NOW THE EIGHTH LARGEST COUNTY IN WISCONSIN IN TERMS OF POPULATION WITH 169,561 RESIDENTS. FROEDTERT SOUTH SERVES PEOPLE IN SOUTHEASTERN WISCONSIN AND NORTHERN ILLINOIS THROUGH ITS TWO HOSPITAL LOCATIONS, FROEDTERT PLEASANT PRAIRIE HOSPITAL AND FROEDTERT KENOSHA HOSPITAL. ADVOCATE AURORA MEDICAL CENTER ALSO HAS A HOSPITAL CAMPUS IN KENOSHA.
PART VI, LINE 5:	FROEDTERT SOUTH IS COMMITTED TO IMPROVING THE HEALTH OF OUR PATIENTS AND NEIGHBORS. WE OFFER A VARIETY OF COMMUNITY OUTREACH PROGRAMS TO HELP THE GENERAL PUBLIC MAINTAIN GOOD HEALTH. THESE INCLUDE FREE COMMUNITY EDUCATION SEMINARS, HEALTH SCREENINGS, AND VARIOUS SUPPORT GROUPS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	WI

Additional Data

Software ID:
Software Version:
EIN: 39-0816845
Name: FROEDTERT SOUTH INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	FROEDTERT KENOSHA HOSPITAL 6308 8TH AVENUE KENOSHA, WI 53143 WWW.FROEDTERTSOUTH.COM 22	X	X					X			
2	FROEDTERT PLEASANT PRAIRIE HOSPITAL 9555 76TH STREET PLEASANT PRAIRIE, WI 53158 WWW.FROEDTERTSOUTH.COM 305	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL	PART V, SECTION B, LINE 5: AS PART OF THE CHNA PROCESS, 25 INTERVIEWS AND TWO FOCUS GROUPS, A TOTAL OF 39 KEY INFORMANTS WERE CONDUCTED WITH KEY INFORMANTS IN KENOSHA COUNTY WHO WERE IDENTIFIED BY THE KENOSHA COUNTY DIVISION OF HEALTH, FROEDTERT SOUTH, AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, KENOSHA COMMUNITY HEALTH CENTER, AND UNITED WAY OF KENOSHA COUNTY. AMONG THE KEY INFORMANTS WERE LEADERS FROM PUBLIC HEALTH, EDUCATION, AND COMMUNITY ORGANIZATIONS. THESE KEY INFORMANTS REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS. THE INTERVIEWERS USED A STANDARD INTERVIEW SCRIPT THAT INCLUDED THE FOLLOWING ELEMENTS: RANKING OF UP TO FIVE PUBLIC HEALTH ISSUES, BASED ON THE FOCUS AREAS PRESENTED IN WISCONSIN'S STATE HEALTH PLAN, THAT ARE THE MOST IMPORTANT ISSUES FOR THE COUNTY; AND FOR THOSE FIVE PUBLIC HEALTH ISSUES: O EXISTING STRATEGIES TO ADDRESS THE ISSUE. O BARRIERS AND CHALLENGES TO ADDRESSING THE ISSUE. O ADDITIONAL STRATEGIES NEEDED. O KEY GROUPS IN THE COMMUNITY THAT HOSPITALS SHOULD PARTNER WITH TO IMPROVE COMMUNITY HEALTH. O IDENTIFICATION OF SUBGROUPS OR SUBPOPULATIONS WHERE EFFORTS COULD BE TARGETED. O WAYS EFFORTS CAN BE TARGETED TOWARD EACH SUBGROUP OR SUBPOPULATION. ALL INFORMANTS WERE MADE AWARE THAT PARTICIPATION WAS VOLUNTARY AND THAT RESPONSES WOULD BE SHARED WITH THE CENTER FOR URBAN POPULATION HEALTH FOR ANALYSIS AND REPORTING. BASED ON THE SUMMARIES PROVIDED TO THE CENTER FOR URBAN POPULATION HEALTH, THE REPORT PRESENTS THE RESULTS OF THE 2019 KEY INFORMANT INTERVIEWS FOR KENOSHA COUNTY.
FROEDTERT PLEASANT PRAIRIE HOSPITAL	PART V, SECTION B, LINE 5: AS PART OF THE CHNA PROCESS, 25 INTERVIEWS AND TWO FOCUS GROUPS, A TOTAL OF 39 KEY INFORMANTS WERE CONDUCTED WITH KEY INFORMANTS IN KENOSHA COUNTY WHO WERE IDENTIFIED BY THE KENOSHA COUNTY DIVISION OF HEALTH, FROEDTERT SOUTH, AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, KENOSHA COMMUNITY HEALTH CENTER, AND UNITED WAY OF KENOSHA COUNTY. AMONG THE KEY INFORMANTS WERE LEADERS FROM PUBLIC HEALTH, EDUCATION, AND COMMUNITY ORGANIZATIONS. THESE KEY INFORMANTS REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS. THE INTERVIEWERS USED A STANDARD INTERVIEW SCRIPT THAT INCLUDED THE FOLLOWING ELEMENTS: RANKING OF UP TO FIVE PUBLIC HEALTH ISSUES, BASED ON THE FOCUS AREAS PRESENTED IN WISCONSIN'S STATE HEALTH PLAN, THAT ARE THE MOST IMPORTANT ISSUES FOR THE COUNTY; AND FOR THOSE FIVE PUBLIC HEALTH ISSUES: O EXISTING STRATEGIES TO ADDRESS THE ISSUE. O BARRIERS AND CHALLENGES TO ADDRESSING THE ISSUE. O ADDITIONAL STRATEGIES NEEDED. O KEY GROUPS IN THE COMMUNITY THAT HOSPITALS SHOULD PARTNER WITH TO IMPROVE COMMUNITY HEALTH. O IDENTIFICATION OF SUBGROUPS OR SUBPOPULATIONS WHERE EFFORTS COULD BE TARGETED. O WAYS EFFORTS CAN BE TARGETED TOWARD EACH SUBGROUP OR SUBPOPULATION. ALL INFORMANTS WERE MADE AWARE THAT PARTICIPATION WAS VOLUNTARY AND THAT RESPONSES WOULD BE SHARED WITH THE CENTER FOR URBAN POPULATION HEALTH FOR ANALYSIS AND REPORTING. BASED ON THE SUMMARIES PROVIDED TO THE CENTER FOR URBAN POPULATION HEALTH, THE REPORT PRESENTS THE RESULTS OF THE 2019 KEY INFORMANT INTERVIEWS FOR KENOSHA COUNTY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL	PART V, SECTION B, LINE 6A: AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND FROEDTERT PLEASANT PRAIRIE HOSPITAL
FROEDTERT PLEASANT PRAIRIE HOSPITAL	PART V, SECTION B, LINE 6A: AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND FROEDTERT KENOSHA HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL	PART V, SECTION B, LINE 6B: AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, UNITED WAY OF KENOSHA COUNTY, FROEDTERT PLEASANT PRAIRIE HOSPITAL, AND KENOSHA COUNTY PUBLIC HEALTH DEPARTMENT ALONG WITH JKV RESEARCH, LLC, AND CENTER FOR URBAN POPULATION HEALTH FROEDTERT KENOSHA HOSPITAL:PART V, SECTION B, LINE 7A: HTTP://WWW.FROEDTERSOUTH.COM/ABOUT/COMMUNITY-BENEFITS/
FROEDTERT PLEASANT PRAIRIE HOSPITAL	PART V, SECTION B, LINE 6B: AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, UNITED WAY OF KENOSHA COUNTY, FROEDTERT KENOSHA HOSPITAL, AND KENOSHA COUNTY PUBLIC HEALTH DEPARTMENT ALONG WITH JKV RESEARCH, LLC, AND CENTER FOR URBAN POPULATION HEALTH FROEDTERT PLEASANT PRAIRIE HOSPITAL:PART V, SECTION B, LINE 7A: HTTP://WWW.FROEDTERSOUTH.COM/ABOUT/COMMUNITY-BENEFITS/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL	PART V, SECTION B, LINE 7D: FROEDTERT SOUTH WORKED IN COLLABORATION WITH SEVERAL UNRELATED HOSPITAL ORGANIZATIONS FACILITIES, GOVERNMENTAL DEPARTMENTS, AND NONPROFIT ORGANIZATIONS, INCLUDING AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND THE KENOSHA COMMUNITY HEALTH CENTER TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR CALENDAR YEARS 2020 THROUGH 2022, AND ADOPTED AN IMPLEMENTATION STRATEGY TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PRIOR TO THE EXTENDED DEADLINE DATE OF DECEMBER 31, 2020 (AS EXTENDED BY THE IRS PURSUANT TO NOTICE 2020-56). CONSISTENT WITH THE REQUIREMENTS OF SECTION 501(R)(3), FROEDTERT SOUTH'S CHNA [1] DEFINED THE COMMUNITY IT SERVES, [2] ASSESSED THE HEALTH NEEDS OF THE KENOSHA COUNTY COMMUNITY, [3] INCLUDED SIGNIFICANT FEEDBACK FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE KENOSHA COUNTY COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, [4] WAS DOCUMENTED IN A WRITTEN REPORT THAT WAS ADOPTED FOR THE HOSPITAL FACILITY AND [5] WAS MADE WIDELY AVAILABLE TO THE PUBLIC IN PAPER FORMAT AT THE HOSPITAL FACILITIES, FOR PUBLIC INSPECTION, AND UPON REQUEST PRIOR TO THE EXTENDED DEADLINE DATE OF DECEMBER 31, 2020. HOWEVER, FROEDTERT SOUTH WAS UNABLE TO MAKE THE CHNA WIDELY AVAILABLE, VIA THE FROEDTERT SOUTH WEBSITE UNTIL SHORTLY AFTER THE DECEMBER 31, 2020, DATE RESULTING FROM A REBUILD OF ITS FACILITY WEBSITE, WHICH DID NOT GO LIVE UNTIL SHORTLY AFTER THE EXTENDED DEADLINE DATE. HAVING SAID THAT, CHNA SURVEY AND REPORT FOR CALENDAR YEARS 2020 THROUGH 2022 CONDUCTED WITH AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND THE KENOSHA COMMUNITY HEALTH CENTER WAS PUBLISHED AND MADE WIDELY AVAILABLE VIA THEIR RESPECTIVE WEBSITES ON, OR BEFORE, DECEMBER 31, 2020.FROEDTERT KENOSHA HOSPITAL:PART V, SECTION B, LINE 10A:HTTP://WWW.FROEDTERTSOUTH.COM/ABOUT/COMMUNITY-BENEFITS/
FROEDTERT PLEASANT PRAIRIE HOSPITAL	PART V, SECTION B, LINE 7D: FROEDTERT SOUTH WORKED IN COLLABORATION WITH SEVERAL UNRELATED HOSPITAL ORGANIZATIONS FACILITIES, GOVERNMENTAL DEPARTMENTS, AND NONPROFIT ORGANIZATIONS, INCLUDING AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND THE KENOSHA COMMUNITY HEALTH CENTER TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR CALENDAR YEARS 2020 THROUGH 2022, AND ADOPTED AN IMPLEMENTATION STRATEGY TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PRIOR TO THE EXTENDED DEADLINE DATE OF DECEMBER 31, 2020 (AS EXTENDED BY THE IRS PURSUANT TO NOTICE 2020-56). CONSISTENT WITH THE REQUIREMENTS OF SECTION 501(R)(3), FROEDTERT SOUTH'S CHNA [1] DEFINED THE COMMUNITY IT SERVES, [2] ASSESSED THE HEALTH NEEDS OF THE KENOSHA COUNTY COMMUNITY, [3] INCLUDED SIGNIFICANT FEEDBACK FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE KENOSHA COUNTY COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, [4] WAS DOCUMENTED IN A WRITTEN REPORT THAT WAS ADOPTED FOR THE HOSPITAL FACILITY AND [5] WAS MADE WIDELY AVAILABLE TO THE PUBLIC IN PAPER FORMAT AT THE HOSPITAL FACILITIES, FOR PUBLIC INSPECTION, AND UPON REQUEST PRIOR TO THE EXTENDED DEADLINE DATE OF DECEMBER 31, 2020. HOWEVER, FROEDTERT SOUTH WAS UNABLE TO MAKE THE CHNA WIDELY AVAILABLE, VIA THE FROEDTERT SOUTH WEBSITE UNTIL SHORTLY AFTER THE DECEMBER 31, 2020, DATE RESULTING FROM A REBUILD OF ITS FACILITY WEBSITE, WHICH DID NOT GO LIVE UNTIL SHORTLY AFTER THE EXTENDED DEADLINE DATE. HAVING SAID THAT, CHNA SURVEY AND REPORT FOR CALENDAR YEARS 2020 THROUGH 2022 CONDUCTED WITH AURORA HEALTH CARE, CHILDREN'S HOSPITAL OF WISCONSIN, AND THE KENOSHA COMMUNITY HEALTH CENTER WAS PUBLISHED AND MADE WIDELY AVAILABLE VIA THEIR RESPECTIVE WEBSITES ON, OR BEFORE, DECEMBER 31, 2020.FROEDTERT PLEASANT PRAIRIE HOSPITAL:PART V, SECTION B, LINE 10A:HTTP://WWW.FROEDTERTSOUTH.COM/ABOUT/COMMUNITY-BENEFITS/

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL	PART V, SECTION B, LINE 11: USING THESE CRITERIA, FROEDTERT SOUTH PRIORITIZED THE FOLLOWING SIGNIFICANT HEALTH NEEDS TO ADDRESS IN THE 2020-2022 IMPLEMENTATION STRATEGY: REDUCE BARRIERS FOR PATIENTS TO ACCESS CARE.O GOAL: ACCESS AND IMPROVE ACCESS TO CARE FOR MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES AND POPULATIONS. STRATEGY 1: INCREASE PATIENT CAPACITY WITHIN THE FROEDTERT SOUTH MEDICAL GROUP THROUGH RECRUITMENT AND RETENTION OF PHYSICIANS AND MID-LEVEL PROVIDERS WITHIN THE FROEDTERT SOUTH MEDICAL GROUP. STRATEGY 2: ENHANCE AND EXPAND TELEMEDICINE OPPORTUNITIES. STRATEGY 3: ENHANCE AWARENESS OF AVAILABLE SERVICES OFFERED THROUGH FROEDTERT SOUTH AND THE FROEDTERT SOUTH MEDICAL GROUP. STRATEGY 4: WORK IN COLLABORATION WITH INTERNAL AND EXTERNAL RESOURCES TO ASSIST PATIENTS AS IT RELATES TO DETERMINING ELIGIBILITY FOR MEDICAID, CHIP AND ACA MARKETPLACE ENROLLMENT, INCLUDING SPECIAL ENROLLMENT PERIODS, AND ELIGIBILITY TO ASSIST IN REMOVING BARRIERS TO CARE. FOCUS ON HEALTH OUTREACH AND EDUCATION - CORONAVIRUS/COVID-19 PANDEMIC RESPONSEO GOAL: INCREASE THE AMOUNT OF OUTREACH AND EDUCATION RESOURCES AVAILABLE TO KENOSHA COUNTY RESIDENTS DURING THE COVID-19 PANDEMIC. STRATEGY 1: LAUNCH A DRIVE-THRU COVID-19 TESTING FACILITY TO AID THE COMMUNITY WITH ACCESSIBLE, AND CONVENIENT, COVID-19 TESTING. STRATEGY 2: ENHANCE AND EXPAND TELEMEDICINE OPPORTUNITIES IN ORDER TO PROVIDE NECESSARY CARE FOR PATIENTS WHILE MINIMIZING THE TRANSMISSION RISK OF COVID-19. STRATEGY 3: IMPLEMENT APPROPRIATE PROTOCOLS, INCLUDING A COVID-19 TESTING PROTOCOL FOR PATIENTS SCHEDULED FOR ELECTIVE SURGICAL CASES AND PROCEDURES. STRATEGY 4: DEVELOP A COVID-19 VACCINATION CLINIC TO AID THE KENOSHA COUNTY HEALTH DEPARTMENT IN AN EFFORT TO OBTAIN HERD IMMUNITY WITHIN KENOSHA COUNTY. INCREASE AWARENESS OF PREVENTION METHODS, SCREENINGS, AND CARE FOR CHRONIC DISEASES.O GOAL: EXPAND AND TARGET EDUCATIONAL PROGRAMS TO REACH A LARGER AUDIENCE IN THE AT-RISK POPULATIONS. STRATEGY 1: IMPLEMENT THE EPIC ELECTRONIC HEALTH RECORD TO PROVIDE A GREATER ABILITY TO COMMUNICATE INFORMATION TO PATIENTS OF FROEDTERT SOUTH VIA MYCHART, AND OTHER, SIMILAR MECHANISMS. STRATEGY 2: ENHANCE AND EXPAND THE USE OF RECALL/FOLLOW-UP MECHANISMS TO IMPROVE THE ABILITY FOR FROEDTERT SOUTH TO ENSURE PATIENTS ARE RECEIVING ROUTINE PREVENTATIVE CARE AS RECOMMENDED BY THE U.S. PREVENTATIVE TASK FORCE. STRATEGY 3: INCREASE THE KNOWLEDGE OF HIGH-RISK POPULATIONS ON WAYS TO MANAGE CHRONIC DISEASES.
FROEDTERT PLEASANT PRAIRIE HOSPITAL	PART V, SECTION B, LINE 11: USING THESE CRITERIA, FROEDTERT SOUTH PRIORITIZED THE FOLLOWING SIGNIFICANT HEALTH NEEDS TO ADDRESS IN THE 2020-2022 IMPLEMENTATION STRATEGY: REDUCE BARRIERS FOR PATIENTS TO ACCESS CARE.O GOAL: ACCESS AND IMPROVE ACCESS TO CARE FOR MEDICALLY UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES AND POPULATIONS. STRATEGY 1: INCREASE PATIENT CAPACITY WITHIN THE FROEDTERT SOUTH MEDICAL GROUP THROUGH RECRUITMENT AND RETENTION OF PHYSICIANS AND MID-LEVEL PROVIDERS WITHIN THE FROEDTERT SOUTH MEDICAL GROUP. STRATEGY 2: ENHANCE AND EXPAND TELEMEDICINE OPPORTUNITIES. STRATEGY 3: ENHANCE AWARENESS OF AVAILABLE SERVICES OFFERED THROUGH FROEDTERT SOUTH AND THE FROEDTERT SOUTH MEDICAL GROUP. STRATEGY 4: WORK IN COLLABORATION WITH INTERNAL AND EXTERNAL RESOURCES TO ASSIST PATIENTS AS IT RELATES TO DETERMINING ELIGIBILITY FOR MEDICAID, CHIP AND ACA MARKETPLACE ENROLLMENT, INCLUDING SPECIAL ENROLLMENT PERIODS, AND ELIGIBILITY TO ASSIST IN REMOVING BARRIERS TO CARE. FOCUS ON HEALTH OUTREACH AND EDUCATION - CORONAVIRUS/COVID-19 PANDEMIC RESPONSEO GOAL: INCREASE THE AMOUNT OF OUTREACH AND EDUCATION RESOURCES AVAILABLE TO KENOSHA COUNTY RESIDENTS DURING THE COVID-19 PANDEMIC. STRATEGY 1: LAUNCH A DRIVE-THRU COVID-19 TESTING FACILITY TO AID THE COMMUNITY WITH ACCESSIBLE, AND CONVENIENT, COVID-19 TESTING. STRATEGY 2: ENHANCE AND EXPAND TELEMEDICINE OPPORTUNITIES IN ORDER TO PROVIDE NECESSARY CARE FOR PATIENTS WHILE MINIMIZING THE TRANSMISSION RISK OF COVID-19. STRATEGY 3: IMPLEMENT APPROPRIATE PROTOCOLS, INCLUDING A COVID-19 TESTING PROTOCOL FOR PATIENTS SCHEDULED FOR ELECTIVE SURGICAL CASES AND PROCEDURES. STRATEGY 4: DEVELOP A COVID-19 VACCINATION CLINIC TO AID THE KENOSHA COUNTY HEALTH DEPARTMENT IN AN EFFORT TO OBTAIN HERD IMMUNITY WITHIN KENOSHA COUNTY. INCREASE AWARENESS OF PREVENTION METHODS, SCREENINGS, AND CARE FOR CHRONIC DISEASES.O GOAL: EXPAND AND TARGET EDUCATIONAL PROGRAMS TO REACH A LARGER AUDIENCE IN THE AT-RISK POPULATIONS. STRATEGY 1: IMPLEMENT THE EPIC ELECTRONIC HEALTH RECORD TO PROVIDE A GREATER ABILITY TO COMMUNICATE INFORMATION TO PATIENTS OF FROEDTERT SOUTH VIA MYCHART, AND OTHER, SIMILAR MECHANISMS. STRATEGY 2: ENHANCE AND EXPAND THE USE OF RECALL/FOLLOW-UP MECHANISMS TO IMPROVE THE ABILITY FOR FROEDTERT SOUTH TO ENSURE PATIENTS ARE RECEIVING ROUTINE PREVENTATIVE CARE AS RECOMMENDED BY THE U.S. PREVENTATIVE TASK FORCE. STRATEGY 3: INCREASE THE KNOWLEDGE OF HIGH-RISK POPULATIONS ON WAYS TO MANAGE CHRONIC DISEASES.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FROEDTERT KENOSHA HOSPITAL:	PART V, SECTION B, LINE 22B: PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WILL NOT BE CHARGED INDIVIDUALLY MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERAGE FOR SUCH CARE ("AGB"). FURTHERMORE, CHARGES FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE PROVIDED TO INDIVIDUALS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WILL BE LESS THAN THE GROSS CHARGES FOR SUCH SERVICES. THE ORGANIZATION CALCULATES ONE OR MORE AGB PERCENTAGES USING THE "LOOK-BACK METHOD AND INCLUDING MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE ORGANIZATION, ALL INACCORDANCE WITH 501(R). THESE CALCULATIONS ARE MADE AS FOLLOWS:1. THE ORGANIZATION DETERMINES AGB BY MULTIPLYING THE GROSS CHARGES FOR THE APPLICABLE MEDICAL CARE BY THE AGB PERCENTAGE, WHICH IS DETERMINED ANNUALLY BY DIVIDING (A) THE SUM OF THE AMOUNTS FOR ALL OF ITS CLAIMS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT HAVE BEEN ALLOWED DURING THE AGB PERIOD BY MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS AS PRIMARY PAYORS, TOGETHER WITH ANY ASSOCIATED PORTIONS OF THESE CLAIMS PAID BY MEDICARE BENEFICIARIES OR INSURED INDIVIDUALS IN THE FORM OF CO-PAYS, CO-INSURANCE OR DEDUCTIBLES BY (B) THE SUM OF THE ASSOCIATED GROSS CHARGES FOR THOSE CLAIMS.2. "GROSS CHARGES" MEANS THE ORGANIZATION'S FULL, ESTABLISHED PRICE FOR MEDICAL CARE THAT THE ORGANIZATION CONSISTENTLY AND UNIFORMLY CHARGES PATIENTS BEFORE APPLYING ANY CONTRACTUAL ALLOWANCES, DISCOUNTS, OR DEDUCTIONS.3. THE "AGB PERIOD" MEANS EACH PRIOR 12-MONTH PERIOD ENDING ON DECEMBER 31ST.4. THE ORGANIZATION WILL BEGIN TO APPLY THE ANNUALLY DETERMINED AGB PERCENTAGE WITHIN 120 DAYS FOLLOWING THE END OF THE AGB PERIOD THAT WAS USED IN CALCULATION THE AGB PERCENTAGE.5. ANY CAPITALIZED TERMS NOT DEFINED IN THIS DOCUMENT WILL HAVE THE MEANING ASSIGNED TO SUCH TERM IN THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.THESE LIMITATIONS ON CHARGES FOR MEDICAL SERVICES SHALL NOT APPLY IF AN INDIVIDUAL HAS NOT SUBMITTED A COMPLETE FINANCIAL ASSISTANCE APPLICATION AS OF THE TIME THE CHARGES ARE BILLED TO SUCH INDIVIDUAL; PROVIDED, HOWEVER, THAT ADJUSTMENTS WILL BE MADE IF AMOUNTS ARE CHARGED IN EXCESS OF THESE LIMITATIONS AND THE INDIVIDUAL IS SUBSEQUENTLY DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.
FROEDTERT PLEASANT PRAIRIE HOSPITAL:	PART V, SECTION B, LINE 22B: PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WILL NOT BE CHARGED INDIVIDUALLY MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERAGE FOR SUCH CARE ("AGB"). FURTHERMORE, CHARGES FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE PROVIDED TO INDIVIDUALS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY WILL BE LESS THAN THE GROSS CHARGES FOR SUCH SERVICES. THE ORGANIZATION CALCULATES ONE OR MORE AGB PERCENTAGES USING THE "LOOK-BACK METHOD AND INCLUDING MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE ORGANIZATION, ALL INACCORDANCE WITH 501(R). THESE CALCULATIONS ARE MADE AS FOLLOWS:1. THE ORGANIZATION DETERMINES AGB BY MULTIPLYING THE GROSS CHARGES FOR THE APPLICABLE MEDICAL CARE BY THE AGB PERCENTAGE, WHICH IS DETERMINED ANNUALLY BY DIVIDING (A) THE SUM OF THE AMOUNTS FOR ALL OF ITS CLAIMS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE THAT HAVE BEEN ALLOWED DURING THE AGB PERIOD BY MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS AS PRIMARY PAYORS, TOGETHER WITH ANY ASSOCIATED PORTIONS OF THESE CLAIMS PAID BY MEDICARE BENEFICIARIES OR INSURED INDIVIDUALS IN THE FORM OF CO-PAYS, CO-INSURANCE OR DEDUCTIBLES BY (B) THE SUM OF THE ASSOCIATED GROSS CHARGES FOR THOSE CLAIMS.2. "GROSS CHARGES" MEANS THE ORGANIZATION'S FULL, ESTABLISHED PRICE FOR MEDICAL CARE THAT THE ORGANIZATION CONSISTENTLY AND UNIFORMLY CHARGES PATIENTS BEFORE APPLYING ANY CONTRACTUAL ALLOWANCES, DISCOUNTS, OR DEDUCTIONS.3. THE "AGB PERIOD" MEANS EACH PRIOR 12-MONTH PERIOD ENDING ON DECEMBER 31ST.4. THE ORGANIZATION WILL BEGIN TO APPLY THE ANNUALLY DETERMINED AGB PERCENTAGE WITHIN 120 DAYS FOLLOWING THE END OF THE AGB PERIOD THAT WAS USED IN CALCULATION THE AGB PERCENTAGE.5. ANY CAPITALIZED TERMS NOT DEFINED IN THIS DOCUMENT WILL HAVE THE MEANING ASSIGNED TO SUCH TERM IN THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.THESE LIMITATIONS ON CHARGES FOR MEDICAL SERVICES SHALL NOT APPLY IF AN INDIVIDUAL HAS NOT SUBMITTED A COMPLETE FINANCIAL ASSISTANCE APPLICATION AS OF THE TIME THE CHARGES ARE BILLED TO SUCH INDIVIDUAL; PROVIDED, HOWEVER, THAT ADJUSTMENTS WILL BE MADE IF AMOUNTS ARE CHARGED IN EXCESS OF THESE LIMITATIONS AND THE INDIVIDUAL IS SUBSEQUENTLY DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
FROEDTERT SOUTH INC

Employer identification number
39-0816845

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)							
(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 ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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) SCHOLARSHIPS	10	14,300			
(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
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Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		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 FROEDTERT SOUTH INC		Employer identification number 39-0816845

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	INDIVIDUAL ELIGIBLE EMPLOYEES MAY PARTICIPATE IN A 457F PLAN. THE ORGANIZATION DOES NOT CONTRIBUTE TO THIS PLAN. THE FOLLOWING INDIVIDUALS PARTICIPATE IN THE PLAN: RICHARD SCHMIDT, NEIL SHEPLER, SUSAN VENTURA, LINDA WOHLGEMUTH, AND THOMAS KELLEY.

Additional Data

Software ID:

Software Version:

EIN: 39-0816845

Name: FROEDTERT SOUTH 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				
1RICHARD O SCHMIDT JR PRESIDENT/CEO/DIRECTOR	(i)	973,967	428,292	23,780	119,236	28,217	1,573,492	0
	(ii)	0	0	0	0	0	0	0
1DAVID KNIGHT PHYSICIAN	(i)	572,350	709,943	471	19,236	4,048	1,306,048	0
	(ii)	0	0	0	0	0	0	0
2NEIL BHAMB PHYSICIAN	(i)	799,139	0	282	19,236	14,544	833,201	0
	(ii)	0	0	0	0	0	0	0
3NEIL SHEPLER PHYSICIAN	(i)	255,013	491,842	1,822	19,236	23,803	791,716	0
	(ii)	0	0	0	0	0	0	0
4KEVIN FULLIN PHYSICIAN	(i)	664,142	17,161	0	19,236	16,728	717,267	0
	(ii)	0	0	0	0	0	0	0
5MARIO GARRETTO MD DIRECTOR/PHYSICIAN	(i)	644,942	15,153	3,986	19,236	17,966	701,283	0
	(ii)	0	0	0	0	0	0	0
6PHILLIP CHUNG PHYSICIAN	(i)	608,451	37,500	573	19,236	17,993	683,753	0
	(ii)	0	0	0	0	0	0	0
7SUSAN VENTURA SVP/COO	(i)	507,593	100,423	9,627	44,236	11,194	673,073	0
	(ii)	0	0	0	0	0	0	0
8LINDA WOHLGEMUTH ASST SECRETARY/SVP-COO	(i)	506,534	100,423	9,627	44,236	10,841	671,661	0
	(ii)	0	0	0	0	0	0	0
9THOMAS KELLEY ASST TREASURER/VP-CFO	(i)	503,540	61,423	758	44,236	27,952	637,909	0
	(ii)	0	0	0	0	0	0	0
10THOMAS AMBRO MD DIRECTOR/PHYSICIAN	(i)	338,358	0	1,668	19,236	33,508	392,770	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FROEDERT SOUTH INC

Employer identification number
39-0816845

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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) ROBERT LEE	DIRECTOR	276,210	SERVICES PROVIDED BY LEE PLUMBING MECHANICAL CONTRACTOR, INC. ROBERT LEE OWNS LEE PLUMBING MECHANICAL CONTRACTOR, INC.		No
(2) DAVID RILEY	DIRECTOR	14,755,981	SERVICES PROVIDED BY RILEY CONSTRUCTION COMPANY, INC. DAVID RILEY OWNS RILEY CONSTRUCTION COMPANY, INC.		No
(3) ROBERT LEE	DIRECTOR	445,513	SERVICES PROVIDED BY LEE ELECTRICAL, INC. ROBERT LEE OWNS LEE ELECTRICAL, INC.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.				OMB No. 1545-0047
					2019 Open to Public Inspection
	Department of the Treasury Name of the organization FROEDTERT SOUTH INC				Employer identification number 39-0816845

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	EACH CLASS A MEMBER OF FROEDTERT SOUTH, INC. SHALL HAVE THE FOLLOWING RIGHTS TO BE EXECUTE D ONLY UPON THE MUTUAL AGREEMENT OF BOTH CLASS A MEMBERS: - TO INITIATE, ADOPT AND APPROVE AND AMEND FROEDTERT SOUTH, INC.'S GOVERNING DOCUMENTS; - TO ADOPT, AMEND AND APPROVE THE MISSION, VISION, VALUES, PHILOSOPHY AND OBJECTS OF FROEDTERT SOUTH, INC. - TO APPROVE THE SALE (WHETHER BY DIRECT SALE, LEASE, LEASE FINANCING, PLEDGE OR OTHERWISE) OR OTHER DISPOS ITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF FROEDTERT SOUTH, INC. AND ANY OTHER CON TROLLED CORPORATION, THE PURCHASE (WHETHER BY DIRECT PURCHASE, LEASE, LEASE FINANCING OR O THERWISE), SALE OR OTHER DISPOSITION OF PROPERTY INVOLVING A MATERIAL DOLLAR AMOUNT, AND A NY LONG-TERM BORROWING (FOR A TERM OF MORE THAN ONE YEAR) BY FROEDTERT SOUTH, INC. OR ANY OTHER CONTROLLED CORPORATION INVOLVING A MATERIAL DOLLAR AMOUNT; - TO APPROVE THE DISSOLUT ION, MERGER, CONSOLIDATION, AFFILIATION OR INTEGRATION (OR TRANSACTION OF SIMILAR IMPORT) OF FROEDTERT SOUTH, INC. WITH OR INTO ANY OTHER PERSON, OR TRANSFER OF ANY MEMBERSHIP INTE REST BY ANY CLASS A MEMBER; - TO APPROVE THE FORMATION AND GOVERNANCE OF ANY NEW CORPORATI ONS, PARTNERSHIPS, OR JOINT VENTURES (INVOLVING CAPITALIZATION INVOLVING A MATERIAL DOLLAR AMOUNT) IN WHICH FROEDTERT SOUTH, INC. OR ANY OTHER CONTROLLED CORPORATION HAS AN INTERES T THROUGH MEMBERSHIP, VOTING STOCK OR OTHER EQUITY PARTICIPATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE ORGANIZATION'S CEO, CFO AND CONTROLLER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	FROEDTERT SOUTH'S WRITTEN CONFLICT OF INTEREST POLICY FOR THE BOARD IS REVIEWED ANNUALLY BY EACH BOARD MEMBER, AND ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AT THAT TIME. THE WRITTEN CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS REVIEWED DURING ORIENTATION AND PERIODICALLY AT ORGANIZATION MEETINGS, AND IS INCORPORATED INTO THE PERFORMANCE STANDARDS OF THEIR ANNUAL EVALUATIONS. IF A CONFLICT ARISES, DEPENDING UPON THE NATURE OF THE FINANCIAL INTEREST AND WORK DONE BY THE BOARD, SEVERAL ACTIONS MAY BE CONSIDERED: THE BOARD MEMBER WITH A FINANCIAL INTEREST WOULD NEED TO VOLUNTARILY EXCUSE HIM OR HERSELF FROM THE DELIBERATIONS OR VOTING ON SUCH A MATTER; OR, IF NECESSARY, THE BOARD WOULD DETERMINE THAT THE SUBJECT'S FINANCIAL INTEREST WAS AN ACTUAL CONFLICT OF INTEREST, IN WHICH CASE THE BOARD MEMBER WOULD BE INFORMED BY THE BOARD CHAIRPERSON THAT HE OR SHE WOULD NOT BE ALLOWED TO VOTE IN ANY SUCH MATTERS DUE TO THIS REAL OR PERCEIVED CONFLICT OF INTEREST. MINUTES OF THE BOARD MEETING WOULD DOCUMENT THIS DECISION PROCESS, AND REFLECT WHATEVER ACTION(S) ARE ULTIMATELY TAKEN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR THE PRESIDENT, CEO AND GENERAL COUNSEL AND THE COMPENSATION FOR THE VICE PRESIDENTS REPORTING DIRECTLY TO THE PRESIDENT, CEO AND GENERAL COUNSEL ARE DETERMINED BY THE BOARD EXECUTIVE COMMITTEE WHICH SERVES AS THE BOARD COMPENSATION COMMITTEE. THE BOARD COMPENSATION COMMITTEE CONTRACTS WITH THE HEALTHCARE COMPENSATION FIRM NAMED THE GROVES GROUP, LLC, AND HAS UTILIZED THE PRESIDENT OF THE GROVES GROUP, LLC AS THE COMPENSATION CONSULTANT SINCE 2005. THE COMPENSATION CONSULTANT UTILIZES A METHODOLOGY THAT EVALUATES INTERNAL AND EXTERNAL EQUITY AFTER EVALUATING THE RESPONSIBILITIES OF EACH POSITION AND MAKES A RECOMMENDATION TO THE BOARD COMPENSATION COMMITTEE. THE BOARD COMPENSATION COMMITTEE HAS FOLLOWED THE DETAILED RECOMMENDATIONS OF THE COMPENSATION CONSULTANT ANNUALLY SINCE 2005 AND THE COMPENSATION CONSULTANT HAS BEEN RETAINED THROUGH 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MINIMUM PENSION OBLIGATION 5,641,437. PERIODIC BENEFIT COST 7,956,783.

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

2019

Open to Public Inspection

Name of the organization
FROEDTERT SOUTH INC

Employer identification number
39-0816845

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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
(1)FSINC INC 6308 8TH AVENUE KENOSHA, WI 53143 39-1956749	HEALTHCARE	WI	501(C)(3)	LINE 12B, II	FROEDTERT SOUTH INC	Yes	

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	

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

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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