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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
Hospital W180 N8085 Town Hall Road
City or town, state or province, country, and ZIP or foreign postal code
Menomonee Falls, WI 53051

D Employer identification number
39-0987025
E Telephone number
(414) 805-3000
G Gross receipts \$ 305,444,177

F Name and address of principal officer:
Jacobson Catherine A

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.froedtert.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1958

M State of legal domicile: WI

Part I

Summary

1 Briefly describe the organization's mission or most significant activities:
Community Memorial Hospital of Menomonee Falls, Inc.dba Froedtert Menomonee Falls Hospital(FMFH)advances the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

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

3	Number of voting members of the governing body (Part VI, line 1a)	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	67,733	103,551
9 Program service revenue (Part VIII, line 2g)	260,129,564	260,787,881
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,342,090	100,960
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,468,767	44,386,937
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	308,008,154	305,379,329
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,000	50,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	103,953,481	99,365,064
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶966,851		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	203,657,659	204,611,366
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	307,661,140	304,026,430
19 Revenue less expenses. Subtract line 18 from line 12	347,014	1,352,899

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	147,128,743	137,851,621
21 Total liabilities (Part X, line 26)	35,380,455	69,415,197
22 Net assets or fund balances. Subtract line 21 from line 20	111,748,288	68,436,424

Part II

Signature Block

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

Sign Here

Signature of officer
Jeffrey Van De Kreeke VP-Finance
Type or print name and title

2021-05-13
Date

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00294881
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 191 W Nationwide Blvd Suite 500 Columbus, OH 43215			Phone no. (614) 249-2300	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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:

Community Memorial Hospital of Menomonee Falls, Inc.dba Froedtert Menomonee Falls Hospital(FMFH)advances the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 110,938,989 including grants of \$) (Revenue \$ 127,458,657)
See Additional Data

4b (Code:) (Expenses \$ 92,574,005 including grants of \$) (Revenue \$ 106,358,986)
See Additional Data

4c (Code:) (Expenses \$ 38,686,803 including grants of \$ 50,000) (Revenue \$ 44,447,565)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 23,474,678 including grants of \$) (Revenue \$ 26,970,238)

4e Total program service expenses ▶ 265,674,475

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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 Yes	

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	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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	No
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	Yes
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	0
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	No

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

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

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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	Yes	
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	Yes	
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	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review 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	Yes
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	Yes

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:
David Dirksmeyer N74W127501 Leatherwood Ct Menomonee Falls, WI 53051 (414) 805-3000

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Hawig Scott Former - Officer (CFO)	0.00 45.00							0	1,177,562	191,561
(2) Pollard Dennis Dir&FH COO	1.00 46.00	X						0	1,058,708	38,280
(3) Ericson Allen Former - Key Emp (COO)	0.00 46.00							0	714,923	150,534
(4) Ceelen John Treasurer	1.00 42.00			X				0	510,875	133,205
(5) Lux Theresa M Dir&CMH Pres	40.00 6.00	X		X				0	517,420	113,929
(6) Goldberg David F MD Dir&VP Med Afrs	50.00 0.00	X						0	494,325	58,121
(7) Waala Shelly Dir&VP Pt Care	50.00 1.00	X						0	286,037	61,178
(8) Abernathy Edna Director	1.00 0.00	X						0	0	0
(9) Beckman Marshall MD Director	1.00 0.00	X						0	0	0
(10) Benedum Mary Director	1.00 0.00	X						0	0	0
(11) Binzak Rick Director	1.00 0.00	X						0	0	0
(12) Booher Carrie Director	1.00 0.00	X						0	0	0
(13) Burch Ryan DO Director	1.00 0.00	X						0	0	0
(14) Christianson Brad Director	1.00 0.00	X						0	0	0
(15) Johnson Chad Director	1.00 0.00	X						0	0	0
(16) Klein Kathleen Director	1.00 0.00	X						0	0	0
(17) Shepherd Dennis MD Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Timm Mark A MD Director	1.00 0.00	X						0	0	0
(19) Woloszyk David Director	1.00 0.00	X						0	0	0
(20) Mays Cedric Dir&BOD V.Chair	1.00 0.00	X		X				0	0	0
(21) Nelson Eric Dir&BOD Chair	1.00 0.00	X		X				0	0	0
(22) Ruzinski Anna Dir&BOD Sec	1.00 0.00	X		X				0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶		4,759,850	746,808

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII ☐													
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a											
	b Membership dues . . .	1b											
	c Fundraising events . . .	1c	4,385										
	d Related organizations	1d	99,166										
	e Government grants (contributions)	1e											
	f All other contributions, gifts, grants, and similar amounts not included above	1f											
	g Noncash contributions included in lines 1a - 1f:\$	1g	4,210										
	h Total. Add lines 1a-1f ▶	103,551											
Program Service Revenue			Business Code										
	2a Emergency/Trauma Revenue	900099		26,970,238		26,970,238							
	b Inpatient Revenue	900099		127,458,657		127,458,657							
	c Outpatient Revenue	900099		106,358,986		106,358,986							
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶	260,787,881											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			116,329		89,970				26,359			
	4 Income from investment of tax-exempt bond proceeds ▶			0									
	5 Royalties ▶			0									
			(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) ▶			0									
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory	7a											
	b Less: cost or other basis and sales expenses	7b			15,369								
	c Gain or (loss)	7c			-15,369								
	d Net gain or (loss) ▶			-15,369						-15,369			
	8a Gross income from fundraising events (not including \$ 4,385 of contributions reported on line 1c). See Part IV, line 18			8a		78,821							
	b Less: direct expenses			8b		49,479							
	c Net income or (loss) from fundraising events . . . ▶					29,342				29,342			
	9a Gross income from gaming activities. See Part IV, line 19			9a									
	b Less: direct expenses			9b									
	c Net income or (loss) from gaming activities . . . ▶					0							
	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 . . . ▶					0							
Miscellaneous Revenue			Business Code										
11a Corporate Allocated Rev			561000		2,129,812		2,129,812						
b Intercompany Revenue			900099		35,582,106		35,582,106						
c Other Dept Operating Rev			561499		5,565,447		5,565,447						
d All other revenue					1,080,230		1,080,230						
e Total. Add lines 11a-11d ▶					44,357,595								
12 Total revenue. See instructions ▶					305,379,329		305,235,446				40,332		

Form 990 (2019)

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	50,000	50,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	92,921,346	85,341,011	6,920,852	659,483
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	6,813	6,258	507	48
10 Payroll taxes	6,436,905	5,911,795	479,426	45,684
11 Fees for services (non-employees):				
a Management	0			
b Legal	22,844		22,844	
c Accounting	3,675		3,675	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,479,154	19,914,316	4,505,761	59,077
12 Advertising and promotion	4,991	2,563	2,428	
13 Office expenses	991,365	869,995	112,135	9,235
14 Information technology	199,050	118,595	73,220	7,235
15 Royalties	0			
16 Occupancy	3,405,027	2,795,638	604,666	4,723
17 Travel	48,065	26,304	19,110	2,651
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	96,861	69,856	27,005	
20 Interest	2,288,395	1,878,847	406,374	3,174
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	11,718,247	9,621,063	2,080,931	16,253
23 Insurance	2,904	2,904		
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 Medical Supplies	87,488,244	87,608,541	-128,352	8,055
b Corporate Allocated Expenses	41,947,955	23,980,250	17,819,297	148,408
c Affiliate Support-Comm Phys	22,972,931	18,771,182	4,201,749	
d State Hospital Assessment	5,987,220	5,987,220		
e All other expenses	2,954,438	2,718,137	233,476	2,825
25 Total functional expenses. Add lines 1 through 24e	304,026,430	265,674,475	37,385,104	966,851
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		9,665	1	6,225	
	2	Savings and temporary cash investments		9,492	2	1,862	
	3	Pledges and grants receivable, net			3	0	
	4	Accounts receivable, net		30,164,160	4	26,481,970	
	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	0	
	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	0	
	7	Notes and loans receivable, net			7	0	
	8	Inventories for sale or use		5,616,258	8	3,806,332	
	9	Prepaid expenses and deferred charges		684,665	9	593,018	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	244,524,914			
	b	Less: accumulated depreciation	10b	153,138,362	99,960,530	10c	91,386,552
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities. See Part IV, line 11			12	0	
	13	Investments—program-related. See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11		10,683,973	15	15,575,662	
16	Total assets. Add lines 1 through 15 (must equal line 34)		147,128,743	16	137,851,621		
Liabilities	17	Accounts payable and accrued expenses		6,752,759	17	6,297,535	
	18	Grants payable			18		
	19	Deferred revenue		2,190	19	1,710	
	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			23		
	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		28,625,506	25	63,115,952	
	26	Total liabilities. Add lines 17 through 25		35,380,455	26	69,415,197	
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		111,034,345	27	67,696,486	
	28	Net assets with donor restrictions		713,943	28	739,938	
	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		111,748,288	32	68,436,424	
33	Total liabilities and net assets/fund balances		147,128,743	33	137,851,621		

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	305,379,329
2	Total expenses (must equal Part IX, column (A), line 25)	2	304,026,430
3	Revenue less expenses. Subtract line 2 from line 1	3	1,352,899
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,748,288
5	Net unrealized gains (losses) on investments	5	
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	-44,664,763
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,436,424

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Form 990 (2019)

Form 990, Part III, Line 4a:

Inpatient Services:Froedtert Menomonee Falls Hospital(FMFH)founded in 1964 by the citizens of the community it serves, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopaedics, womens health and advanced surgical procedures. The hospital is accredited by The Joint Commission. Enjoys a national reputation of excellence as a provider of top quality health care services and has received many awards for innovations. Combining next-generation technology with personalized care, the hospital strives to enhance and improve the quality of life in Waukesha County,as well as Washington, Milwaukee and Ozaukee counties. FMFH is approved for 237 beds of which 202 are staffed. For the 12 months ended June 30 2020, FMFH had 9,398 patient admissions and 37,276 patient days related to a wide range of inpatient services, including hospitalist services,psychiatry, obstetrics and maternity care, critical care medicine, orthopedics, internal medicine, general surgery,and other specialty care. During fiscal year 2020 the hospital had 665 cancer registry cases.Awards, Accreditations and RecognitionsVizient. Vizient ranked Froedtert Menomonee Falls Hospital No. 2 out of 82 participating complex teaching medical centers in the 2019 Vient Quality and Accountability Ranking. The study assesses performance in quality and safety across a broad spectrum of patient care activities for participating hospitals. According to the ranking our patients have a higher likelihood of surviving, avoiding complications, receiving reliable care regardless of condition or personal status, and communicating effectively with physicians and staff, than they would at other participating institutions in this category across the country. Human Rights Campaign Foundation. The Human Rights Campaign Foundation recognized FMFH among Top Performers in LGBTQ Healthcare Equality for protecting our LGBTQ patients and employees from discrimination, ensuring equal visitation for LGBTQ people and providing staff training in LGBTQ patient-centered care.The Leapfrog Group. Froedtert Menomonee Falls Hospital received an "B" grade from The Leapfrog Group in its Fall 2020 report. Leapfrogs biannual safety ranking evaluates more than 2,500 hospitals nationwide, assigning A, B, C, D and F letter grades based on a hospitals performance in areas such as infection rates, mortality and errors.U.S. News and World Report. Froedtert Menomonee Falls Hospital is recognized by U.S. News & World Report as high performing in pulmonology and lung surgery, urology and four additional adult procedures and conditions.The Joint Commission. All Froedtert & the Medical College of Wisconsin hospitals are accredited by The Joint Commission, an independent nonprofit organization. Joint Commission accreditation is recognized nationwide as a symbol of quality, reflecting an organizations commitment to meeting standards of patient safety and care. The commission conducts extensive onsite visits of health care providers every three years and evaluates every aspect of patient care delivery.The Joint Commission Stroke Care. Froedtert Menomonee Falls Hospital is a Certified Advanced Primary Stroke Center, the highest level of stroke care recognized by the Joint Commission, demonstrating its ability to provide care from a multidisciplinary team of neurologists, neurosurgeons, emergency medicine specialists, radiologists, nurses, therapists, pharmacists, technicians and more, all working in a coordinated, collaborative system. The Joint Commission Orthopaedic Care. Froedtert Menomonee Falls Hospital is also certified by the Joint Commission for Advanced Total Hip and Knee Replacement. We are one of only two hospitals in the state to achieve this certification.Healthgrades. Froedtert Menomonee Falls Hospital is among "America's 250 Best Hospitals," according to a list released by Healthgrades. This recognition places our hospital among the top 5% of hospitals nationally, according to Healthgrades. Healthgrades produced its 2020 Americas Best Hospitals list based on clinical quality outcomes for 32 conditions and procedures, using 2016-18 Medicare inpatient data. American College of Radiology. Every one of our Froedtert & MCW imaging locations, including Imaging at Froedtert Menomonee Falls Hospital, is recognized as a Diagnostic Imaging Center of Excellence (DICOE) by the American College of Radiology (ACR). At a DICOE facility, patients receive the highest levels of imaging quality, safety and care. The DICOE program is an achievement that goes beyond accreditation to recognize the best in quality imaging practices and diagnostic care. This includes a comprehensive assessment of the entire medical imaging enterprise, including structure and outcomes. This award formally recognizes our ongoing commitment to provide the highest quality medical imaging.Additionally, the American College of Radiology grants accreditation in 10 forms of imaging. Accreditation is given to facilities demonstrating the highest standards of care and compliance with Medicare and other mandates. Froedtert Menomonee Falls Hospital has earned accreditation in the following areas:oComputerized tomography (CT)oMagnetic resonance imaging (MRI)oNuclear medicine oPositron emission tomography (PET) oGeneral ultrasoundoBreast Imaging Center of Excellence, including:oMammographyoBreast ultrasoundoBreast MRIoStereotactic breast biopsyoUltrasound-guided breast biopsy National Accreditation Program for Breast Centers. The Breast Care Center at Froedtert Menomonee Falls Hospital is accredited by the National Accreditation Program for Breast Centers (NAPBC), a program of the American College of Surgeons. Accreditation by the NAPBC involves extensive review of performance, including on-site review, to ensure compliance with NAPBC standards for quality care. American Heart Association. The American Heart Association recognized Froedtert Menomonee Falls Hospital with its Get With the Guidelines Heart Failure Gold Plus Award. Press Ganey. The Froedtert & MCW Cancer Network, which includes the Cancer Center at Froedtert Menomonee Falls Hospital, is a 2020 Press Ganey Guardian of Excellence Award winner. This award honors organizations that have reached the 95th percentile for patient experience, engagement or clinical quality performance. Commission on Cancer. The Cancer Center at Froedtert Menomonee Falls Hospital is accredited by the American College of Surgeons Commission on Cancer (CoC) as a Comprehensive Community Cancer Program. In 2019, the CoC honored the Cancer Center with its Outstanding Achievement Award. The center is one of just 49 accredited U.S. cancer programs to receive this award. Cancer programs recognized with the award have not only met nationally recognized standards for delivery of quality cancer care they have exceeded these standards.Radiation Oncology. Radiation Oncology at Froedtert Menomonee Falls Hospital is accredited by the American College of Radiology-American Society for Radiation Oncology (ACR). Only 10 percent of the nations radiation oncology practices achieve this distinction, and it represents the highest level of quality and patient safety.Cancer CareAs a select location in the Froedtert & MCW Cancer Network, Froedtert Menomonee Falls Hospital provides the excellent cancer care patients expect, while offering access to the specialty expertise of Froedtert & MCW Froedtert Hospital, eastern Wisconsin's only academic medical center. Through its connection to Froedtert Memorial Lutheran Hospital (FMLH), patients at FMFH have access to expanded services: nationally and internationally known specialists who focus on specific cancers, advanced treatments and technologies, and clinical trials that may provide further options some of which are only available through our Cancer Network. Medical College of Wisconsin cancer specialists are joined by radiation therapists, oncology nurses, genetic counselors, registered dietitians, psycho-oncology specialists, and support service specialists at the Cancer Center at Froedtert Menomonee Falls Hospital all of whom are keenly attuned to the needs, hopes and fears of cancer patients. Each patient's care is coordinated with specialists from many areas of Froedtert Menomonee Falls Hospital who help and support patients and their families through the physical, emotional and economic phases of treatment. Utilizing clinical research that translates into the most advanced treatments, our doctors are battling cancer from every angle possible giving patients a stronger reason to believe in a full recovery. Continued - Schedule O

Form 990, Part III, Line 4b:

Outpatient Services: Froedtert Menomonee Falls Hospital had 125,544 outpatient visits in the 12 months ending June 30, 2020. The hospital offers a wide variety of ancillary, specialty services, including but not limited to the following:

- o Allergy/Immunology
- o Cardiology
- o Clinical Genetics
- o Dermatology
- o Electrophysiology
- o Endocrinology
- o Family Practice
- o Gastroenterology
- o Gerontology
- o Gynecologic Oncology
- o Gynecology
- o Hand Surgery
- o Hematology
- o Hematology/Oncology
- o Infectious Disease
- o Internal Medicine
- o Interventional Radiology
- o Imaging, including MRI
- o Neonatology
- o Nephrology
- o Neurosurgery
- o Nuclear Medicine
- o Occupational Medicine
- o Oncology
- o Ophthalmology
- o Oral Surgery
- o Orthopaedics
- o Otolaryngology
- o Pathology
- o Pediatrics
- o Pedodontics
- o Perinatology
- o Periodontics
- o Physical Medicine and Rehabilitation
- o Plastic/Reconstructive Surgery
- o Podiatry
- o Psychiatry
- o Psychology
- o Pulmonary Medicine
- o Radiology
- o Radiation Oncology
- o Rheumatology
- o Thoracic Surgery
- o Urology
- o Urologic Oncology
- o Vascular Surgery

Form 990, Part III, Line 4c:

As part of operating an acute care hospital and providing health care services to the community, other revenue is derived in the following areas: Other Department Operating Revenue - revenue derived from different services through the process of providing patient care and in the normal operation of a medical facility. Included in this category are items such as meaningful use revenue, medical staff application fees, and revenue from classes, pump rentals, and other wellness services. Dietary Revenue revenue derived from cafeteria sales, vending machine sales, guest tray sales and employee meals. Dietary services are necessary to support services to patient families while their loved one is receiving care in the Hospital. The revenue from employee meals is a benefit provided by the Hospital as an employer and it allows our staff to remain on site for patient care. Corporate Allocated Revenue - revenue passed through from Froedtert Health (FH), a related party. Investment Income - revenue derived from investments in affiliate - Menomonee Falls Ambulatory Surgery Center. Intercompany Revenue consists of revenue derived from medical and administrative services provided to the other FH entities. All of these services support the delivery of healthcare to the community. Miscellaneous Revenue - revenue derived from different services through the process of providing patient care in the normal operation of a medical facility. Included in this category are items such as recycling revenue, taxable sales, and sale of medical records.

SCHEDULE A
(Form 990 or 990EZ)

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
Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Employer identification number
39-0987025

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: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

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
Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Employer identification number
39-0987025

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.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

7,585,233

7,212,833

6,349,289

5,821,106

5,966,427

703,700

557,712

1,445,855

888,427

1,056,822

62,097

435,421

370,233

717,895

-56,083

402,620

367,073

348,721

261,912

309,173

333,816

250,321

603,819

819,952

839,278

16,043

3,339

4

-3,725

-2,391

7,598,551

7,585,233

7,212,833

6,349,289

5,821,106

2

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

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

Yes

No

3a(i)

No

3a(ii)

Yes

3b

Yes

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.

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

80,711

80,711

139,267,306

72,456,974

66,810,332

7,118,692

3,306,891

3,811,801

59,248,252

43,982,731

15,265,521

38,809,953

33,391,766

5,418,187

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

91,386,552

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) Due from Affiliates	6,872,993
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	15,575,662

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) Due to Affiliates	1,466,484
(3) Est Settlements-Third Party Payors	21,779,532
(4) Long Term Debt	125,675
(5) Pension Liability	39,744,261
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	63,115,952

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Supplemental Information

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	The funds are held by Community Memorial Foundation of Menomonee Falls, Inc. (CMF), a related organization. The board designated endowment was created to support long range financial needs of FMFH and its programs.

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Froedtert Health, Inc. (FH), the parent entity into which FMFH's financial results are consolidated, applies ASC No. 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in a company's financial statements. ASC No. 740 prescribes a more-likely than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Under ASC No. 740, tax positions are evaluated for recognition, derecognition, and measurement using consistent criteria and provide more information about the uncertainty in income tax assets and liabilities. As of June 30, 2020 and 2019, FH does not have an asset or liability recorded for unrecognized tax positions.

Supplemental Information Regarding Fundraising or Gaming Activities

2019

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Employer identification number

39-0987025

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		Otis Spunkmeyer Cookies (event type)	Scrub Sales (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	27,812	14,598	37,966	80,376
	2 Less: Contributions			1,555	1,555
	3 Gross income (line 1 minus line 2)	27,812	14,598	36,411	78,821
Direct Expenses	4 Cash prizes			3,953	3,953
	5 Noncash prizes				
	6 Rent/facility costs			1,757	1,757
	7 Food and beverages	2,133		717	2,850
	8 Entertainment			375	375
	9 Other direct expenses		12,679	22,669	35,348
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				44,283
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				34,538

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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

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

Name of the organization

Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Employer identification number

39-0987025

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	Yes	
1b	If "Yes," was it a written policy?	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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>25000.0000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 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. 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	Yes	No
1a		Yes	
1b		Yes	
3a		Yes	
3b		Yes	
4		Yes	
5a		Yes	
5b		Yes	
5c			No
6a		Yes	
6b		Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,087,828		1,087,828	0.360 %
b Medicaid (from Worksheet 3, column a)			28,867,637	11,409,172	17,458,465	5.740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			29,955,465	11,409,172	18,546,293	6.100 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	38	13,398	1,422,521	2,574	1,419,947	0.470 %
f Health professions education (from Worksheet 5)	5	12,318	5,806,086	609,593	5,196,493	1.710 %
g Subsidized health services (from Worksheet 6)	1	988	414,605		414,605	0.140 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	13	4,798	591,345		591,345	0.190 %
j Total. Other Benefits	57	31,502	8,234,557	612,167	7,622,390	2.510 %
k Total. Add lines 7d and 7j	57	31,502	38,190,022	12,021,339	26,168,683	8.610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		24,098		24,098	0.010 %
3 Community support	1	20	41,588		41,588	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		21,149		21,149	0.010 %
8 Workforce development	3	698	117,289		117,289	0.040 %
9 Other						
10 Total	6	718	204,124		204,124	0.070 %

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		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,134,659	
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		
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	51,532,171	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	74,087,230	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,555,059	
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?
1

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

	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
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)
dba Froedtert Memonomee Falls**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>17</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>www.froedtert.com/community-engagement</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>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.froedtert.com/community-engagement</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
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	Yes
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	Yes
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? <u>\$100,000</u>		

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

dba Froedtert Memonomee Falls

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>250.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</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>www.froedtert.com/financial-services</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>www.froedtert.com/financial-services</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>www.froedtert.com/financial-services</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**

dba Froedtert Memonomee Falls

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)**

dba Froedtert Memonomee Falls

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
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 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	In alignment with the Froedtert Health financial assistance policy, Froedtert Menomonee Falls Hospital reserves the right to review each application for financial assistance on its own merits and to consider other extenuating circumstances in the decision to approve or deny a patient's application for financial assistance. The applicant's gross family income will be determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received and compared to the annual Federal Poverty guidelines set forth by the U.S. Department of Health and Human Services. A patient who has an annual gross income equal to or less than 400% of the current year's poverty guidelines will not pay more than 15% of their annual gross income on any single account during the approved eligibility timeframe. Patients who meet the requirements and have a gross income equal or less than 250% of the FPL may qualify for a 100% discount. Patients who meet the requirements and have a gross income between 250% and 400% of the FPL may qualify for a discount on a sliding scale. In addition to income, Froedtert Menomonee Falls Hospital also takes certain assets into consideration. Assets protected from financial evaluation include a household's retirement assets, home equity, and a portion of cash and savings assets.

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Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Every year, Froedtert Menomonee Falls Hospital produces an annual report to the community highlighting community outreach programs, patient impact stories and investments in the communities we serve. The report is mailed to over 150 area non-profits, chambers of commerce, hospital partners, Froedtert Menomonee Falls Hospital Board of Directors, Froedtert Menomonee Falls Hospital leaders and staff, government officials, business leaders and other community members. A copy of the most recent report can be found at https://www.froedtert.com/about/annual-reports

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Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	Charity Care and certain other community benefits costs were determined by using internal information to reduce the various activities to cost. The costing methodology follows what is laid out in the instructions from the IRS. As a not-for-profit, emergency medical care and other medically necessary care is provided to all, regardless of ability to pay for that care. Making quality patient care available to all in our community, regardless of their economic means, qualifies bad debts as a community benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column F - Explanation of Bad Debt Expense	Our total expense from Form 990, Part IX, line 25, column (A) was \$304,026,430. Bad debt expense is included in Form 990, Part VIII, Statement of Revenue, Lines 2a-2c as required by ASU 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. Therefore, bad debt expense is not included on Form 990, Part IX, Statement of Functional Expenses, Line 25, Column (A).

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Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions and trends. The ratio of patient care cost to charges is applied to the bad debt attributable to patient accounts to calculate the estimated cost of bad debt attributable to patient accounts that is reported on line 2. Discounts and payments on patient accounts are recorded as an adjustment to revenue, not bad debt expense.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	FMFH believes that all of the shortfall should be considered as community benefit. The IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients. Medicare shortfalls must be absorbed by the hospital in order to continue treating the elderly in our community. The hospital provides emergency medical care or other medically necessary care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries. The costing methodology used to determine the Medicare allowable costs is based on a calculation developed by the American Hospital Association in which the data is derived from the annual filed Medicare cost report.

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Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	In alignment with the FH Financial Assistance policy and Credit and Collection policy regarding the billing, collection and support for patients with payment obligations, FMFH makes every effort to adhere to the policy and is committed to implementing and applying the policies for assisting those patients who may qualify for Financial Assistance in a professional and consistent manner. Staff members who work closely with patients such as Patient Financial Services Customer Service and Financial Counseling staff, as well as those involved in billing and collections are trained about these policies with an emphasis on treating all patients with dignity and respect regardless of their insurance or their ability to pay for services. Other staff who may have interactions with patients, such as admitting staff are also aware of the policy, and able to provide patients a copy of an application upon request and also are committed to treating patients with dignity and respect regardless of their insurance or their ability to pay for services.

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	CHNA Process and Report In 2017, a CHNA was conducted to 1) determine current community health needs in Waukesha County, 2) gather input from persons who represent the broad interests of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) develop implementation strategies to address the prioritized health needs. Froedtert Menomonee Falls Hospital assesses the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. Data and research included information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources was collected and taken into consideration for assessing and addressing community health needs: Community Health Survey: Using the Center for Disease Controls Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 400 residents was conducted by Froedtert Menomonee Falls Hospital in collaboration with the Milwaukee Health Care Partnership. The full report of this survey can be found at https://www.froedtert.com/community-engagement. Key Informant Interviews: Froedtert Menomonee Falls Hospital Community Engagement team and leaders conducted 47 in-person interviews with community leaders of various school districts, non-profit organizations, health & human service department and business leaders. The full Key Informant Results can be found at https://www.froedtert.com/community-engagement. Community Partner/Agency Reports: To better understand the needs of our underserved populations; Froedtert Menomonee Falls Hospital obtained important data and trends from partner organizations such as Community Outreach Health Clinic, United Way of Greater Milwaukee & Waukesha County ALICE Report, and Impact 211 data specific to FMFH primary service area to seek important trends, demographic data and services to provide an inclusive viewpoint of community needs for these unrepresented populations. Secondary Data Reports: Utilizing multiple county and community-based publicly available reports, information was gathered regarding: Mortality/Morbidity data, Injury Hospitalizations, Emergency Department visits, Waukesha County Health Rankings, Public Safety/Crime Reports and Socio-economic data. A full summary of Secondary Data information can be found at https://www.froedtert.com/community-engagement. Washington County Service Area: Froedtert Menomonee Falls Hospital's primary service area also includes Germantown Wisconsin which is located on the southern border of Washington County. In deciding on CHNA priorities and strategies for this service area, the Community Outreach Steering Committee relied on CHNA data and reports from Washington County and obtained fiscal year to date publicly reported data from Robert Wood Johnson Foundation County Health Rankings, United Way of Washington County ALICE Report, and Impact 211 utilization reports respectively. All these data sources were compiled and reviewed by the COSC. Froedtert Menomonee Falls Hospital is committed to addressing community health needs collaboratively with local partners. Froedtert Menomonee Falls Hospital used the following methods to gain community input from June-September 2017 on the significant health needs of the Froedtert Menomonee Falls Hospital's community. These methods provided additional perspectives on how to select and address top health issues facing Froedtert Menomonee Falls Hospital's community. Input from Community Members Key Informant Interviews: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs (informants) in Froedtert Menomonee Falls Hospital's community, including Waukesha County, were identified by organizations and professionals that represent the broad needs of the community as well as organizations that serve low-income and underserved populations. These local partnering organizations also invited the informants to participate in and conduct the interviews. The interviewers used a standard interview script that included the following elements: 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 Waukesha County; and For those five public health issues: Existing strategies to address the issue Barriers/ challenges to addressing the issue Additional strategies needed Key groups in the community that hospitals should partner with to improve community health Identification of subgroups or subpopulations where efforts could be targeted Ways efforts can be targeted toward each subgroup or subpopulation Underserved Population Input: Froedtert Menomonee Falls Hospital is dedicated to reducing health disparities and input from community members who are medically underserved, low-income and minority groups

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	populations and/or organizations that represent those populations are important in addressing community health needs. With that in mind, Froedtert Menomonee Falls Hospital took the following steps to gain input: Community Health Survey: When appropriate, data was stratified by gender, age, education household income level and marital status. Key Informant Interviews: The key informant interviews included input from members of organizations representing medically underserved, low-income and minority populations. Summary of Community Member Input Top five health issues ranked most consistently or most often cited for Waukesha County were: Key Informant Interviews: Mental Health Alcohol and Drug Use Chronic Disease Access to Health Services Nutrition Community Health Survey: Illegal Drug Use Access to Health Services Overweight/Obesity Chronic Disease Prescription or Over the Counter Drug Abuse After adoption of the CHNA Report and Implementation Strategy, Froedtert Menomonee Falls Hospital publicly shares both documents with community partners, key informants, hospital board members, public schools, non-profits, hospital coalition members, the Waukesha County Public Health Division, and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on https://www.froedtert.com/community-engagement. Feedback and public comments are always welcomed and encouraged, and can be provided through the contact form on the Froedtert & the Medical College of Wisconsin website at https://www.froedtert.com/contact, or contacting Froedtert Health, Inc.'s Community Engagement leadership/staff with questions and concerns by calling 414-777-1926. Froedtert Menomonee Falls Hospital received no comments or issues with the previous Community Health Needs Assessment Report and Implementation Strategy.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	OverviewFroedtert Menomonee Falls Hospital founded in 1964 by the citizens of Menomonee Falls and surrounding communities, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopaedics, womens health and advanced surgical procedures. Froedtert Menomonee Falls Hospital is part of the Froedtert & MCW health care network, which includes Froedtert Hospital in Milwaukee, eastern Wisconsin's only academic medical center; hospitals in Kenosha, Pleasant Prairie and West Bend; and more than 40 primary and specialty care health centers and clinics.Mission StatementFroedtert & the Medical College of Wisconsin advance the health of the communities we serve through exceptional care enhanced by innovation and discovery.Service Area and DemographicsFor the purpose of the Community Health Needs Assessment, the community is defined as Northeast Waukesha County and Germantown because we derive 73% of discharges occur from this geography. All programs, activities, and partnerships under the CHNA will be delivered in Waukesha County. However, Froedtert Menomonee Falls Hospitals total service area consists of Waukesha County as well as zip codes in southern Washington County and western Milwaukee County. Froedtert Menomonee Falls Hospital determines its primary and secondary service areas by completing an annual review and analysis of hospital discharges and market share according to various determinants.The map reflects the 25 zip codes 53005 (Brookfield), 53007 (Butler), 53012 (Cedarburg), 53017 (Colgate), 53022 (Germantown), 53027 (Hartford), 53029 (Hartland), 53033 (Hubertus), 53037 (Jackson), 53040 (Kewaskum), 53045 (Brookfield), 53046 (Lannon), 53051 (Menomonee Falls), 53072 (Pewaukee), 53076 (Richfield), 53086 (Slinger), 53089 (Sussex), 53090 (West Bend), 53095 (West Bend), 53122 (Elm Grove), 53218 (Milwaukee), 53222 (Milwaukee), 53223 (Milwaukee), 53224 (Milwaukee), and 53225 (Milwaukee). Household Income CY19 -Primary Service Area and Secondary Service AreaUnder \$24,999 - 17.77% and 10.63%\$25,000 - \$49,999 - 21.49% and 15.96%\$50,000 - \$99,999 - 33.60% and 20.73%\$100,000 and up - 27.13% and 42.68%Total Households - 117,273 and 59,745 Source: IntelereEthnicity CY19 - Primary Service Area and Secondary Service AreaWhite - 67.65% and 87.71%African American - 23.68% and 4.79%Asian/Hawaiian/Pacific Islander - 0.03% and 0.06%Native American - 0.38% and 0.01%Two or more races - 2.51% and 1.89%Other - 1.26% and 0.67%Hispanic - 3.80% and 2.83%Total Population - 302,452 and 149,191 Source: IntelerePayer Source FY19 - Primary Service Area and Secondary Service AreaCommercial/Managed Care - 25.5% and 32.8%Medicare - 53.3% and 55.5%Medicaid - 18.3% and 8.5%Other Government - 0.7% and 0.7%Other Self Pay - 2.2% and 2.5%Source: IntelerePayer Source FY20 Q3 - Primary Service Area and Secondary Service AreaCommercial/Managed Care - 25.8% and 31.8% Medicare - 51.9% and 56.8%Medicaid - 18.7% and 8.6%Other Government - 1.0% and 1.2%Other Self Pay - 2.6% and 1.7%Source: Intelere

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	To promote the health of our communities, Froedtert Menomonee Falls Hospital participates in numerous community building activities, which are not included elsewhere on Schedule H. These activities include: 1. Economic Development: 3 leaders participate in local chamber of commerce boards focused on economic development to improve the local economy and local job opportunities. 2. Community Support: 25 hours were dedicated to supporting youth focused coalitions to improve the community environment for youth to set them up for greater success. 3. Community Health Improvement Advocacy: Participation in completing the Community Health Improvement Plan initiatives with the local health departments to increase collaborative work in our communities. 4. Workforce Development: Diversity training and minority internship programs that recruit health professionals in our traditionally underserved communities to diversify our workforce population to better serve our communities. Work with high school students to increase their interest in health care careers and includes things such as HealthCare Career Academy, hospital tours, career events and observation experiences.

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	Froedtert Menomonee Falls Hospital (FMFH) community health improvement initiatives are targeted for the broad community, especially vulnerable populations (uninsured/underinsured) in the hospitals primary and secondary service areas. FMFHs mission is to advance the health of the communities we serve through exceptional care enhanced by innovation and discovery. The hospitals Community Outreach Steering Committee and Community Engagement staff prioritized community health improvement programs, activities and services that reflect the hospitals mission and scope of care: Access Care and Navigation of Community Resources, Chronic Disease Management, Alcohol and Other Drug Abuse/Mental Health. See activities described in Part V, Section B, Line 11 as well as the Other Community Engagement Programs and Initiatives below: Other Community Engagement Programs and Initiatives: Community Engagement proactively addresses the social, cultural and economic determinants that underpin health and seeks to build partnerships with others to find solutions. Froedtert & the Medical College of Wisconsin are committed to making a positive, sustained difference in our community. Community Engagement will strengthen the economic vitality and quality of life of those communities we serve. Froedtert Menomonee Falls Hospitals Community Engagement programming and health improvement activities are supported through staff resources, budgeted dollars for programming and community partnerships. Flu Clinics (Chronic Disease) Froedtert Menomonee Falls Hospital offers flu clinics for uninsured populations utilizing services at three food pantries, the Touched Twice Free Clinic Event and the free clinic in Froedtert Menomonee Falls Hospitals service area. FY 2020 Outcomes/Progress: During the fall of Fiscal Year 2020, 95 people were immunized at six locations. Each of the clinics was staffed by hospital pharmacists and support staff who were certified by the state to administer immunizations. United Way Employee Giving Campaign (Community Development) Froedtert Menomonee Falls Hospital collaborates with United Way of Greater Milwaukee and Waukesha County to address community needs in the areas of meeting basic needs, developing self-reliance, strengthening communities and community support. Froedtert Menomonee Falls Hospital hosts an annual workplace giving campaign to support all local United Ways. FY 2020 Outcomes/Progress: The implementation of the campaign took 184.5 hours of staff time to coordinate. As a health system, Froedtert staff, physicians, and leaders raised \$650,174.36. Community Health & Wellness Initiative Community Garden (Prevention and Wellness) Froedtert Menomonee Falls Hospitals on-campus garden is providing produce to low-income populations residing in the hospitals service area that may not readily have access to fresh vegetables. The community garden is a great way to help those who have chronic conditions access nutritious vegetables. The summer and fall harvest, which included tomatoes, cucumbers, zucchini, peppers and beans, were distributed directly to patients who use the Outreach Clinic and Sussex, Germantown and Menomonee Falls food pantry clients. FY 2020 Outcomes/Progress: 231.5 pounds of produce was donated and benefited hundreds of people. Community Health Screenings (Prevention and Wellness) Froedtert Menomonee Falls Hospital offers free blood pressure, skin cancer and heart screenings. With the goal to empower people and the community to make better decisions and take actions to improve and maintain their health, our community health screenings provide much needed access to services for many of our community members. FY 2020 Outcomes/Progress: Froedtert Menomonee Falls Hospital provided free health screenings for 236 people. Bobbie Nick Voss Colonoscopy Program (Access and Chronic Disease) Froedtert Menomonee Falls Hospital partners with Bobbie Nick Voss Charitable Funds to provide free colonoscopies to patients (age 50 and above) in the Community Outreach Health Clinic that show signs or symptoms of colorectal related health conditions. FY 2020 Outcomes/Progress: 10 patients received a colonoscopy at no cost. Chronic Pain Self-Management Workshop (Chronic Disease) Living Well with Chronic Conditions Workshop is a six week series that teaches individuals with chronic pain to become better self-managers of their health. Topics covered include: techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends and health professionals; nutrition; decision making; and evaluating new treatments. The program is highly interactive and designed to enhance current treatment or disease specific education that patients are already receiving. FY 2020 Outcomes/Progress: Living Well with Chronic Disease: no longer offered. Be Strong, Stay S

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	trong: 59 participants Distracted Driving Programs (AODA) Speeding, recklessness and drug or alcohol use are common risk factors among children and teens killed in motor vehicle and transport crashes, according to the Wisconsin Child Death Review Council. Changes in behavior can help prevent death and injury from vehicle crashes, one of the top five causes of preventable death in Wisconsin children. To drive home a powerful message about the consequences of drinking and driving and to help prevent death from drunk driving crashes, Froedtert Menomonee Falls Hospital collaborates with local high schools in the Every 15 Minutes program. The program involves not only a mock crash, but multiple scenarios that are videotaped by high school students and presented at a moving and emotional assembly at school the next day. The hospital has been part of the Every 15 Minutes program since 2010, as the receiving hospital for mock crash victims arriving by local EMS ambulance and Flight for Life. The Emergency Care Center provides staffing to treat the mock victims in a realistic way. Physicians, nurses, EMTs, technicians and other staff are involved. Hospital staffs are also involved in the planning and communications. In a safe and caring way, the program confronts high school students with the real-life consequences of drug and/or alcohol use while driving and has been positively received by students and community. FY 2020 Outcomes/Progress: Did not participate in FY20 Financial Assistance & Affordable Care Financial Counseling (Access to Care) Froedtert Health (parent company of Froedtert Menomonee Falls Hospital) recognized the need to help individuals navigate financial resources including the new choices available to them through the Affordable Care Acts Insurance Marketplace and Medicaid reforms. Our overall health network of certified application counselors screened and enrolled over 5,000 community members in Public Assistance and Marketplace Insurance Plans. These certified application counselors answered thousands of phone calls and assisted with questions. Froedtert Health also partnered with the Milwaukee Enrollment Network which represented health systems, free clinics, health departments and other non-profit organizations to reach out to people throughout Milwaukee, Washington and Waukesha Counties in securing adequate and affordable health insurance. FY 2020 Outcomes/Progress: Our network of certified application counselors assisted 3,798 individuals. Continued in Schedule O - Other Community Programs and Initiatives

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	Affiliated Health System Froedtert Menomonee Falls Hospital founded in 1964 by the citizens of Menomonee Falls and surrounding communities, is a full-service hospital that specializes in cancer care, heart and vascular care, orthopaedics, women's health and advanced surgical procedures. Froedtert Menomonee Falls Hospital is part of the Froedtert & MCW health care network, which includes Froedtert Hospital in Milwaukee, eastern Wisconsin's only academic medical center; hospitals in Kenosha, Pleasant Prairie and West Bend; and more than 40 primary and specialty care health centers and clinics. Froedtert Hospital, Froedtert Menomonee Falls Hospital and Froedtert West Bend Hospital made significant investments in the health of their communities. Patients who couldn't pay for their medical care received more than \$156 million in uncompensated services. Beyond providing care for uninsured/underinsured patients, we contributed \$109.3 million to improve access to care, teach future healthcare professionals, develop new medical therapies and participate in local partnerships aimed at reducing health disparities. Froedtert Health members develop community benefit strategies and goals based on the unique needs of each of their communities. By conducting regular community needs assessments that monitor critical public health issues, and actively seeking community input, the hospitals have built important local relationships that provide meaningful outreach programs that link each hospital to their neighbors and patients. As a not-for-profit health system, Froedtert Health reinvests its surplus funds back into the community through programs to serve the poor and uninsured, teach future healthcare professionals, develop new medical therapies, manage chronic conditions like diabetes, health education and promotion initiatives, and participate in local partnerships aimed at reducing health disparities. For more information about Froedtert Health, visit www.froedtert.com Promotion and Community Health The Community Outreach Steering Committee (COSC), which is a subcommittee of the hospitals Board of Directors, actualizes the mission of Froedtert Menomonee Falls Hospital through community benefit activities that improve the quality of life and enhance wellness resources, which meet identified comprehensive health needs of the communities served. The COSC is appointed annually by the hospital president and is advisory to the Froedtert Menomonee Falls Hospital Board and Administration. Membership appointments are made each June with members serving one year terms. The COSC meets quarterly and is composed of hospital and board representatives, plus community members representing the various constituencies of the total service area. Functions include: Provide a leadership role in advocating community wide responses to health care needs in the community. Facilitate and support community and health care partnerships. Envision, assess and guide new community benefit opportunities. Identify and describe unmet health needs. Promote universal access to health care. Determine allocation of the Community Outreach Services Fund, which awards \$50,000 annually towards area non-profits efforts to improve health disparities focused on Access to Care/Navigation, Mental Health/AODA and Chronic Disease Management in the communities Froedtert Menomonee Falls Hospital serves. Addressing Needs Through Targeted Outreach: Froedtert Menomonee Falls Hospital develops and executes community outreach programming and activities based on identified community health needs. Since 1990, Froedtert Menomonee Falls Hospital conducts needs assessments every three years in order to determine priorities and strategies in addressing community health disparities. Every needs assessment cycle, Froedtert Menomonee Falls Hospital Community Engagement staff along with the hospitals COSC develops a Community Health Improvement Plan that is incorporated into the hospitals overall strategic plan to address the most critical needs in the communities we serve. The plan is reviewed annually by the COSC. Froedtert Menomonee Falls Hospital Community Outreach staff, leaders and external community partners work collaboratively to develop key goals and strategies to address community health needs. Progress towards community outreach programs/activities and goals are reported quarterly through the COSC, Physician Advisory Council, Leadership Meetings and the Board of Directors. Based on the results from the 2017 Community Health Needs Assessment, programs and activities are focused around the following identified health needs: Access to Health Services and Navigation of Community Resources Mental Health/Alcohol and Other Drug Abuse Chronic Disease Prevention and Management: o Cancer o Nutrition and Physical Activity For more information on specific community outreach efforts, Implementation Strategy and Community Health Needs Assessments, please go to Froedtert Health's website at www.froedtert.com

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	WI

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

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? 1		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	dba Froedtert Memonomee Falls HospW180 N8085 Town Hall Road Menomonee Falls, WI 53051 www.froedtert.com 28	X	X					X			

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 5	In 2017, a CHNA was conducted to 1) determine current community health needs in Waukesha C ounty, 2) gather input from persons who represent the broad interest of the community and identify community assets, 3) identify and prioritize significant health needs, and 4) dev elop implementation strategies to address the prioritized health needs. Froedtert Menomone e Falls Hospital(FMFH) assesses the health needs of the communities it serves through a co mprehensive data collection process from a number of key sources. Data and research includ ed information from community members, public health officials, community leaders/experts, and non-profit organizations representing vulnerable populations in our service area. The following information/data sources was collected and taken into consideration for assessi ng and addressing community health needs:Community Health Survey: Using the Center for Dis ease Controls Behavioral Risk Factor Surveillance System (BRFSS), a telephone-based survey of 400 residents was conducted by Froedtert Menomonee Falls Hospital in collaboration wit h the Milwaukee Health Care Partnership. The full report of this survey can be found at ht tps://www.froedtert.com/community-engagement. Key Informant Interviews: Froedtert Menomone e Falls Hospital Community Engagement team and leaders conducted 47 in-person interviews w ith community leaders of various school districts, non-profit organizations, health & huma n service department and business leaders. The full Key Informant Results can be found at https://www.froedtert.com/community-engagement. Community Partner/Agency Reports: To bette r understand the needs of our underserved populations; Froedtert Menomonee Falls Hospital obtained important data and trends from partner organizations such as Community Outreach H ealth Clinic, United Way of Greater Milwaukee & Waukesha County ALICE Report, and Impact 2 11 data specific to FMFHs primary service area to seek important trends, demographic data and services to provide an inclusive viewpoint of community needs for these unrepresented populations.Secondary Data Reports: Utilizing multiple county and community-based publicly available reports, information was gathered regarding: Mortality/Morbidity data, Injury H ospitalizations, Emergency Department visits, Waukesha County Health Rankings, Public Safe ty/Crime Reports and Socio-economic data. A full summary of Secondary Data information can be found at https://www.froedtert.com/community-engagement. Washington County Service Are a: Froedtert Menomonee Falls Hospitals primary service area also includes Germantown Wisco nsin which is located on the southern border of Washington County. In deciding on CHNA pri orities and strategies for this service area, the Community Outreach Steering Committee re lied on CHNA data and reports from Washington County and obtained fiscal year to date publi cly reported data from Robert Wood Johnson Foundation County Health Rankings, United Way of Washington County ALICE Rep

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memononee Falls - Part V, Section B, Line 5	ort, and Impact 211 utilization reports respectively. All these data sources were compiled and reviewed by the COSC. Froedtert Menomonee Falls Hospital is committed to addressing c ommunity health needs collaboratively with local partners. Froedtert Menomonee Falls Hospi tal used the following methods to gain community input from June-September 2017 on the sig nificant health needs of the Froedtert Menomonee Falls Hospitals community. These methods provided additional perspectives on how to select and address top health issues facing Fro edtert Menomonee Falls Hospitals community.Input from Community MembersKey Informant Inter views: Key organizations with specific knowledge and information relevant to the scope of the identified significant health needs (informants) in Froedtert Menomonee Falls Hospital s community, including Waukesha County, were identified by organizations and professionals that represent the broad needs of the community as well as organizations that serve low-i ncome and underserved populations. These local partnering organizations also invited the i nformants to participate in and conduct the interviews. The interviewers used a standard i nterview script that included the following elements:Ranking of up to five public health i ssues, based on the focus areas presented in Wisconsin State Health Plan, that are the mo st important issues for Waukesha County; and For those five public health issues: o Existi ng strategies to address the issue o Barriers/challenges to addressing the issue o Additio nal 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 cou ld be targeted o Ways efforts can be targeted toward each subgroup or subpopulationUnderse rved Population Input: Froedtert Menomonee Falls Hospital is dedicated to reducing health disparities and input from community members who are medically underserved, low-income and minority populations and/or organizations that represent those populations are important in addressing community health needs. With that in mind, Froedtert Menomonee Falls Hospi ta l took the following steps to gain input:Community Health Survey: When appropriate, data w as stratified by gender, age, education household income level and marital status.Key Info rmant Interviews: The key informant interviews included input from members of organization s representing medically underserved, low-income and minority populations.Summary of Commu nity Member InputTop five health issues ranked most consistently or most often cited for W aukesha County were:Key Informant Interviews:Mental HealthAlcohol and Drug UseChronic Dise aseAccess to Health ServicesNutritionCommunity Health Survey:Illegal Drug UseAccess to Hea lth ServicesOverweight/ObesityChronic DiseasePrescription or Over the Counter Drug AbuseAf ter adoption of the CHNA Report and Implementation Strategy, Froedtert Menomonee Falls Hos pital publicly shares both doc

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 5	uments with community partners, key informants, hospital board members, public schools, no n-profits, hospital coalition members, the Waukesha County Public Health Division, and the general public. Documents are made available via email, hard copies are made available at applicable meetings, and electronic copies are made available by PDF for download on http s://www.froedtert.com/community-engagement. Feedback and public comments are always welcom ed and encouraged, and can be provided through the contact form on the Froedtert & the Med ical College of Wisconsin website at https://www.froedtert.com/contact, or contacting Froe dtert Health, Inc.s Community Engagement leadership/staff with questions and concerns by c alling 414-777-1926. Froedtert West Bend Hospital received no comments or issues with the previous Community Health Needs Assessment Report and/Implementation Strategy.Continued in Schedule O - Account Input From Person Who Represent the Community

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

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

Form and Line Reference	Explanation
Facility: dba Froedtert Menomonee Falls - Part V, Section B, Line 6a	Froedtert Menomonee Falls Hospital collaborates with the other hospital systems and organizations to assess the health needs of the communities it serves through a comprehensive data collection process from a number of key sources. This shared CHNA serves as the foundation for Froedtert Menomonee Falls Hospital and is the basis for creation of an implementation strategy to improve health outcomes and reduce disparities in Waukesha County and the hospitals primary service area. Waukesha County Collaborative Partners: Froedtert & the Medical College of Wisconsin Aurora Health Care (Hospital/Health System) ProHealth Care (Hospital/Health System) Ascension (Hospital/Health System) After completion of the shared CHNA, the data was taken into consideration in order for Froedtert Menomonee Falls Hospital to create an independent CHNA and Implementation Strategy specific to the hospitals service area and community health needs.

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

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 7d	The full version of the most recent and past CHNA summaries, reports and other supporting documents can be found on Froedtert Health's website: https://www.froedtert.com/community-engagement Additional Community Health Needs Assessments are posted on Washington Ozaukee Public Health Department and Waukesha County Health Department websites: Waukesha County Public Health Department: https://www.waukeshacounty.gov/HealthAndHumanServices/PublicHealth/chipp/ Froedtert Menomonee Falls Hospitals Implementation Strategy is posted on our intranet site for staff, physicians and leaders as well as the general public through our external website Froedtert.com. To access the Implementation Strategy, please go to: https://www.froedtert.com/community-engagement

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 11	Community Health Improvement Plan for Froedtert Menomonee Falls Hospital is available onli ne at: https://www.froedtert.com/community-engagement The Fiscal Year 2019 2021 Implementat ion Strategy/Community Health Improvement Plan was reviewed and adopted by the Froedtert M enomonee Falls Hospital Board of Directors on 11/24/20.CHNA Prioritization of Community He alth Needs ProcessFroedtert Menomonee Falls Hospitals Community Engagement strategies are guided by the Community Outreach Steering Committee (COSC) which is a subcommittee of the hospitals Board of Directors. The COSC actualizes the mission of Froedtert Menomonee Falls Hospital through community engagement activities that improve the quality of life and enh ance wellness resources which meet identified comprehensive health needs of the communitie s served. The Community Outreach Steering Committee is appointed annually by the hospital president and is advisory to the Froedtert Menomonee Falls Hospital Board and Administrati on. Membership appointments are made each June with members serving one year terms. The CO SC meets quarterly and is composed of hospital and board representatives plus community me mbers representing the various constituencies of the total service area. Functions include :Provide a leadership role in advocating community wide responses to health care needs in the communityFacilitate and support community and health care partnershipsEnvision, assess and guide new community benefit opportunitiesIdentify and describe unmet health needsProm ote universal access to health careUnder the direction of the Community Engagement Leaders hip Team and trained meeting facilitator; the CHNA planning process included five steps in developing the Implementation Plan:1.Reviewed the 2017 Community Health Needs Assessment results for identification and prioritization of community health needs (Waukesha and Germ antown in Washington County)2.Reviewed Impact 211 Data, Community Outreach Health Clinic D ata, United Way ALICE report for Waukesha and Washington Counties3.Reviewed previous CHNA/ Implementation Plan priorities, programs and results4.Reviewed current hospital and commun ity health improvement initiatives and strategies5.Ranked and selected priority areas6.Sel ect evidence-based strategies, partnerships and programs to address community health needs After the facilitated workout session in March 2018, based on the information from all the CHNA data collection sources, the most significant health needs were identified as: Acces s to Care and Resource Navigation,Chronic Disease Management,Mental Health Services, Nutri tion, Obesity and Physical Activity,Oral Health,Alcohol, Drug, Tobacco Abuse. To identify the top priorities among the significant health needs identified, members of the Community Outreach Steering Committee were asked to rate each priority based on the following crite ria: feasibility of Froedtert Menomonee Falls Hospital to address the need (direct program s, clinical strengths and dedi

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memononee Falls - Part V, Section B, Line 11	cated resources), alignment with Froedtert Health's strategic priorities, current or potential community partners/coalitions and each need has achievable and measurable outcomes. Of those significant health needs categories, four overarching themes were identified as the focus for Froedtert Menomonee Falls Hospitals Implementation Plan for fiscal 2019-2021: Access to Health Care Services and Navigation of Community Resources Mental Health/Alcohol and Other Drug AbuseChronic Disease Prevention and Management: o Cancer o Nutrition and Physical ActivitySignificant Health Needs Not AddressedTobacco Use: Froedtert Menomonee Falls Hospital supports the Multi-Jurisdictional Coalition of Tobacco Free Community Partnership Dodge, Jefferson and Waukesha Counties.Froedtert Menomonee Falls Hospital Summary of Implementation StrategyFroedtert Menomonee Falls Hospital has completed a separate Implementation Strategy that addresses the hospital's implementation strategy to meet the community health needs identified in this CHNA. The following is a summary of that separate, more comprehensive Implementation Strategy report.The key programs, strategies and dedicated hospital resources intended to address identified significant community health needs are addressed below. Community Engagement and Froedtert Menomonee Falls Hospital have dedicated full-time employees and budgeted funds toward serving the needs of the Froedtert Menomonee Falls Hospital communities. To access a copy of the full Implementation Strategy, please go to https://www.froedtert.com/community-engagement. Community Outreach Health Clinic CHNA Significant Health Need: Access to Health Services and Navigation of Community Resources, Chronic Disease Prevention and Management, and Mental Health /AODACHNA Community Health Need/ Rationale: 7% of Waukesha County residents uninsured 17% of Waukesha County residents did not seek medical care due to cost 12% of population reported having unmet care in past 12 months 11% of population did not take medications due to cost Goal: Expand assistance and support of the Community Outreach Health Clinic to improve access to healthcare for uninsured and underinsured populations. Objectives: Continue the support of Community Outreach Health Clinic and community stakeholders to increase access to preventative and primary care, improve quality and reduce costs Froedtert Menomonee Falls Hospital Available Resources: Organizational support through Froedtert Menomonee Falls Hospital and Froedtert HealthPhilanthropic support from Community Memorial FoundationFroedtert &MCW Community PhysiciansFinancial CounselorsFroedtert Menomonee Falls Hospital Collaborative Partners: Addiction Resource Council Partner to promote and access alcohol and drug abuse services to underserved populations Waukesha County Community Dental Clinic Partner to promote and access dental care services to underserved populations United Way of Greater Milwaukee and Waukesha County Provides funding to add

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 11	ress priority health needs Community Outreach Health ClinicThe Community Outreach Health C linic is a facility where uninsured populations at or below 250% federal poverty level can seek free medical care. The clinic serves people who do not have medical insurance or the ability to pay for medical care. The clinic provides quality medical care with dignity and confidentiality using the services of two Nurse Practitioners, RN Care Coordinator, and volunteers including, physicians, nurses, pharmacists, technicians and other professional staff. This clinic is open Tuesday and Thursday evenings from 5 9pm.FY 2020 Outcomes/Progr ess: Patient Referral Statistics/Outcomes for FY20:Free or reduced pharmaceuticals dispensed: 1,828Laboratory Tests (Donated by Hospital): 913Cardiology Procedures (Donated by Hosp ital): 6Radiology Procedures(Donated by Hospital): 43Referrals to Specialty Care (Donated by F&MCW Community Physicians): 41Clinic served 988 individualsFamily Medicine Residency ProgramCHNA Significant Health Need: Access to Health Services and Navigation/Chronic Disease Prevention and ManagementCHNA Community Health Need/ Rationale: 31% of Waukesha County residents reported having High Blood Pressure 26% of Waukesha County residents reported having High Blood Cholesterol 12% of Waukesha County residents reported having Heart Disease or related condition 7% of Waukesha County residents uninsured 17% of Waukesha County residents did not seek medical care due to cost 12% of population reported having unmet care in past 12 months Goal: Improve primary care access to Waukesha and Washington County ResidentsTrain physicians who will provide advocacy, representation and leadership for the specialty of Family MedicineObjectives: Expand access to care and healthcare services to vulnerable populations in Waukesha and Washington County Develop skills in new physicians around team development, continuity of care, collaboration, and leadership needed for effective team based care Froedtert Menomonee Falls Hospital Available Resources: Froedtert & MCW Community PhysiciansCommunity Engagement StaffFroedtert Menomonee Falls Hospital Collaborative Partners: Medical College of Wisconsin Partner on faculty Waukesha County Community Dental Clinic - Partner to promote and access dental care services to underserved populations Community Outreach Health Clinic Partner to promote and access healthcare services to underserved populations The Froedtert & MCW Froedtert Menomonee Falls Hospital Family Medicine Residency program in Menomonee Falls opened in July 2017 and offers specialty and inpatient rotations at Froedtert Menomonee Falls Hospital, the primary training site, while also featuring an outpatient clinic across the street at Town Hall Health Center, to new Medical College of Wisconsin residents. The six residents took advantage of learning in both a clinic location and a community hospital setting with access to an academic medical center. The Patient-Centered Medic

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

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

Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 13b	In alignment with the Froedtert Health financial assistance policy, Froedtert Menomonee Falls Hospital reserves the right to review each application for financial assistance on its own merits and to consider other extenuating circumstances in the decision to approve or deny a patient's application for financial assistance. The applicant's gross family income will be determined using Modified Adjusted Gross Income (MAGI). Modified Adjusted Gross Income includes both earned income and passive income received and compared to the annual Federal Poverty guidelines set forth by the U.S. Department of Health and Human Services. A patient who has an annual gross income equal to or less than 400% of the current year's poverty guidelines will not pay more than 15% of their annual gross income on any single account during the approved eligibility timeframe. Patients who meet the requirements and have a gross income equal or less than 250% of the FPG may qualify for a 100% discount. Patients who meet the requirements and have a gross income between 250% and 400% of the FPG may qualify for a discount on a sliding scale. In addition to income, Froedtert Menomonee Falls Hospital also takes certain assets into consideration. Assets protected from financial evaluation include a household's retirement assets, home equity, and a portion of cash and savings assets.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 13h	Out of Pocket Maximum Discount

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility: dba Froedtert Memonomee Falls - Part V, Section B, Line 20e	We request additional documentation when an individual has submitted an incomplete financial assistance application.

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

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

Employer identification number
39-0987025

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

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

2

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

3

3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	Organizations submit grant requests to the Community Outreach Steering Committee (the Committee). On a quarterly basis the fund allocations are determined. Each organization selected for funds receives an award letter detailing the expectations and conditions of the grant money. In order to comply with applicable tax laws, regulations and the Community Outreach Services Fund policy, the Community Outreach Services Fund will provide grant support to organizations with the understanding that: 1) Grant funds distributed will be used only for the purposes designated in the award letter. 2) No funds will be used for any political campaign or to support attempts to influence legislation of any governmental body. 3) If the organization loses exempt status, any unexpended funds will be returned to the Community Outreach Steering Committee. 4) Adequate accounting records of the expenditures of funds will be maintained by the organization. 5) This is a one time grant distribution. Future funding requests will be considered on a case by case basis. In addition, the Committee includes a Final Report Form with each organizations award letter. The form requires the organization to provide a brief description of the activity and measurable outcomes/benefits, an expenditure report, follow up actions to the Committee's recommendations, and future plans. The Committee requests that each organization submit the Final Report Form to the Committee within thirty days after the completion of the project for which the funds were intended or within a maximum of one year from the receipt of funds.

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Addiction Resource Council 741 N Grand Ave Suite 200 Waukesha, WI 53186	39-1174092	501(c)(3)	15,000	0			Outreach and Support Programs
Community Memorial Foundation W180 N8085 N Town Hall Road Menomonee Falls, WI 53051	39-1635057	501(c)(3)	17,500	0			Support Operations of the Hospital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI Of Waukesha County 217 Wisconsin Avenue Ste 300 Waukesha, WI 53186	39-1485627	501(c)(3)	7,500	0			Outreach and Support Programs

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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.		
Department of the Treasury Internal Revenue Service	Name of the organization Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls	Employer identification number 39-0987025

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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.

[illegible]**Schedule J (Form 990) 2019**

Part III **Supplemental Information**

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

Return Reference	Explanation
Part III, Additional Information	Part I, Line 7: Bonus compensation is paid based upon attainment of specific goals related to the organization's strategy, service, quality, and financial strength. The amount of compensation is calculated using specified percentages of base salary for achievement of particular goal levels. However, the Froedtert Health System Board Committee which administers the bonus compensation program has discretion over whether to pay the bonus in any given year or to amend, change, or terminate the program at any time. Part II, Column (B)(ii): Bonus and incentive compensation amounts include incentive compensation paid. Part II, Column (B)(iii): Other reportable compensation includes 457(f) deferred compensation plan distributions paid to individuals, amounts paid in lieu of 457(f) deferred compensation plan contributions, and other miscellaneous compensation.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Community Memorial Hospital of Menomonee Falls Inc dba Froedtert Menomonee Falls

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

Employer identification number

39-0987025

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: Emergency Services: The Emergency Department at Froedtert Menomonee Falls Hospital is also a Level III Trauma Center and provides care for individuals with emergent and urgent problems. During fiscal year 2020, the Emergency Department had 25,549 emergency visits, with patients receiving expert care from board-certified emergency medicine physicians and nurses certified in advanced cardiac life support, stroke and trauma care. The Emergency Department includes 23 exam rooms and an additional 4,000 square feet to meet the needs of critically ill patients, as well as expanded capacity to treat patients with traumatic injuries. Our Emergency Department is strengthened by the availability of and access to highly trained specialists in trauma, neurosurgery, cardiology, cardiothoracic surgery, including robotic surgery, orthopaedics, respiratory, obstetrics, gynecology, imaging, psychiatry and other specialties when the need arises. Froedtert Menomonee Falls Hospital also operates the Emergency Department located at the Moorland Reserve Health Center. During fiscal year 2020, the stand-alone emergency department had 8,694 visits.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	Teri Lux, Shelly Waala, Allen Ericson: all have Business Relationship with John Ceelen and Dennis PollardDennis Pollard & John Ceelen: Business Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	Biannual Review of the Hospital Bylaws for Community Memorial Hospital of Menomonee Falls, Inc. dba Froedtert Menomonee Falls Hospital(FMFH) The changes are as follows: oSection 3.3.2: Language was revised to clarify that the Health System CEO, or her designee, is to serve as an Ex Officio Director; the change was made to align with the changes to the Froedtert Health, Inc. bylaws regarding the Director Designee. oSections 3.2, 3.3.2: The provision was revised to add the Chief Medical Officer for Froedtert & the Medical College of Wisconsin Community Physicians as an Ex Officio Director on each hospital board.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	FH, as the sole corporate member of FMFH has the final approval of election of all board members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	FH as the sole corporate member of FMFH, retains certain reserved powers and authorities with respect to specific governance matters, and strategic and mission-related initiatives of FMFH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	FH accounting staff prepare Form 990 which is reviewed by the FH financial leaders. The 990 is then reviewed by KPMG, FH's outside accounting firm. Next, the 990 is provided to the FH Finance Committee and Board of Directors. Finally, the 990 is filed as required.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	On an annual basis all officers, directors, trustees, key employees are required to complete a conflict of interest disclosure statement. The data is compiled, and the FH Vice President-Chief Compliance Officer (CCO), the Senior Vice-President-General Counsel and/or delegate will review all forms and notifications to determine if any conflicts of interest exist in the disclosure documents. If it is determined that a conflict of interest exists, then the person making the disclosure shall be relieved of his/her obligations on behalf of FMFH with respect to the transaction or arrangement that creates the conflict of interest. A report of all conflicts of interest will be made by the CCO at least annually to the FH Finance Committee of the FH Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	Compensation of Top Management is paid by FH, a related organization, but a review is performed. In establishing the compensation of the organization's Top Management, independent compensation consultants are utilized, compensation studies are completed to gather comparative data, persons with a conflict of interest regarding the compensation arrangements at issue are not involved in the decision making process, and amounts are reviewed and approved by the Compensation Committee of the FH (the related organization) Board of Directors. In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Compensation of officers and key employees is paid by FH, a related organization, but a review is performed. In establishing the compensation of the organization's Officers and Key Employees, independent compensation consultants are utilized, compensation studies are completed to gather comparative data, persons with a conflict of interest regarding the compensation arrangements at issue are not involved in the decision making process, and amounts are reviewed and approved by the Compensation Committee of the FH (the related organization) Board of Directors. In addition, there is contemporaneous documentation and recordkeeping for deliberations and decisions regarding the compensation arrangements.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	FH's quarterly financial information is made available to the public online through the Digital Assurance Corporation, Inc. website. Anyone can register to receive ongoing access to and notifications regarding financial statements at the online website. Additionally, Governing Documents and Conflict of Interest Policy are made available to the public through the corporate office upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	= \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in APB other than net periodic benefit = -\$5599880

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Foundation restricted net assets = \$25996

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Change in Foundation unrestricted net assets = -\$223432

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to Affiliates = -\$38867447

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a - Program Services Accomplishments (Cont.)	Inpatient Services (Continued) Heart and Vascular CareThe Heart and Vascular Center at Froedtert Menomonee Falls Hospital is nationally recognized for its excellent outcomes and superior service to patients. At the Heart and Vascular Center, dedicated physicians work as a team with cardiovascular nurses and other specialized staff to provide the full spectrum of heart and vascular care, from diagnostic tests to surgical procedures.. An extensive network of heart and vascular specialists collaborates to ensure our patients receive comprehensive, high-quality care. During fiscal year 2020, Froedtert Menomonee Falls Hospital had 12,960 cardiology patient encounters. Womens ServicesAt the FMFH Birth Center, we are committed to relationship-centered birthing care. The Birth Center includes 13 specialty equipped suites and provides the full spectrum of prenatal services for women with normal and high-risk pregnancies. The Level II Neonatal Intensive Care Unit (NICU) has the technology needed to provide long-term care for babies. During fiscal year 2020, 668 women gave birth at Froedtert Menomonee Falls Hospital. Orthopaedics Joint CareFMFH is the Froedtert & MCW Center of Excellence for elective joint replacements. The hospital also provided a variety of inpatient ancillary treatments, tests and procedures during fiscal year 2020, including but not limited to the following: - Surgeries: 3,167 - Laboratory tests: 366,618 - CT scans: 6,129 - Magnetic resonance (MR) I scans: 1,028 - Nuclear Medicine scans: 366 - Ultrasounds: 1,838

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part IX 24b Corporate Allocations	FH allocates certain revenues and expenses to FMLH, FMFH, FWBH & CP. The allocation is calculated by applying an allocation metric to each accounting unit at FH. Each entity then receives its portion of the FH allocation on a monthly basis.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII - Section A 1a Columns C-F	Individuals listed as 'former' but receiving compensation during the year is due to the fact the individual is currently, or was during the tax year, still employed by the organization, but is no longer in the role of director, officer, key employee, etc. in the current year. Such individual was reported as such on the organization's 990 in the previous five years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12	Community Memorial Hospital of Menomonee Falls, Inc. dba Froedtert Menomonee Falls Hospital Schedule H Disclosures of Section 501(r)-Related Failure and Corrections: FY19 Community Health Needs Assessment: Overview In early 2020, Froedtert Menomonee Falls Hospital (the Hospital), determined that its FY19 Community Health Needs Assessment (CHNA) and Implementation Strategy (which were intended to cover FY19-FY21) did not comply with certain of the technical requirements of section 501(r) of the Internal Revenue Code and the Treasury Regulations thereunder. The failures were discovered in connection with a review conducted by outside counsel to the Hospital and Froedtert Health, Inc. (Froedtert), the parent corporation of the Hospital. As described herein, the deficiencies were due to reasonable cause and were promptly corrected upon discovery. Froedtert is a member of the Milwaukee Health Care Partnership (Partnership). Through this Partnership, Froedtert worked with several other local health systems and the Waukesha County health department to collaborate and fund the joint data collection, stakeholder interviews, focus groups and other information systems that contributed to the CHNA for the Hospital and the region in 2019, and that the Hospital used in developing its Implementation Strategy. The Partnership worked with the Center for Urban Population Health to develop a FY19 CHNA Data Report and its components (e.g., Community Survey, Key Informant Interview Report, Secondary Data Report). Froedterts Community Engagement team used this information, along with the Hospitals overall service area, market share and patient demographic data, to prepare the Hospitals FY19 CHNA report and Implementation Strategy, which the Hospitals Community Outreach Steering Committee approved on June 8, 2018, and which was posted to the Hospitals website on June 11, 2018. The Hospital believed that these steps brought the Hospital into compliance with the CHNA requirements of section 501(r) for the Hospitals fiscal year ended June 30, 2019, through its fiscal year ended June 30, 2021. Subsequent review determined that neither the FY19 CHNA report nor the Implementation Strategy was in full compliance with certain of the technical and complex elements required by the 501(r) regulations, as the Community Engagement team did not fully understand or did not appropriately interpret all of the applicable requirements during a transition period in which team members became familiar with those requirements and how to implement them. Since its discovery of these errors, Froedtert has worked with its internal Office of General Counsel (OGC), Community Engagement team, Compliance Department, and Finance Department, as well as its outside legal counsel (Quarles & Brady), and its outside tax advisor (Ernst & Young LLP), to identify specific Section 501(r)-related errors or omissions, with each party conducting an independent review of the Hospitals CHNA reports, Implementation Strategy

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12	regies, and related practices. Based on these parties reviews and findings, Froedtert and the Hospital have worked to correct the 501(r) errors and omissions. For instance, the Hos pital amended its FY19 CHNA report and Implementation Strategy to conform with the 501(r) regulations, and both corrected documents were approved by the Hospitals Board of Director s (its governing body under the Hospitals governing documents and Wisconsin state law) on November 24, 2020, then posted to the Hospitals website on November 25, 2020. In this mann er, the Hospital corrected the deficiencies in the manner set forth in Revenue Procedure 2015-21 for each of the fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021. Description of the Failure and CorrectionsThe errors and omissions that together constitut e a failure were identified and corrected as follows: 1.The CHNA must be conducted in the current taxable year or in either of the two immediately preceding taxable years (Treas. R eg. 1.501(r)-3(a)):The Hospital historically has begun each community health needs assessm ent in advance of the next three-year CHNA implementation cycle. This has allowed the Hosp ital to put the Implementation Strategy into action for the first day of the first fiscal year that begins the three-year CHNA cycle, thereby affording the Hospital three full year s to implement and operationalize programs, partnerships and investments to meet the most significant community health needs of the diverse communities the Hospital serves. The pra ctice, however, has led to an unintentional and unexpected compliance issue with respect t o timing. The Hospitals FY19 CHNA and Implementation Strategy (to cover FY19-FY21) should have been conducted during the Hospitals fiscal year ended June 30, 2019. The Hospitals Co mmunity Outreach Steering Committee approved the CHNA report and Implementation Strategy o n June 8, 2018, and posted those documents on its web page on June 11, 2018. The Hospital subsequently determined, in consultation with its advisors, that each did not include cert ain elements required by the 501(r) regulations. Accordingly, the Hospital had not fully c onducted a FY19 CHNA. The Hospitals Community Engagement team then worked with the OGC and outside legal counsel throughout 2020 to revise the FY19 CHNA report and Implementation S trategy as set forth below and to conform with the 501(r) regulations. The Hospitals Board of Directors adopted both amended documents on November 19, 2020. Upon the Hospitals post ing these documents to its website on November 20, 2020, it satisfied the requirements of Treas. Reg. 1.501(r)-3(a), as explained below. 2.The CHNA report must include a definition of the community served by the facility (Treas. Reg. 1.501(r)-3(b)(6)(i)(A)):As part of t he 501(r) compliance review described above, the Hospital concluded that its FY19 CHNA had not sufficiently defined the community served by its hospital facility or described how i t determined its community, as

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12	required under Treas. Reg. 1.501(r)-3(b)(6)(i)(A). The Hospitals Community Engagement team amended the FY19 CHNA report to identify the Hospitals community as Northeast Waukesha County and Germantown, and to describe how it identified Northeast Waukesha County and Germantown as its community: based on its annual review and analysis of hospital discharges and market share, because it derives 73% of discharges from Waukesha County and Germantown, and because it engages in all programs, activities, and partnerships that are described in the FY19 CHNA in Waukesha County. The amended FY19 CHNA report adopted by the Hospitals Board of Directors on November 24, 2020 corrected this deficiency for each of the Hospitals fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021.³The CHNA report must include [a] description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves (Treas. Reg. 1.501(r)-3(b)(6)(i)(C)):Continued - Schedule O

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	Community Memorial Hospital of Menomonee Falls, Inc. dba Froedtert Menomonee Falls Hospital Schedule H Disclosures of Section 501(r)-Related Failure and Corrections:(Continued)As part of the 501(r) compliance review described above, the Hospital concluded that it had not sufficiently described in its FY19 CHNA report its efforts to solicit and take into account input from persons who represent the broad interests of the community it serves, over what time period such efforts were conducted, or from which specific members of medically underserved, low-income, and minority populations or their representatives the Hospital solicited input. The Hospital's Community Engagement team amended the FY19 CHNA report to correct these errors. In particular, the Hospital included a new section describing how it solicited input on the significant health needs in its community, including interviews with key informants and with members of low-income, minority and underserved populations. The Hospital added to the FY19 CHNA report the time frame during which it solicited this community input. It also added a new Appendix E describing key informant organizations from which input was solicited, and described how some of these organizations represent medically underserved, low-income, and minority populations in its community. The Hospital also added a new section to the report that specifically describes how it solicited and took into account written comments on its most recently conducted CHNA and most recently adopted Implementation Strategy, along with describing how feedback and public comments on the FY2019 CHNA report can be provided, electronically or by phone. The amended FY19 CHNA report adopted by the Hospital's Board of Directors on November 24, 2020, corrected this deficiency for each of the fiscal years ended June 30, 2019, June 30, 2020, and June 30, 2021.4.The CHNA report must include [a] description of resources potentially available to address [the significant health] needs identified through the CHNA (Treas. Reg. 1.501(r)-3(b)(6)(i)(E)): As part of the 501(r) compliance review and analysis described above, the Hospital realized that although its FY19 Implementation Strategy referenced resources available for certain Hospital programs designed to meet significant health needs identified through the FY19 CHNA, the Hospital's FY19 CHNA report did not expressly identify such resources. The Hospital corrected this deficiency in its FY19 amended CHNA report for each of the three affected years by incorporating a description of these resources, and explaining that they are available to address the community health needs identified in the report. 5. The Implementation Strategy must identify each significant health need identified through the CHNA that the hospital does not intend to address, and explain why it does not intend to address that health need (Treas. Regs. 1.501(r)-3(c)(1)(ii) and 1.501(r)-3(c)(2)).In its FY19 Implementation Strategy, the Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	explained how it planned to address most of the significant health needs identified in its FY19 CHNA report. However, it did not explain why it did not plan to address one of those significant health needs: tobacco use. In its amended FY19 Implementation Strategy (approved on November 24, 2020 and posted on its website on November 25, 2020), the Hospital corrected this deficiency for each of the three affected years by explaining that it does not intend to address tobacco use because it supports a community coalition that addresses this issue. 6. The CHNA report must include [a]n evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s) (Treas. Reg. 1.501(r)-3(b)(6)(i)(F)): As part of the 501(r) compliance review and analysis described above, the Hospital realized that although its Implementation Strategy contained an evaluation of actions taken to address significant health needs, this evaluation was not included in the Hospital's FY19 CHNA report, per se. The Hospital amended its FY19 CHNA report to correct this deficiency for each of the three affected years by including Appendix G, which describes the actions taken by the Hospital to address the significant health needs identified through its prior CHNA, as well as the impact / outcomes of those actions. Further, the amended FY19 CHNA report specifically identifies the significant health needs in Appendix G as being those identified in the Hospital's prior CHNA report. Continued - Schedule O

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	Community Memorial Hospital of Menomonee Falls, Inc. dba Froedtert Menomonee Falls Hospital Schedule H Disclosures of Section 501(r)-Related Failure and Corrections:(Continued)Cause of the FailureThe above-described failure was caused by a good-faith misinterpretation of certain elements of the highly technical and complex 501(r) regulations and requirements during a transition period in which Hospital staff became familiar with those requirements and how to implement them.Hospital Facility Where the Failure OccurredThe above-described failure occurred with respect to the Hospital's facility located at W180 N8085 Town Hall Road, Menomonee Falls, Wisconsin.Date(s) of the Failure and DiscoveryThe above-described failure occurred beginning July 1, 2018, which is the first day of the Hospital's fiscal year in which it was required to have, but did not have, a CHNA and Implementation Strategy that complied with the final 501(r) regulations. The failure was discovered with the assistance of legal counsel primarily during February and March 2020 upon review of the Hospital's compliance with section 501(r) and the regulations thereunder. The failure continued until November 25, 2020, when a corrected CHNA and Implementation Strategy had been approved by the Hospital's board and published on the Hospital's website.Number of OccurrencesEach above-described error occurred once with respect to the FY19 CHNA and Implementation Strategy, and continued until the Hospital corrected all such errors in its fiscal year ending June 30, 2021.Financial Assistance Policy OverviewThe Hospital also determined that Froedtert's Financial Assistance Policy (FAP), which applied to and served as the Hospital's FAP, contained certain errors and omissions under section 501(r)(4). Froedtert's OGC has worked with its outside counsel, its tax advisors, and Froedtert's Patient Financial Services team to correct those errors and omissions through amendments to the FAP, which the Hospital's Board of Directors adopted on April 15, 2021, and which were posted on the Hospital's website on April 23, 2021. Description of the Failure and CorrectionsThese errors or omissions which together constitute a failure, since corrected, are as follows: The telephone number of the office that provides information about and assistance in completing the FAP was not included in the Plain Language Summary (PLS) of the FAP, as required by Treas. Reg. 1.501(r)-(1)(b)(24)(v). The Hospital's Board of Directors adopted an amended FAP on April 15, 2021 that includes this information.As of early 2020, the FAP was only translated into Spanish. Based on the most recent census data for Milwaukee County, this may have not been sufficient to satisfy the 501(r) requirement that the FAP, FAP application form, and PLS of the FAP must be translated into the language spoken by each [limited English proficient] language group that constitutes the lesser of 1,000 individuals or 5 percent of the community served by the facility or population.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	lation likely to be affected or encountered by the hospital facility. (emphasis added; see Treas. Reg. 1.501(r)-4(b)(5)(ii)) Froedter's OGC worked with the Patient Financial Services team to determine for which limited English proficient populations the FAP, PLS, and FAP application needed to be translated into their primary language, then to translate those documents into Hmong, Arabic and Russian, which the Hospital posted on its web site on or about July 28, 2020. The FAP previously stated that Froedter Health had final authority or responsibility for determining that the hospital facility has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in extraordinary collection actions (ECAs) against the individual, rather than specifying the office or department with responsibility for making this determination, as required by Treas. Reg. 1.501(r)-4(b)(4)(i)(C). Froedter's OGC worked with the Patient Financial Services team to amend the FAP. That amended FAP was adopted by the Hospital's Board of Directors on April 15, 2021, and now provides that Patient Financial Services has the final authority for determining that the hospital facility has made reasonable efforts to determine whether an individual is FAP-eligible before engaging in ECAs against that individual. While the FAP references the Billing and Collections Policy, it does not provide a link to the URL at which the FAP can be accessed on the website, or otherwise explain how to obtain that Policy on a web site, as required by Treas. Reg. 1.501(r)-4(b)(6)(i). Froedter's OGC worked with the Patient Financial Services team to amend the FAP to include this link. That amended FAP was adopted by the Hospital's Board of Directors on April 15, 2021. The list of providers attached as Exhibit A to the FAP did not state that it included all providers (other than the hospital facility itself) delivering emergency or other medically necessary care in the hospital facility, rather than only those providers not covered under the FAP, as required by Treas. Reg. 1.501(r)-4(b)(1)(iii)(F). Froedter's OGC worked with the Patient Financial Services team to amend both the FAP and Exhibit A to include a new paragraph stating that Exhibit A contains a complete list of all providers who render emergency or other medically necessary care at a Froedter Health hospital, and that none of those providers' services are covered by the FAP. That amended FAP and Exhibit A were adopted by the Hospital's Board of Directors on April 15, 2021. The FAP application stated that it must be completed and returned to the Hospital within ten days, and that failure to do so may result in a denial of the application. The Hospital understands that this may have been inconsistent with the definition of application period in Treas. Reg. 1.501(r)-1(b)(3). However, notwithstanding the language in the FAP application, the Hospital has at all times accepted and processed, and continues to accept a

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	nd process, completed FAP applications within the application period, as defined in section 1.501(r)-1(b)(3).Continued - Schedule O

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H - Supplemental Information Part V, Line 12 (Cont.)	Community Memorial Hospital of Menomonee Falls, Inc. dba Froedtert Menomonee Falls Hospital Schedule H Disclosures of Section 501(r)-Related Failure and Corrections:(Continued)The FAP did not apply to medically necessary care received outside of the patients insurance network, when similar care can be rendered within the patients network (i.e., not unique to [the Hospital]), which may have been inconsistent with the requirement that financial assistance policies apply to all emergency and other medically necessary care provided by the hospital facility pursuant to Treas. Reg. 1.501(r)-4(b)(1)(i). The Hospital has since amended the FAP, through approval of its Board of Directors on April 15, 2021, to eliminate this restriction. Neither the FAP nor any other policy of the Hospital included the emergency medical care policy language described in Treas. Reg. 1.501(r)-4(c)(1)-(2), which would prohibit the Hospital from engaging in actions that discourage individuals from seeking emergency medical care. The Hospital has since amended the FAP, through approval of its Board of Directors, on April 15, 2021, to incorporate the required language. Note that Froedtert and the Hospital have not been able to identify any individuals who have been adversely affected by any of the foregoing FAP-related errors or omissions. Cause of the FailureThe above-described failure with respect to the FAP was caused by a good-faith misinterpretation of certain elements of the highly technical and complex 501(r) regulations and requirements during a transition period in which Hospital staff became familiar with those requirements and how to implement them. Hospital Facility Where the Failure OccurredThe above-described failure occurred with respect to the Hospitals facility located at W180 N8085 Town Hall Road, Menomonee Falls, Wisconsin. Date(s) of the Failure and DiscoveryThe above-described failure with respect to the FAP occurred beginning July 1, 2016, which is the first day that the final regulations regarding FAPs applied to the Hospital. The failure was partially discovered during 2017, and was more fully identified in 2020. The failure continued until April 15, 2021, when a fully-corrected FAP was adopted by the Hospitals Board of Directors. Number of OccurrencesEach above-described failure was ongoing during the periods described above. Practices and procedures to promote 501(r) compliance and prevent recurrence of failures Through the review and correction process described above, each of the Hospital and Froedtert has taken proactive steps to meet the requirements of Sections 501(r) and the regulations, and to minimize the likelihood of 501(r) errors or omissions recurring. These steps include: Froedterts OGC reviewed the deficiencies and met on several occasions with the internal departments responsible for the CHNA/IS, FAP, and patient billing and collections, including the Community Engagement team and Patient Financial Services team, to identify and correct 501(r) errors.

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Schedule H - Supplemental Information Part V, Line 12 (Cont.)	rrors. Froedtert discussed the deficiencies with outside legal counsel and tax advisors, w ho reviewed 501(r) policies and practices, identified errors and omissions, and recommende d corrections to bring the Hospital into full 501(r) compliance. The Community Engagement team then revised the CHNA report and related Implementation Strategy to correct each of t he identified 501(r) deficiencies. The amended FY19 CHNA report and related Implementation Strategy were then approved by the Hospital's Board of Directors and posted to the hospit al's website. Froedtert's Office of General Counsel and Compliance Department will be work ing with outside consultants to develop necessary education sessions that will be required of the Hospitals Community Engagement team, Patient Financial Services team, and other ap plicable departments and teams. This education will be intended to improve those departmen ts and teams' understanding of the applicable 501(r) regulations and their application to (i) development and preparation of CHNA reports and implementation strategies, (ii) the ad ministration of and adherence to the Hospitals FAP, and (iii) the Hospitals billing and co llections practices. The applicable Froedtert departments are in the process of drafting o r amending policies and procedures to assure consistent compliance with, and management of processes designed to promote compliance with, the 501(r)(3) regulations.

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Return Reference	Explanation
Schedule H, Part V, Line 11 (Continued)	Explanation of Needs Not Addressed and Reasons Why(Continued)Drug Collection (AODA/Mental Health)As part of our commitment to improve the quality of life in our community and address drug/heroin addiction in our communities, Froedtert Menomonee Falls Hospital partnered with Waukesha County Drug Free Communities Coalition, New Berlin Police Department and the Menomonee Falls Police Department to host a drug collection. FY 2020 Outcomes/Progress: No spring drug collection in FY20 due to COVID-19.Waukesha County Community Health Improvement Plan and Process (CHIPP)Froedtert Menomonee Falls Hospital and Froedtert Health is a member of the Waukesha County Community Health Improvement Plan and Process (CHIPP) Team/Steering Committee, a consortium led by Waukesha County Health and Human Services and Division of Public Health. FY 2020 Outcomes/Progress: Developed three action teams focused on Physical Activity/Nutrition, Opioid/Heroin Taskforce and Mental Health1)Physical Activity/Nutrition456 participated in the FIT in the Parks programPartnered with other organizations to implement Harvest of the Month program2)Opioid/Heroin TaskforceThrough NAMI Waukesha, 356 officers have been trained in Crisis Intervention Team training in Waukesha County between October 2010 and October 2019.3)Mental Health Held a full day conference for over 150 people, including many teenagers and young adults, in attendance.Held a Train the Trainer event in 2019 for 20 individuals to increase the number of certified QPR instructors in Waukesha County.Hosted a full day professional development conference during 2019 for 100 for clinicians and professionals in the mental health field with a focus on working with individuals at risk of suicide.Community Outreach (AODA/Mental Health)FY 2020 Outcomes/Progress:Conducted an Overdose Awareness: Naloxone (Narcan) Trainings 3 offerings with 38 people in attendance

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Return Reference	Explanation
Schedule H, Part V, Line 11 (Continued)	Explanation of Needs Not Addressed and Reasons Why(Continued)FY 2020 Outcomes/Progress: 11 ,874 patient visits Provided a free skin cancer screening event 31 people screenedStaffed Mega Colon and provided colon cancer education and outreach at Wheeling for Heeling a comm unity eventVisited the Sussex Area Outreach Services Food Pantry Waiting Room educating 11 clients about important health numbers.Provided education on Exercise & Mental Health to 28 Fit in the Park participants. Promoted the career choice of being a Family Medicine Doc tor at a Health Care Career Expo interacting with 350 middle and high school students and with 40 Lumin middle school students that visited Froedtert Menomonee Falls Hospital to le arn about health care careers.Waukesha County Community Dental Clinic- Menomonee Falls CHN A Significant Health Need: Access to Health Services and Navigations of Community Resource sCHNA Community Health Need/ Rationale: 17% of Waukesha County residents delayed/did not s eek care due to cost 7% of Waukesha County Residents had unmet dental care in past 12 mont hs 2% of Waukesha County Children in Household did not receive dental or medical care in p ast 12 months Goal: Improve access to basic and preventative dental care for uninsured and underinsured children and adults residing in Froedtert Menomonee Falls Hospitals's servic e area Objectives: Support WCCDCs Menomonee Falls Dental Clinic to increase access to prev entative and general dentistry and reduce unnecessary emergency room utilization for oral health needs Froedtert Menomonee Falls Hospital Available Resources: Executive to serve on WCCDC Board of DirectorsFinancial support through Froedtert Health Community GiftFroedter t & MCW Community PhysiciansFroedtert Menomonee Falls Hospital Collaborative Partners: Wau kesha County Community Dental Clinic Partner with non-profit to address priority health ne eds Community Outreach Health Clinic Partner with non-profit to address priority health ne eds Washington County Head Start Program Partner to promote services Washington and Waukes ha County School Districts Partner to promote services Menomonee Falls, Sussex and Germant own Food Pantries Partner to promote services Churches and Faith-based Organizations Partn er to promote services Waukesha County Community Dental Clinic (WCCDC) and Froedtert Menom onee Falls Hospital developed a partnership to expand dental services to Menomonee Falls f or uninsured/underinsured children and adults. Froedtert Health allocated a \$1.65 million grant which is paid out over a five year span which began in FY 2018 and will end in FY 20 22. The dental clinic is owned and operated by WCCDC in Menomonee Falls and provides preve ntative, routine and emergent dental care for the hospitals overall service area. Through the terms developed through the grant, Froedtert Health will provide restricted financial support for the rent, construction, equipment and operations for Menomonee Falls Clinic. F Y 2020 Outcomes/Progress: Prov

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Schedule H, Part V, Line 11 (Continued)	ided \$250,000 restricted grant to cover construction costs and first year operational costsContinue to network with community partners on children and adult dental needs and services2,784 dental appointments10,260 dental procedures818 emergency examsAlignment with Family Practice Clinic on screening patients for dental needs.Cancer Care Navigation, Awareness, Prevention, and Screenings CHNA Significant Health Need: Chronic Disease Prevention and Management- Cancer and Nutrition and Physical ActivityCHNA Community Health Need/ Rationale: Washington and Waukesha County cancer incidence rate is higher than state average Cancer is leading cause of death in Waukesha and Washington Counties Difficulty in navigating programs and services in FMFHs service area Goal: Decrease the cancer mortality rate in Washington and Waukesha CountiesObjective: Implement programs to increase cancer awareness, screening and early detection at FMFH and organizations across the hospitals service area Froedtert Menomonee Falls Hospital Available Resources: FMFH Cancer Center Nurses and Clinical Psychologist Community Memorial Foundation Froedtert & MCW Community Physicians Froedtert & MCW Cancer Care Network Physicians Direct Financial Support through Froedtert Health's Charitable Gifts and Sponsorship Committee Froedtert Menomonee Falls Hospital Collaborative Partners:American Cancer Society Partner to gain resources to implement services Bobbie Nick Voss Charitable Funds Partner to promote and access cancer care services to underserved populations Waukesha County Public Health - Partner to promote cancer care services and increase collaboration with coalitions Washington County Public Health Partner to promote cancer care services and increase collaboration with coalitions YMCA of Greater Waukesha Promote community education and wellness classes Wisconsin Athletic Club Promote community education and wellness classes FY 2020 Outcomes/Progress: 6 colonoscopies provided to uninsured patients referred from the Community Outreach Health Clinic.2 presentations to the Tri-County YMCA Livestrong program about nutrition touching 15 individuals.Cancer Education Classes and Attendance oPalliative Care versus Hospice: What is the Difference?- 6 oBreast Cancer: Prevention, Detection and Treatment Options- 3 oMinimally Invasive Brain Surgery- 3 oThe Womens Exam- 1 oWhole Foods Diet- 13 oAdvance Care Planning- 4Navigation results from Jackie Grams, Oncology Social Worker and Cancer Navigator include 31 patients that were screened and referred to community resources/assistance. Referrals include insurance resources, government assistance programs, transportation, food pantries and community based outpatient behavioral health services.Community Health Education and Outreach Programs CNHA Significant Health Need: Chronic Disease Prevention and Management and Nutrition and Physical ActivityCHNA Community Health Need/ Rationale: 33% of Waukesha County residents reported having High Blood Pre

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Schedule H, Part V, Line 11 (Continued)	ssure and 26% High Blood Cholesterol 12% of Waukesha County residents reported having Hear t Disease or related condition 12% of population reported having diabetes 11% of populatio n did not take medications for their medical condition due to cost Goal: Reduce morbidity and mortality from chronic conditions Objectives: Increase self-management for individuals living with chronic conditions and reinforce healthy lifestyles to encourage behavior cha nge Froedtert Menomonee Falls Hospital Available Resources: Community Engagement Staff Cer tified Living Well Instructors Case Management Inpatient/Outpatient Departments Froedtert Menomonee Falls Hospital Collaborative Partners: Wisconsin Institute for Healthy Aging Par tner to receive evidence-based programs to implement in community Waukesha County Aging an d Disability Resource Center Implement community education and wellness classes Eras Senio r Programs Waukesha County Promotes community education and wellness classes Menomonee Fal ls, Sussex and Germantown Food Pantries Promotes community education and wellness classes Area Community Education and Recreation Departments Promotes community education and welln ess classes Silver Spring Neighborhood Center Promotes community education and wellness cl asses FY 2020 Outcomes/Progress: 10 community education classes were conducted impacting 1 24 individuals.157 people received a blood pressure screening at 19 community screening op portunities/events.Hosted an Abdominal Aortic Aneurysm (AAA) Heart Screenings - 48 people participated and 2 individuals were referred on for further evaluation.31 people participa ted in a Skin Cancer Screening. A total of 2 sessions of Be Strong Stay Strong strength tr aining class were offered serving 59 participants. Partnership-Community Based Mental Heal th/AODA CoalitionsCNHA Significant Health Need: Mental Health/Alcohol and Other Drug Abuse CHNA Community Health Need/ Rationale: 26% of Waukesha County residents reported binge dri nking 4% of Waukesha County residents reported having a Mental Health Condition Heroin Ove rdoses/Deaths Issues with navigating and accessing Mental Health/AODA treatment services e specially uninsured/underinsured Goal: To provide knowledge our community needs and the ac cess necessary for early intervention and continued treatment of mental illness and/or sub stance abuse Objectives: Increase community awareness of mental health and alcohol and oth er drug abuse problems and collaborate for better case management and navigation of treatm ent Froedtert Menomonee Falls Hospital Available Resources: Froedtert Health leadership/st aff Grant support through the Community Outreach Steering Committee Froedtert Health Behav ioral Health Services Froedtert Menomonee Falls Hospital Collaborative Partners:Waukesha C ounty Health and Human Services and Public Health Departments Lead Agencies Leads communit y coalitions to address mental health and AODA NAMI (Washington and Waukesha Counties) Sup ports people with behavioral h

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Return Reference	Explanation
Schedule H, Part V, Line 11, Areas Not Addressed	Significant Health Needs Not AddressedTobacco Use: Froedtert Menomonee Falls Hospital supports the Multi-Jurisdictional Coalition of Tobacco Free Community Partnership Dodge, Jefferson and Waukesha Counties.

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Return Reference	Explanation
Schedule H, Part V, Line 5 (Continued)	Account Input from Person Who Represent The Community(Continued): Waukesha County Key Informant Interview Organizations: Addiction Resource Council, Inc. Nonprofit providing addiction resources and education Aging and Disability Resource Center of Waukesha County Provides information, assistance, counseling and supportive services for older adults, caregivers, people with disabilities and adults with mental health or substance use concerns Arrowhead Union High School District Provides education for youth City of New Berlin Fire Department Emergency response City of New Berlin Police Department Emergency response Community Outreach Health Clinic Free medical clinic for uninsured Dryhooch Waukesha County Peer support for veterans Easterseals Nonprofit serving people with disabilities and at-risk families Elmbrook Church James Place Serving people who are homeless, disfranchised, mentally ill, and jobless ERAs Senior Network, Inc. Nonprofit serving seniors, adults with disabilities, and family caregivers Falls Area Food Pantry Provides food for low income individuals & families Family Service of Waukesha Nonprofit counseling center Food Pantry of Waukesha County, Inc. Provides food for low income individuals and families Hamilton School District Provides education to youth Hebron House of Hospitality Nonprofit dedicated to ending homelessness HOP E Network, Inc. Nonprofit serving single mothers Kettle Moraine School District Provides education to youth La Casa de Esperanza Nonprofit serving Hispanic population Lake Area Free Clinic Free medical clinic for uninsured Linden Grove Communities Provides assisted living, memory care, short-term rehabilitation & skilled nursing housing Mukwonago Food Pantry - Provides food for low income individuals and families Mukwonago Area School District- Provides education to youth National Alliance on Mental Illness (NAMI) Waukesha, Inc. Nonprofit provides support for mental health New Berlin Food Pantry - Provides food for low income individuals & families Oconomowoc Area School District Provides education to youth Oconomowoc Area Chamber of Commerce- Nonprofit supporting local businesses Saint Josephs Medical Clinic Free medical clinic for uninsured School District of Menomonee Falls Provides education to youth School District of New Berlin Provides education to youth School District of Waukesha Provides education to youth Sixteenth Street Community Health Centers Free medical clinic for uninsured Sussex Outreach Services Provides food for low income individuals and families The Womens Center Nonprofit providing safety, shelter and support for individuals affected by domestic and sexual violence United Way of Greater Milwaukee & Waukesha County Engages, convenes, and mobilizes community resources to address root causes of local health and human services needs University of Wisconsin-Extension Shares, develops and delivers resources and programs to respond to community issues Village of Menomonee Falls Local government Waukesha County Local government

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Return Reference	Explanation
Schedule H, Part V, Line 5 (Continued)	Waukesha County Business Alliance Nonprofit supporting local businesses in Waukesha County Waukesha County Community Dental Clinic Nonprofit providing oral health services Waukesha County Health and Human Services Government department that provides community programs to individuals & families challenged by disabilities, economic hardship and safety concerns Waukesha County Medical Examiner Government department that investigates deaths Waukesha County Mental Health Services Government department that provides mental health services Waukesha County Public Health Government department that prevents disease and promotes health YMCA at Pabst Farms Nonprofit providing services that help people improve their health YMCA of Greater Waukesha County- Nonprofit providing services that help people improve their health and well-being

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Return Reference	Explanation
Schedule H, Part VI, Line 5 (Continued)	Supplemental Information - Describe how the organization further its exempt purpose: Other Community Engagement Programs and Initiatives (Continued:Leadership Volunteerism/Community Support (Community Development)As an indication of Froedtert Menomonee Falls Hospitals e xecutive teams commitment to the community, hospital leaders provided support to local ini tiatives, not-for-profit organizations, community boards and community events that align w ith the hospitals mission and directly support identified community needs. FY 2020 Outcome s/Progress: 99 FMFH leaders provided over 1,000 hours to community organizations and coali tions Subsidized Transportation Program (Access to Care)The Subsidized Medical Transportat ion Program at Froedtert Menomonee Falls contracts with local transportation organizations in order to provide transportation to and from the hospital service locations for ambulat ory/non-ambulatory eligible patients (200% federal poverty level or below) who have diffic ulty arranging their own transportation and lack the financial resources to purchase trans portation. FY 2020 Outcomes/Progress: Froedtert Menomonee Falls provided 631 subsidized ri des to 584 patients with a total cost of \$26,223.Community Outreach Steering Committee Gra nts (All Implementation Priority Areas)Froedtert Menomonee Falls Hospitals commitment incl udes grants to local not-for-profit organizations that support community health improvemen t efforts focused on access to primary care, chronic disease management, mental health and prevention and wellness in the hospitals service area. FY 2020 Outcomes/Progress: Ten loc al non-profit organizations received restricted grants totaling \$50,000 from the Community Outreach Steering Committee. Award recipients include:Eras Senior Network Seniors/Adults with Disabilities Program - \$5,000Greater Milwaukee Foundation Farmers Market - \$5,000NAMI Waukesha- Mental Health & Suicide Prevention Education Program- \$7,500Addiction Resource Council- Outreach and Ind/Family Support Programs- \$15,000Community Outreach Health Clinic - Clinic Operations- \$17,500Health Care Career Academy (Health Professionals Education)The Healthcare Career Academy provides qualified students entering their junior or senior yea r at Menomonee Falls High School, Germantown High School and Sussex Hamilton High School w ith the opportunity to expand their knowledge base as it relates to a wide array of profes sional healthcare career options. The two-week program allows students to shadow and learn from professionals in various clinical and ancillary departments throughout the hospital. Through observation, hands-on experience and classroom discussion, students are able to e xpand their awareness and interest in healthcare careers. FY 2020 Outcomes/Progress: 24 st udents participated in the program.High School Health Care Career ExplorationHigh school h ealth care exploration are programs that we offer to showcase healthcare careers to middle and high school students. The

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Schedule H, Part VI, Line 5 (Continued)	se programs invite students to our sites. Students have the opportunity to participate in job shadows, get department tours and have small group or one-on-one time with health care professionals to discuss career pathways along with answering their questions.FY 2020 Out comes/Progress: Froedtert Menomonee Falls Hospital hosted 4 different high school career day events that included presentations, tours and hands on activities with attendance of 147 students. Froedtert Menomonee Falls Hospital participated in the Waukesha County Business Alliances Discovering Health Care Careers Expo and provided 17 staff at the event that attracted 350 high and middle school students.

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
Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

Employer identification number
39-0987025

Part I

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

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

Part II

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Harts Mills Insurance Company SPC 62 Forum Lane 3rd FL Camana Bay Grand Cayman KY1-1203 CJ 98-1311808	Self - Insurance	CJ	N/A						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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)	Yes	
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Community Outpatient Health Services	q	157,070	Cash Transfer
(2)Community Memorial Foundation	q	439,069	Cash Transfer
(3)Community Memorial Foundation	c	99,166	Cash Trnsfer

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).

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Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 39-0987025
Name: Community Memorial Hospital of Menomonee FallsInc dba Froedtert Menomonee Falls

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-2014409	Management Services	WI	501(c)(3)	12 Type III	NA		No
W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1743056	Outpatient Medical and Dental Services	WI	501(c)(3)	3	Community Memorial Hospital of MF	Yes	
W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1635057	Health and Welfare promotion	WI	501(c)(3)	10	Community Memorial Hospital of MF	Yes	
9200 West Wisconsin Avenue Milwaukee, WI 532263522 39-6105970	Hospital	WI	501(c)(3)	3	Froedtert Health Inc		No
3200 Pleasant Valley Road West Bend, WI 530953868 39-0806302	Hospital Care Services	WI	501(c)(3)	3	Froedtert Health Inc		No
3200 Pleasant Valley Road West Bend, WI 530953868 39-2034296	Health and welfare promotion	WI	501(c)(3)	7	St Josephs Comm Hosp of West Bend Inc		No
9200 West Wisconsin Avenue Milwaukee, WI 532263596 39-1431192	Health, welfare, research & educ promo	WI	501(c)(3)	10	Froedtert Memorial Lutheran Hospital Inc		No
9200 W Wisconsin Avenue Milwaukee, WI 53226 20-2636686	Healthcare Services	WI	501(c)(3)	12 Type I	Froedtert Health Inc		No
W180 N8085 Town Hall Road Menomonee Falls, WI 53051 39-1635057	Health And Welfare Promotion	WI	501(c)(3)	10	Community Memorial Hospital Of MF		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
Wisconsin Diagnostic Laboratories LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 39-1896819	Laboratory Services	WI	N/A					No			No	
D1 Sports Training of Milwaukee LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 47-3322294	Sports Therapy	WI	N/A					No			No	
FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 26-0629591	Real Estate	WI	N/A					No			No	
Drexel Town Square Surgery Center LLC 7901 S 6th Street Second Floor Oak Creek, WI 53154 81-4904300	Surgical Services	WI	N/A					No			No	
Froedtert Surgery Center LLC 9200 W Wisconsin Ave Milwaukee, WI 53226 20-1499345	Surgical Services	WI	N/A					No			No	
Menomonee Falls Ambulatory Surgery LLP W180 N8045 Town Hall Road Menomonee Falls, WI 53051 39-1745697	Surgical Services	WI	N/A					No			No	
THP-Froedtert Health Venture LLC 1415 Louisiana St Fl 27th Houston, TX 77002 82-3559342	Health Care Services	TX	N/A					No			No	
F&MCW Network LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4382585	Health Care Services	WI	N/A					No			No	
Froedert & Medical College of WI ACOLLCC 8710 Watertown Plank Rd Milwaukee, WI 53226 83-3159534	Health Care Services	WI	N/A					No			No	