




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

HUDSON HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)

405 STAGELINE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HUDSON, WI 54016

F Name and address of principal officer

DOUGLAS E JOHNSON
405 STAGELINE ROAD
HUDSON, WI 54016

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 HUDSONHOSPITAL ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1950

M State of legal domicile

WI

Part I	Summary																																
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS</div>																																
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>13</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>9</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>437</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>146</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	13	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	437	6	Total number of volunteers (estimate if necessary)	6	146	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
3	Number of voting members of the governing body (Part VI, line 1a)	3	13																														
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9																														
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	437																														
6	Total number of volunteers (estimate if necessary)	6	146																														
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																														
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																														
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>111,274</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>49,921,798</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>14,566</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>319,660</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>50,367,298</td></tr><tr><td></td><td></td><td>52,959,325</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	111,274	9	Program service revenue (Part VIII, line 2g)	49,921,798	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,566	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	319,660	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,367,298			52,959,325											
	Prior Year	Current Year																															
8	Contributions and grants (Part VIII, line 1h)	111,274																															
9	Program service revenue (Part VIII, line 2g)	49,921,798																															
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,566																															
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	319,660																															
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,367,298																															
		52,959,325																															
Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>2,985</td><td>16,545</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>31,123,066</td><td>31,598,726</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>16b</td><td>Total fundraising expenses (Part IX, column (D), line 25)</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>18,213,087</td><td>19,650,949</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>49,339,138</td><td>51,266,220</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>1,028,160</td><td>1,693,105</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,985	16,545	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,123,066	31,598,726	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	16b	Total fundraising expenses (Part IX, column (D), line 25)			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,213,087	19,650,949	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,339,138	51,266,220	19	Revenue less expenses Subtract line 18 from line 12	1,028,160	1,693,105
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,985	16,545																														
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0																														
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,123,066	31,598,726																														
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																														
16b	Total fundraising expenses (Part IX, column (D), line 25)																																
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,213,087	19,650,949																														
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,339,138	51,266,220																														
19	Revenue less expenses Subtract line 18 from line 12	1,028,160	1,693,105																														
Net Assets or Fund Balances		Beginning of Current Year	End of Year																														
	20	Total assets (Part X, line 16)	69,924,323																														
	21	Total liabilities (Part X, line 26)	28,219,328																														
	22	Net assets or fund balances Subtract line 21 from line 20	41,704,995																														

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

DOUGLAS E JOHNSON CFO

Date

2015-11-13

Print/Type preparer's name

ANN LAMOUREUX

Preparer's signature

ANN LAMOUREUX

Date

Check ☐ if self-employed

PTIN P00691316

Firm's name

KPMG LLP

Firm's EIN

13-5665207

Phone no

(612) 305-5000

Paid Preparer Use Only

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 (2014)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

CARING FOR THE HEALTH OF OUR COMMUNITY

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 \$ 45,534,582 including grants of \$ 16,545) (Revenue \$ 52,403,520)

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS FOR A DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)





















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

4e

Total program service expenses ▶ 45,534,582

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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		No
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	437
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	Yes
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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	
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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	DOUGLAS E JOHNSON - CHIEF FINANCIAL OFFICER

405 STAGELINE ROAD
HUDSON, WI 54016 (715) 531-6013

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN GILBERT DIRECTOR	1 00	X						0	0	0
(2) BILL GOLD MD DIRECTOR - CHAIR	1 00	X						0	0	0
(3) STEVE KIRBY DIRECTOR - VICE CHAIR	1 00	X						0	0	0
(4) MICHAEL MOEN DIRECTOR	0 50	X						0	0	0
(5) PAUL SCOTT MD DIRECTOR	0 50	X						0	0	0
(6) MIKE SELLMAN DIRECTOR	0 50	X						0	0	0
(7) KARRIN STOEHR MD DIRECTOR	0 50	X						0	0	0
(8) DIANA VANCE-BRYAN DIRECTOR	0 50	X						0	0	0
(9) GREG YOUNG MD DIRECTOR	0 50	X						0	0	0
(10) MARIAN M FURLONG DIRECTOR & PRESIDENT	0 50 49 50	X		X				0	289,239	53,621
(11) BURKE KEALEY MD DIRECTOR	0 50 39 50	X						0	654,694	102,468
(12) BROCK D NELSON DIRECTOR & SECRETARY	0 50 39 50	X						0	737,339	190,295
(13) SCOTT A SCHNUCKLE DIRECTOR	0 50 49 50	X						0	440,270	112,865
(14) STEVE MUELLERLEILE VP - PLANNING & DEVELOPMENT	50 00			X				206,511	0	43,224

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			
(15) ANN RIPLEY VP - OPERATIONS, COMPLIANCE	55 00			X				175,142	0	37,258
(16) DOUGLAS E JOHNSON VP & CFO	18 70 36 30			X				0	467,533	37,730
(17) ROBBIE HAGELBERG VP & CNO	45 00			X				188,122	0	29,860
(18) DANIELLE L FERKINGSTAD NURSE ANESTHETIST	60 00					X		250,643	0	29,010
(19) KEITH W LARSON NURSE ANESTHETIST	60 00					X		237,021	0	44,345
(20) CHERYLL A MARTINY-JORGENSEN ANESTHESIA SUPERVISOR	60 00					X		230,596	0	48,399
(21) KARA A FEDIE NURSE ANESTHETIST	40 00					X		184,458	0	27,501
(22) DARLA KLEMENTZ DIRECTOR - PHARMACY	40 00					X		144,774	0	36,993

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,617,267	2,589,075	793,569

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▶26

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
MCGOUGH CONSTRUCTION CO NW 5870 PO BOX 1450 MINNEAPOLIS, MN 554855970	CONSTRUCTION	3,605,254
COMPUTERIZED MEDICAL IMAGING 719 W HAMILTON AVE SUITE B EAU CLAIRE, WI 54701	RADIOLOGY SERVICES	258,618
SHARED MEDICAL TECHNOLOGY INC 202 W NEWTON ST RICE LAKE, WI 54868	MEDICAL DIAGNOSTIC SERVICES	246,977
AMERICAN ACCTS & ADVISORS INC 7460 80TH STREET S COTTAGE GROVE, MN 55016	RECEIVABLE COLLECTION SERVICES	185,619
HUDSON PHYSICIANS 403 STAGELINE RD HUDSON, WI 54016	PHYSICIAN SERVICES	182,006

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 ▶17

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	10,000		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	87,065		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		97,065		
Program Service Revenue	2a	PATIENT SERVICE	Business Code			
			623990	50,523,213	50,523,213	
	b	OTHER HEALTH CARE	623990	1,209,713	1,209,713	
	c	DIETARY	722210	158,188	158,188	
	d	GIFT SHOP	453220	134,035	134,035	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		52,025,149		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		99,004		99,004
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
			1,220,384			
	b	Less rental expenses		842,013		
	c	Rental income or (loss)		378,371		
	d	Net rental income or (loss)		378,371	378,371	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
				3,586,189		
	b	Less cost or other basis and sales expenses		3,226,453		
	c	Gain or (loss)		359,736		
	d	Net gain or (loss)		359,736		359,736
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		52,959,325	52,403,520	0	458,740

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	16,545	16,545		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	680,117		680,117	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,402,162	24,255,385	2,146,777	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	702,657	633,749	68,908	
9	Other employee benefits	2,359,795	2,128,374	231,421	
10	Payroll taxes	1,453,995	1,311,404	142,591	
11	Fees for services (non-employees)				
a	Management				
b	Legal	112,855		112,855	
c	Accounting	1,000		1,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,198,726	1,634,375	564,351	
12	Advertising and promotion	291,861	228	291,633	
13	Office expenses	384,598	92,906	291,692	
14	Information technology	108,990	86,802	22,188	
15	Royalties				
16	Occupancy	884,255	408,141	476,114	
17	Travel	75,614	30,573	45,041	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,613	2,581	9,032	
20	Interest	1,151,475	1,151,475		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,029,433	3,946,102	83,331	
23	Insurance	260,601		260,601	
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 & OFFICE SUPPLY	8,012,158	8,004,054	8,104	
b	EQUIPMENT & MAINTENANCE	1,579,380	1,502,248	77,132	
c	TAXES & ASSESSMENTS	323,352	323,352		
d	RECRUITMENT & TRAINING	151,127	52,792	98,335	
e	All other expenses	73,911	-46,504	120,415	
25	Total functional expenses. Add lines 1 through 24e	51,266,220	45,534,582	5,731,638	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		24,486,368	2	24,362,447
	3	Pledges and grants receivable, net		150,133	3	5,000
	4	Accounts receivable, net		6,224,462	4	6,030,470
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		938,126	8	1,035,706
	9	Prepaid expenses and deferred charges		323,866	9	331,188
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a72,506,545			
	b	Less accumulated depreciation	10b30,857,035	32,481,303	10c	41,649,510
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,826,733	13	3,096,655
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,493,332	15	2,331,063
	16	Total assets. Add lines 1 through 15 (must equal line 34)		69,924,323	16	78,842,039
Liabilities	17	Accounts payable and accrued expenses		7,923,991	17	7,783,786
	18	Grants payable			18	
	19	Deferred revenue		576	19	
	20	Tax-exempt bond liabilities		19,469,761	20	19,186,398
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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		825,000	25	8,157,350
	26	Total liabilities. Add lines 17 through 25		28,219,328	26	35,127,534
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		39,137,627	27	41,002,850
	28	Temporarily restricted net assets		2,485,678	28	2,629,965
	29	Permanently restricted net assets		81,690	29	81,690
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,704,995	33	43,714,505
	34	Total liabilities and net assets/fund balances		69,924,323	34	78,842,039

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,959,325
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,266,220
3	Revenue less expenses Subtract line 2 from line 1	3	1,693,105
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,704,995
5	Net unrealized gains (losses) on investments	5	93,304
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	223,101
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,714,505

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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
3b	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		

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HUDSON HOSPITAL INC	Employer identification number 39-0804125
---	--

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 11, 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)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

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? 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.		
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? 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.		

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)? 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).		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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? 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.			
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? 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.			
3 <u>Parent of Supported Organizations</u> 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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HUDSON HOSPITAL INC	Employer identification number 39-0804125
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		0
j	Total. Add lines 1c through 1i.			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	HUDSON HOSPITAL, INC. PAYS FOR CERTAIN CORPORATE PROFESSIONAL ASSOCIATION MEMBERSHIPS. A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HUDSON HOSPITAL INC	Employer identification number 39-0804125
---	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to 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 in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3

Using the organization's 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	81,690	81,690	81,690	81,690	81,690
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	81,690	81,690	81,690	81,690	81,690

- 2

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

Board designated or quasi-endowment

0 %
- b

Permanent endowment

100 000 %
- c

Temporarily restricted endowment

0 %
- The percentages in 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

3a(i)

No

(ii) related organizations

3a(ii)

Yes
- b

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

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,248,942		9,248,942
b Buildings		43,293,341	19,662,508	23,630,833
c Leasehold improvements				
d Equipment		17,308,177	10,573,598	6,734,579
e Other		2,656,085	620,929	2,035,156
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,649,510

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	53,391,602
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	0
3	Subtract line 2e from line 1	3	53,391,602
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	-432,277
c	Add lines 4a and 4b	4c	-432,277
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	52,959,325

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	51,698,497
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	482,277
e	Add lines 2a through 2d	2e	482,277
3	Subtract line 2e from line 1	3	51,216,220
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	50,000
c	Add lines 4a and 4b	4c	50,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	51,266,220

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
PART V, LINE 4	HUDSON HOSPITAL, INC. HOLDS \$81,690 OF PERMANENTLY RESTRICTED ASSETS RELATED TO HUDSON HOSPITAL, INC.'S BENEFICIAL INTEREST IN THE NET ASSETS OF HUDSON HOSPITAL FOUNDATION, INC., A RELATED ORGANIZATION OF HUDSON HOSPITAL, INC.
PART X, LINE 2	HUDSON HOSPITAL, INC. IS INCLUDED IN THE HEALTHPARTNERS, INC. (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT. HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. HP RECORDED NO LIABILITIES AT DECEMBER 31, 2014 OR 2013 FOR UNRECOGNIZED TAX BENEFITS.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL PROPERTY EXPENSE -842,013 SALES TAX RESERVE 50,000 GAIN/LOSS ON ASSET DISPOSALS 359,736
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL PROPERTY EXPENSE 842,013 GAIN/LOSS ON ASSET DISPOSALS -359,736
PART XII, LINE 4B - OTHER ADJUSTMENTS	SALES TAX RESERVE 50,000

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>		
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 <i>free</i> care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a Yes	
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 <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	3b	No
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"?	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a Yes	
b	If "Yes," did the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		150	217,777		217,777	0 420 %
b Medicaid (from Worksheet 3, column a)			4,840,780	4,373,031	467,749	0 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		150	5,058,557	4,373,031	685,526	1 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	27	10,515	705,427	41,569	663,858	1 280 %
f Health professions education (from Worksheet 5)	2	117	250,087		250,087	0 480 %
g Subsidized health services (from Worksheet 6)	2		3,131,570		3,131,570	6 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		9,376		9,376	0 020 %
j Total Other Benefits	34	10,632	4,096,460	41,569	4,054,891	7 800 %
k Total . Add lines 7d and 7j	34	10,782	9,155,017	4,414,600	4,740,417	9 120 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support	2		36,295		36,295	0.070 %
4Environmental improvements	1		17,015		17,015	0.030 %
5Leadership development and training for community members						
6Coalition building	1	250	11,385		11,385	0.020 %
7Community health improvement advocacy	1		34,435		34,435	0.070 %
8Workforce development						
9Other						
10Total	5	250	99,130		99,130	0.190 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

21,008,553

3Enter 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.

30

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

511,602,787

6Enter Medicare allowable costs of care relating to payments on line 5.

611,606,825

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-4,038

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

bIf "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.

9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(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 1 WESTERN WISCONSIN CANCER CENTER	MEDICAL ONCOLOGY AND RADIATION	23.700 %	0 %	0 %
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)

HUDSON HOSPITAL INC

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

	Yes	No
Community Health Needs Assessment		
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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</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
6a 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 <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW HUDSONHOSPITAL ORG/COMMUNITY/</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>HTTP //WWW HUDSONHOSPITAL ORG/COMMUNITY/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

HUDSON HOSPITAL INC

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> 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?	15 Yes	
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)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input type="checkbox"/> 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 <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
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 non-payment?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

HUDSON HOSPITAL INC		
Name of hospital facility or letter of facility reporting group		
	Yes	No
19 Did the hospital facility or other authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> 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 18 (check all that apply)		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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? If "No," indicate why	21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
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	23	No
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	24	No

Part V

Facility Information (continued)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Form and Line Reference	Explanation
See Additional Data Table	

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

Form and Line Reference	Explanation
PART I, LINE 7	USED WORKSHEETS PROVIDED IN SCHEDULE H INSTRUCTIONS TO CALCULATE COST TO CHARGE RATIOS

Form and Line Reference	Explanation
PART I, LINE 7G	HUDSON HOSPITAL, INC (HOSPITAL) IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS IN 2014, LOSS ON SERVICES FOR HOSPITAL OUTPATIENT SERVICES INCLUDING RESPIRATORY THERAPY, PHYSICAL THERAPY, ONCOLOGY, EMERGENCY ROOM, REGIONAL BLOOD BANK, PROGRAMS FOR CHANGE, LABOR AND DELIVERY TOTALED \$3,131,570

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 26

Form and Line Reference	Explanation
SCHEDULE H - PART I, LINE 7F - HEALTH PROFESSIONS EDUCATION	THE HOSPITAL'S STAFF PROVIDED CLINICAL TRAINING FOR 105 NURSES AND NURSING STUDENTS AND 12 HEALTH PROFESSIONALS INCLUDING EMS FROM SEVENTEEN INSTITUTIONS AT A COST OF \$250,087 IN ADDITION, THE HOSPITAL VOLUNTARILY PARTICIPATED IN THE WISCONSIN NURSE RESIDENCY PROGRAM (WNRP) THE PROGRAM IS A STRUCTURED LEARNING EXPERIENCE FOR NEWLY LICENSED REGISTERED NURSES DESIGNED TO PROMOTE EFFECTIVE TRANSITION INTO PROFESSIONAL PRACTICE THREE NURSES, PAIRED WITH EXPERIENCED HOSPITAL NURSES ACTING AS COACH/SUPPORT PERSON, COMPLETED THE 12-MONTH PROGRAM

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THE HOSPITAL IS AN ENERGETIC MEMBER OF THE LOCAL, STATE AND REGIONAL COMMUNITIES AS THE HOSPITAL SUPPORTS INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS, IT LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY KNOWING MUCH MORE CAN BE ACCOMPLISHED TOGETHER, THE HOSPITAL CONTINUED ITS LEADERSHIP AND CO-FACILITATION OF HEALTHIER TOGETHER - ST CROIX COUNTY WITH ST CROIX COUNTY DEPARTMENT OF HEALTH THROUGH THIS COUNTY-WIDE, COMMUNITY HEALTH IMPROVEMENT INITIATIVE, THE HOSPITAL BEGAN TO ALIGN ITS COMMUNITY BENEFIT PROGRAM WITH COMMUNITY HEALTH IMPROVEMENT EFFORTS AND CONTINUES TO BUILD VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS THE HOSPITAL CONTINUED PARTNERSHIP WITH LAKEVIEW HEALTH FOUNDATION, LAKEVIEW HOSPITAL, STILLWATER MEDICAL GROUP, HEALTHPARTNERS, AND WESTFIELDS HOSPITAL TO BRING POWERUP, A COMMUNITY-WIDE YOUTH HEALTH INITIATIVE TO MAKE BETTER EATING AND ACTIVE LIVING EASY, FUN, AND POPULAR, SO THAT OUR YOUTH CAN REACH THEIR FULL POTENTIAL POWERUP IS A LONG-TERM COMMITMENT TO CREATE CHANGE OVER 10 YEARS IN PARTNERSHIP WITH SCHOOLS, BUSINESSES, HEALTH CARE, CIVIC GROUPS, FAMILIES, KIDS, AND THE ENTIRE COMMUNITY THE HOSPITAL PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORT ECONOMIC DEVELOPMENT, EMERGENCY PREPAREDNESS, LEADERSHIP DEVELOPMENT, COALITION BUILDING, HEALTH IMPROVEMENT ADVOCACY, AND WORKFORCE DEVELOPMENT INCLUDING THE TOBACCO COALITION, HEALTHWATCH OF ST CROIX COUNTY, WEST CENTRAL REGIONAL TRAUMA ADVISORY COUNCIL (RTAC), THE HEALING ARTS PROGRAM, HUDSON CHAMBER, ST CROIX COUNTY ECONOMIC DEVELOPMENT CORPORATION (EDC), AND THE HUDSON SCHOOL DISTRICT THE HOSPITAL CONTINUED ON ITS ECO-FRIENDLY JOURNEY "HEALTH CARE WITHOUT HARM" (2008 COMMITMENT) USING SUSTAINABLE BUSINESS PRACTICES AND ESTABLISHING GREEN PURCHASING POLICIES IN ORDER TO PROVIDE HEALTH CARE THAT'S HEALTHY GREEN INITIATIVES INCLUDED THE RECYCLING PROGRAM, COMMUNITY SHARPS DISPOSAL SITE, REDUCTION OF ENERGY AND WATER CONSUMPTION, CREATION AND EXPANSION OF THE COMMUNITY GARDEN - THE HOSPITAL IN SUPPORT OF HEALTHIER TOGETHER INITIATIVES, AND THE FOSTERING OF HEALING ENVIRONMENTS INCLUDING THE COMMUNITY LABYRINTH IMPLEMENTING SUSTAINABLE BUSINESS PRACTICES HAS MADE THE HOSPITAL A MODEL WITHIN THE HEALTHPARTNERS FAMILY OF CARE HOSPITAL NUTRITION SERVICES CONTINUED ITS WORK IN SUPPORT OF THE HOSPITAL'S "HEALTHY FOOD IN HEALTH CARE" PLEDGE (2010) THE PLEDGE IS A COMMITMENT TO INCREASE OFFERINGS OF FRUITS AND VEGETABLES, REDUCE FATS AND SWEETENED FOODS, TAKE STEPS TO ENCOURAGE CURRENT VENDORS TO PROCURE LOCAL FOOD, AND WORK DIRECTLY WITH LOCAL FARMS THE HOSPITAL CONTINUES TO SHARE BEST PRACTICES AND ENCOURAGING OTHER HOSPITALS IN THE HEALTHPARTNERS FAMILY OF CARE TO INCREASE LOCAL PURCHASING THE HOSPITAL ALSO PARTICIPATES IN COMMUNITY SUPPORTED AGRICULTURE (CSA) AND SERVES AS A DISTRIBUTION SITE FOR LOCALLY-GROWN FRESH, ORGANIC PRODUCE FOR STAFF AND COMMUNITY MEMBERS NUTRITION SERVICES CONTINUE TO GROW VEGETABLES THAT WERE USED FOR INPATIENT AND CAFE FOOD</p>

Form and Line Reference	Explanation
PART III, LINE 4	IN JULY 2011, THE FASB ISSUED ASU NO 2011-07, PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR DOUBTFUL ACCOUNTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH CARE ENTITIES, WHICH PROVIDES FINANCIAL STATEMENT USERS WITH GREATER TRANSPARENCY ABOUT A HEALTH CARE ENTITY'S NET PATIENT SERVICE REVENUE AND RELATED ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE AMENDMENTS REQUIRE HEALTH CARE ENTITIES TO PRESENT THE PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) ON THEIR STATEMENT OF OPERATIONS. THIS STANDARD WAS EFFECTIVE BEGINNING WITH THE 2012 FISCAL YEAR. "BAD DEBT" REPRESENTS THE UNPAID OBLIGATION FOR CARE PROVIDED TO PATIENTS WHO HAVE BEEN DETERMINED TO BE ABLE TO PAY, BUT HAVE NOT DEMONSTRATED A WILLINGNESS TO DO SO. BAD DEBT INCLUDES ANY UNPAID PATIENT RESPONSIBILITY THAT MAY INCLUDE, BUT IS NOT LIMITED TO, DEDUCTIBLES, CO-INSURANCE, CO-PAYMENTS AND NON-COVERED SERVICES. BAD DEBT IS CURRENTLY EXCLUDED FROM THE COMMUNITY BENEFIT CALCULATION PER WISCONSIN HOSPITAL ASSOCIATION (WHA).

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY TO GET THE COST TO CHARGE RATIO SINCE THE HOSPITAL IS A CRITICAL ACCESS HOSPITAL, REIMBURSEMENT FROM MEDICARE IS EQUAL TO THE COST SO THERE IS NO SURPLUS (SHORTFALL) MEDICARE SHORTFALL IS CURRENTLY EXCLUDED FROM THE COMMUNITY BENEFIT CALCULATION PER WISCONSIN HOSPITAL ASSOCIATION (WHA), BUT CAN BE INCLUDED IN OTHER FINANCIAL REPORTS

Form and Line Reference	Explanation
PART III, LINE 9B	<p>THE HOSPITAL DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE THE HOSPITAL BELIEVES THAT DEBT COLLECTION POLICIES, WHETHER IMPLEMENTED BY HOSPITAL STAFF OR AGENTS, SHOULD REFLECT THE HOSPITAL'S MISSION AND VALUES THE HOSPITAL WILL NOT TOLERATE ABUSIVE, HARASSING, OPPRESSIVE, FALSE, DECEPTIVE, OR MISLEADING LANGUAGE OR COLLECTIONS CONDUCT BY ITS DEBT COLLECTION, ATTORNEY AND AGENCY, AND THEIR AGENTS AND EMPLOYEES, AND THE HOSPITAL EMPLOYEES RESPONSIBLE FOR COLLECTING MEDICAL DEBT FROM PATIENTS THE HOSPITAL WILL NOT REFER ANY ACCOUNT TO A THIRD PARTY DEBT COLLECTION AGENCY UNLESS IT HAS CONFIRMED THAT - THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT - ALL KNOWN THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE PATIENT IS RESPONSIBLE FOR THE REMAINING DEBT - IF THE PATIENT HAS INDICATED AN INABILITY TO PAY THE FULL AMOUNT, THE PATIENT HAS BEEN OFFERED A REASONABLE PAYMENT PLAN THE HOSPITAL WILL NOT REFER PATIENTS TO DEBT COLLECTION AGENCIES WHO ARE PERFORMING AS SPECIFIED IN THEIR PAYMENT PLANS - THE PATIENT HAS BEEN GIVEN AN OPPORTUNITY TO SUBMIT A FINANCIAL ASSISTANCE APPLICATION IF THE PATIENT HAS SUBMITTED AN APPLICATION FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY WILL BE SUSPENDED UNTIL THE APPLICATION HAS BEEN PROCESSED - THE LEVEL OF AUTHORITY REQUIRED TO MAKE DECISIONS REGARDING AUTHORIZING LITIGATION, PAYMENT PLANS, AND FINANCIAL ASSISTANCE IS - BALANCES OVER \$25,000 - CEO - BALANCES BETWEEN \$10,000 AND \$25,000 - CFO - BALANCES BETWEEN \$1 AND \$10,000 - DIRECTOR OF BUSINESS OPERATIONS</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN 2012, IN PARTNERSHIP WITH OTHER MEMBERS OF THE HEALTHPARTNERS HOSPITAL DIVISION, THE HOSPITAL ENGAGED THE RESOURCES OF COMMUNITY HOSPITAL CONSULTING (CHC CONSULTING) TO CONDUCT A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE CHNA UTILIZED RELEVANT HEALTH DATA, FINDINGS FROM THE HEALTHIER TOGETHER - ST CROIX COUNTY, WHICH WAS A 2009 QUALITATIVE, AND QUANTITATIVE CHNA CONDUCTED IN PARTNERSHIP WITH THE ST CROIX COUNTY HEALTH IMPROVEMENT PROCESS (CHIP) STEERING COMMITTEE IT IS A STRATEGIC, COUNTYWIDE, COMMUNITY-BASED APPROACH FOR CREATING AND MAINTAINING HEALTHY COMMUNITIES ADDITIONALLY, THE HOSPITAL'S 2012 CHNA WORKED WITH STAKEHOLDERS BY WAY OF IN-DEPTH INTERVIEWS, PATIENT ADVISORY COUNCIL, A FOCUS GROUP, AND THE ST CROIX COUNTY DEPARTMENT OF HEALTH TO IDENTIFY THE MAIN COMMUNITY HEALTH PRIORITIES THAT THE HOSPITAL WILL ADDRESS IN ITS CHNA IMPLEMENTATION PLAN THE HOSPITAL'S 2012 CHNA AND 2014 IMPLEMENTATION PLAN IS AVAILABLE IN THE COMMUNITY SECTION OF THE HOSPITAL'S WEBSITE AT HTTP://WWWHUDSONHOSPITAL.ORG/COMMUNITY/THE HOSPITAL'S 2012 CHNA UNCOVERED THE FOLLOWING FINDINGS - TOBACCO, DRUG, ALCOHOL USE AND OTHER UNHEALTHY BEHAVIORS ARE LINKED TO THE LEADING CAUSES OF DEATH - OBESITY, POOR NUTRITION AND LACK OF PHYSICAL ACTIVITY ARE GROWING CONCERNS - ACCESS IS LIMITED TO PRIMARY AND PREVENTIVE CARE FOR UNINSURED, UNDERINSURED, ETHNICALLY DIVERSE, ELDERLY AND CHEMICALLY DEPENDENT PATIENTS - ACCESS IS LIMITED TO MENTAL HEALTH AND DENTAL CARE - IMPROVE SERVICE INTEGRATION TO ADDRESS THESE COMMUNITY NEEDS, THE HOSPITAL DEVELOPED AN IMPLEMENTATION PLAN WITH THE FOLLOWING PRIORITIES - INCREASE ACCESS TO MENTAL HEALTH - PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY BY IMPROVING NUTRITION AND EXERCISE - INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE - PROMOTE CHANGE IN UNHEALTHY BEHAVIORS THESE TOP FIVE PRIORITIES CORRELATE VERY WELL WITH THE FIVE PRIORITIES IDENTIFIED IN THE 2009-2014 HEALTHIER TOGETHER - ST CROIX PLAN THAT INCLUDED - ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES - OVERWEIGHT, OBESITY, AND LACK OF PHYSICAL ACTIVITY - ADEQUATE AND APPROPRIATE NUTRITION - ALCOHOL AND OTHER SUBSTANCE USE AND ADDICTION - TOBACCO USE AND EXPOSURE EXISTING AND NEW PROGRAMS AND ACTIVITIES ARE MOVING FORWARD TO ADDRESS THE NEEDS OF THE COMMUNITY THE FOLLOWING IS AN OVERVIEW OF SOME OF THOSE PROGRAMS AT THE HOSPITAL - CONTINUED INVOLVEMENT IN THE COUNTY-WIDE HEALTH IMPROVEMENT INITIATIVE NOW KNOWN AS HEALTHIER TOGETHER-ST CROIX - CONTINUE SUPPORT WITH HEALTHPARTNERS OVERALL EFFORTS TO IMPLEMENT THE MENTAL HEALTH ANTI-STIGMA CAMPAIGN SOME OF THESE EFFORTS INCLUDE COLLABORATING WITH LOCAL SERVICE AGENCIES WITH A VESTED INTEREST IN MENTAL HEALTH, SUPPORTING THE ANNUAL NAMI WALK, AND UTILIZING HEALTHPARTNERS' RESOURCES AND TOOLKITS TO RAISE PUBLIC AWARENESS OF MENTAL ILLNESS - ACTIVELY PARTICIPATE IN THE ST CROIX VALLEY CO-OP INITIATIVE TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES IN THE REGION - PARTNER WITH LAKEVIEW MEMORIAL HOSPITAL FOUNDATION, LAKEVIEW MEMORIAL HOSPITAL, STILLWATER MEDICAL GROUP, HEALTHPARTNERS, AND WESTFIELDS HOSPITAL TO BRING POWERUP, A COMMUNITY-WIDE YOUTH HEALTH INITIATIVE TO MAKE BETTER EATING AND ACTIVE LIVING EASY, FUN, AND POPULAR, SO THAT OUR YOUTH CAN REACH THEIR FULL POTENTIAL POWERUP IS A LONG-TERM COMMITMENT TO CREATE CHANGE OVER 10 YEARS IN PARTNERSHIP WITH SCHOOLS, BUSINESSES, HEALTH CARE, CIVIC GROUPS, FAMILIES, KIDS, AND THE ENTIRE COMMUNITY - INCREASE ACCESS TO MEDICATION FOR UNINSURED AND UNDERINSURED PATIENTS - WORK TO ELIMINATE BARRIERS TO ACCESS TO PRIMARY AND PREVENTIVE HEALTH CARE BY WORKING WITH HUDSON CLINIC PHYSICIANS AND THE FREE CLINIC OF PIERCE AND ST CROIX COUNTIES - CONTINUE TO OFFER THE HOSPITAL VAN TRANSPORTATION SERVICE TO COMMUNITY RESIDENTS SEEKING PRIMARY MEDICAL CARE AND HOSPITAL SERVICES - ENROLLMENT ASSISTANCE, INFORMATION AND REFERRAL SERVICES ARE AVAILABLE TO HELP SECURE PAYMENT SOURCES FOR UNINSURED AND UNDERINSURED PATIENTS - CONTINUED WORK THROUGH HEALTHIER TOGETHER WITH THE OVERWEIGHT AND LACK OF PHYSICAL ACTIVITY TASK FORCE - HEALTHIER TOGETHER IS THE GRANT RECIPIENT OF A TRANSFORM WISCONSIN IMPACT GRANT (26 MONTH, ENDING 12/31/14) WITH FOCUS ON ACTIVE COMMUNITIES (JOINT USE AGREEMENTS WITH SCHOOL, PARKS AND RECREATION FACILITIES) THE HOSPITAL, IN PARTNERSHIP WITH OTHER GRANT WORK GROUP MEMBERS WILL IMPLEMENT A WORK PLAN TO HELP INCREASE PHYSICAL ACTIVITY FOR KIDS, THEIR FAMILIES AND THE COMMUNITY AT LARGE THE HOSPITAL WILL ACT AS THE FISCAL AGENT AND PROVIDE STAFF MANAGEMENT AND GRANT OVERSIGHT - THE HOSPITAL OPERATES PROGRAMS FOR CHANGE, AN OUTPATIENT CHEMICAL ADDICTION TREATMENT AND RECOVERY CARE PROGRAM, WHICH OFFERS PARENTS AND FAMILY MEMBERS THE OPPORTUNITY TO PARTICIPATE IN EDUCATIONAL LECTURES, GROUP DISCUSSION, AND FAMILY TREATMENT GROUPS FREE OF CHARGE IN SUPPORT OF THEIR LOVED ONE - THE HOSPITAL EMPLOYS A CERTIFIED TOBACCO CESSATION THERAPIST, WHO ALSO SERVES AS THE TOBACCO TASK FORCE / CESSATION SERVICE</p>

Form and Line Reference	Explanation
PART VI, LINE 2	CES LEAD

Form and Line Reference	Explanation
PART VI, LINE 3	<p>IN 2014, THE HOSPITAL PROVIDED \$217,777 IN FINANCIAL ASSISTANCE. THE HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. TO INFORM AND EDUCATE PATIENTS ON ITS FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, THE HOSPITAL HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM. WHEN A PATIENT VISITS THE HOSPITAL'S EMERGENCY DEPARTMENT OR IS ADMITTED TO THE HOSPITAL, BASIC INFORMATION ABOUT INSURANCE STATUS IS REQUESTED. IF A PATIENT DOES NOT HAVE HEALTH INSURANCE, PATIENT FINANCIAL SERVICES IS CONTACTED TO MEET OR FOLLOW-UP WITH THE PATIENT. ALL PATIENTS WITHOUT INSURANCE AUTOMATICALLY QUALIFY FOR A DISCOUNT OF 50%, REGARDLESS OF INCOME. IF THE PATIENT IS INTERESTED IN DETERMINING IF THEY ARE ELIGIBLE FOR FURTHER DISCOUNTS, THEY WILL BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION. ENROLLMENT ASSISTANCE, INFORMATION, AND REFERRAL SERVICES ARE AVAILABLE TO HELP SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDER INSURED PATIENTS. PATIENT FINANCIAL SERVICES, ADMINISTERED BY THE HOSPITAL'S BUSINESS OPERATIONS, EMPLOYS 2.0 FTE FOR PATIENT FINANCIAL SERVICES REPRESENTATIVES TO OVERSEE ITS FINANCIAL ASSISTANCE PROGRAM AND, ALONG WITH SUPPORT FROM DEPARTMENT STAFF, HELPS PATIENTS ENROLL IN GOVERNMENT PROGRAMS, FIND OTHER SOURCES OF PAYMENT, OR ACCESS SERVICES BEYOND MEDICAL CARE. IN 2014, THE HOSPITAL SPENT \$43,306 IN STAFF TIME TO ASSIST 602 PATIENTS ENROLLED IN PUBLIC MEDICAL PROGRAMS, \$84,564 IN STAFF TIME TO GUIDE OR REFER 3,147 PEOPLE TO COMMUNITY SERVICES/PUBLIC HEALTH ASSISTANCE, AND \$240,709 IN STAFF TIME TO GUIDE OR REFER 5,716 PATIENTS TO FINANCIAL ASSISTANCE. FINANCIAL INFORMATION (PAYMENT, BILLING AND INSURANCE COVERAGE) AND FINANCIAL ASSISTANCE OPPORTUNITIES ARE NOTED ON THE HOSPITAL'S WEB SITE, ON ALL BILLING STATEMENTS, AND IN THE PATIENT INFORMATION GUIDE, DISTRIBUTED TO ALL NEW PATIENTS. IN ADDITION TO FINANCIAL COUNSELING, THE HOSPITAL HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	THE HOSPITAL SERVES RESIDENTS FROM ST CROIX AND PIERCE COUNTIES IN WESTERN WISCONSIN AND AREAS OF NEIGHBORING MINNESOTA OUR PRIMARY SERVICE AREA IS HUDSON, WI 54016 (INCLUDES HUDSON, HUDSON TOWNSHIP, TROY, ST JOSEPH'S AND NORTH HUDSON) OUR SECONDARY SERVICE AREA INCLUDES WI (BALDWIN, HAMMOND, HOULTON, NEW RICHMOND, PRESCOTT, RIVER FALLS, ROBERTS AND SOMERSET) AND MN (BAYPORT, LAKELAND, AND STILLWATER) 2010 CENSUS LISTS THE POPULATION OF ST CROIX COUNTY AT 84,345, A 33.6% POPULATION GROWTH SINCE 2000. RAPID GROWTH CONTINUES WITHIN ST CROIX COUNTY, MUCH IN PART DUE TO ITS CLOSE PROXIMITY TO THE TWIN CITIES (MINNEAPOLIS/ST PAUL) WHERE MANY RESIDENTS COMMUTE TO WORK. ST CROIX COUNTY'S POPULATION IS COMPRISED OF 7.4% UNDER 5 YEARS OLD, 26% UNDER 18, 10% 65 YEARS AND OVER, AND 50% FEMALE. THE POPULATION IS 95.9% WHITE, 0.7% BLACK, 0.4% AMERICAN INDIAN, 1.0% ASIAN AND 2.0% HISPANIC OR LATINO. ST CROIX COUNTY HAS A HIGH MEDIAN INCOME COMPARATIVELY WITHIN THE STATE - \$69,682 AND A POVERTY RATE APPROXIMATELY HALF THAT OF THE REST OF THE STATE - 6.3%. ACCORDING TO THE 2014 COUNTY HEALTH RANKINGS REPORT, ST CROIX COUNTY RANKED AS THE 7TH HEALTHIEST COUNTY OVERALL IN THE STATE (OUT OF 72 COUNTIES).

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE HOSPITAL IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST THE HOSPITAL AIMS TO BE THE PREMIER PARTNER IN THE COM MUNITY'S QUEST FOR HEALTH AND HAPPINESS WORKING IN PARTNERSHIP WITH EACH OTHER, THE HEALT HPARTNERS FAMILY, HUDSON PHYSICIANS, AND THE COMMUNITY, THE HOSPITAL ACCOMPLISHED A GREAT DEAL IN 2014 ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM TO ENSURE BETTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE AND AFFORDABLE HEALTH CARE THE HOSPITAL CONTINUED T O GROW ITS REPUTATION FOR EXCELLENT CLINICAL OUTCOMES AND SERVICE HIGHLIGHTS INCLUDE - C ONTINUED PARTICIPATION IN THE AMERICAN HOSPITAL ASSOCIATION'S PARTNERS FOR PATIENTS NATION AL INITIATIVE TO PREVENT 1 8 MILLION INJURIES TO PATIENTS IN THE HOSPITAL SAVING MORE THAN 60,000 LIVES OVER THREE YEARS FOCUS AREAS FOR THE HOSPITAL ARE REDUCING CATHETER-ASSOCIA TED URINARY TRACT INFECTIONS, FALL PREVENTION, AND READMISSION/CARE TRANSITIONS THE RESUL TS FOR 2014 ARE, 0 CATHETER- ASSOCIATED INFECTIONS, 0 FALL WITH HARM AND A 0 23% DECREASE I N READMISSIONS FROM THE PRIOR YEAR - CONTINUED OPTIMIZATION OF EPIC THE ELECTRONIC HEALTH RECORD (EHR) SYSTEM TO IMPROVE HEALTHPARTNERS' REGIONAL NETWORK AND ADVANCE QUALITY AND E XPERIENCE FOR PATIENTS, CLINICIANS AND MEDICAL STAFF, AND REDUCE HEALTH CARE COSTS AS PART OF THE HEALTHPARTNERS FAMILY OF CARE, RECOGNIZED FOR BEING THE "MOST WIRED" IN THE HOSPI TAL & HEALTH NETWORK'S (H&HN) MAGAZINE WE ALSO ACHIEVED THE HIMSS ANALYTICS STAGE 6 DESIG NATION (OF SEVEN) - ONE OF ONLY 10% OF HOSPITALS IN THE U S - ADOPTING ELECTRONIC MEDICAL RECORDS (EMRS), CREATING A PAPERLESS PATIENT RECORD ENVIRONMENT, AND IMPLEMENTING TECHNOL OGY SOLUTIONS THAT IMPROVE PATIENT SAFETY AND QUALITY OF CARE -TELEMEDICINE INCORPORATED IN OUR EMERGENCY CENTER, CONNECTING OUR EMERGENCY PHYSICIANS FOR A REAL TIME CONSULT WITH REGIONS HOSPITAL SPECIALISTS WITH A BURN DOCTOR, NEUROLOGIST FOR ACUTE STROKE PATIENTS, TR AUMA DOCTORS AND ER TO ER -THE HOSPITAL WAS RECOGNIZED FOR QUALITY AND SAFETY AND DELIVERI NG THE BEST CARE FOR CERTAIN CONDITIONS 95 PERCENT OF THE TIME OR MORE IN THE JOINT COMMIS SION'S TOP PERFORMER ON KEY QUALITY MEASURES REPORT THIS REPRESENTS THE TOP 33 PERCENT OF ALL JOINT COMMISSION ACCREDITED HOSPITALS REPORTING PERFORMANCE DATA FOR 2014 HUDSON WAS RECOGNIZED FOR HIGH QUALITY SURGICAL CARE -STRATEGIC EFFORTS TO FOCUS ON THESE KEY QUALIT Y MEASURES, ACHIEVED 12 MONTHS OF "PERFECTCARE" IN 2014 ON CORE MEASURES CHRONIC HEART FA ILURE OR CHF AND PNEUMONIA AND 9 MONTHS FOR SURGICAL CARE IMPROVEMENT PROJECT OR SCIP -SOC IAL SERVICES LED AN EFFORT TO INCREASE COMMUNICATION AND COLLABORATION WITH ST CROIX COUN TY'S MOBILE CRISIS PROGRAM WHICH ASSISTS PATIENT'S RECEIVING SERVICES ON CAMPUS IN THE CLI NIC, EMERGENCY CENTER AND INPATIENT AREAS - EXPANDED HEALTHPARTNERS ONLINE PATIENT SERVIC ES FOR THE SPECIALTY CLINICS AND INTERNAL MEDICINE CLINIC TO GIVE PATIENTS THE OPTION OF A CCESSING TEST RESULTS OR IMMUNIZATION RECORDS, EMAILING A PROVIDER AND PAYING BILLS ONLINE - FOR EARTH DAY THE HOSPITAL HOSTED A TECH DUMP ELECTRONICS RECYCLING FOR THE COMMUNITY FREE OF CHARGE THE HOSPITAL ALSO HOSTED A GREEN TEAM BOOTH FOR STAFF AND THE COMMUNITY TO EDUCATE THEM ON EARTH DAY AND RECYCLING XCEL ENERGY ALSO PARTNERED WITH US AND DISTRIBUT ED INFORMATION ON SUSTAINABLE ENERGY TIPS - THE HOSPITAL'S SUSTAINABILITY EFFORTS WERE RE COGNIZED WITH STATE AND NATIONAL ENVIRONMENTAL ACHIEVEMENT AWARDS WINNING THE GREEN MASTER LEVEL IN THE WI GREEN MASTER'S PROGRAM AND PRACTICE GREENHEALTH'S ENVIRONMENTAL EXCELLENC E AWARDS FOR OUR COMPREHENSIVE SUSTAINABILITY PROGRAM INCLUDING ENERGY EFFICIENCY, WASTE M INIMIZATION, SECTOR LEADING SUSTAINABLE FOOD SERVICE, ENVIRONMENTALLY PREFERRED PURCHASING AND OTHER INITIATIVES - CONTINUED SUCCESS WITH THE SURGICAL CARE IMPROVEMENT PROJECT (SC IP) IMPLEMENTED IN 2010 - NATIONAL PATIENT SAFETY INITIATIVE TO REDUCE PATIENT INFECTION RATES ACCORDING TO THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN), THE HOSPITAL REPORTS SOM E OF THE LOWEST SURGICAL INFECTION RATES IN THE REGION WITH A RATE OF 0 63% COMPARED TO TH E NATIONAL AVERAGE OF 1 9% IN 2014 - MEDICATION WASTE PROGRAM CREATED TO ENSURE BEST PRACT ICES FOR COLLECTION OF HAZARDOUS WASTE USED IN THE HOSPITAL IN SUPPORT OF A SUSTAINABLE AN D ECO-FRIENDLY ENVIRONMENT -THE NUTRITION GARDEN AT THE HOSPITAL COMMUNITY GARDENS YIELDED OVER 150 POUNDS OF FRESH PRODUCE THIS YEAR FEEDING HOSPITAL PATIENTS AND STAFF IN TOTAL THERE WERE 66 PLOTS TENDED BY GARDENERS FROM THE COMMUNITY MASTER GARDENER SITES WERE DED ICATED FOR THE HUDSON COMMUNITY FOOD SHELF - SUPPORTING COMMUNITIES AND PURCHASING LOCALLY- RAISED BEEF, PORK AND FRESH PRODUCE IS AN INITIATIVE BY THE HOSPITAL GREEN TEAM, IN PARTNE RSHIP WITH NUTRITION SERVICES, AND ANOTHER GREAT EXAMPLE OF THE COMMITMENT TO SUSTAINABILI TY - ADDITION OF MANY NEW HEALTH CARE PROVIDERS TO THE CAMPUS TEAM, INCLUDING SPECIALISTS IN ENT, INTERNAL MEDICINE, PEDIATRIC HEMATOLOGY/ON</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>COLOGY, OPHTHALMOLOGY, GENERAL SURGERY, THE HOSPITALIST PROGRAM, OB/GYN AND FAMILY MEDICIN E - EXPERIENCED A 2% INCREASE IN SURGICAL VOLUMES OVER 2013 VOLUMES - RECORD-SETTING 695 B ABIES WERE BORN IN THE BIRTH CENTER - MARKING THE HIGHEST NUMBER OF BIRTHS IN A SINGLE YEA R SINCE HUDSON'S FOUNDING IN 1953 - THE BIRTH CENTER NURSING STAFF CONTINUES TO RANK AMON G THE BEST IN THE NATION - 91TH PERCENTILE FOR FRIENDLINESS AND ATTITUDE ACCORDING TO PRES S GANEY SURVEY DATA (1,800 HOSPITAL DATABASE) THE HOSPITAL'S DEVOTION TO THE HEALTH OF THE COMMUNITY STARTS WITH PROVIDING EXCEPTIONAL MEDICAL CARE TO EACH PATIENT AND EXTENDS TO F AMILIES AND ORGANIZATIONS THROUGHOUT THE REGION THROUGH ITS HEALTHIER TOGETHER LEADERSHIP AND COMMUNITY BENEFIT PROGRAM, BOTH INTEGRATED INTO THE ORGANIZATION PLAN, THE HOSPITAL O FFERED SPECIAL HELP AND SUPPORT - FOR INDIVIDUALS OR FAMILIES EXPERIENCING FINANCIAL HARDS HIP TO EFFORTS OR ORGANIZATIONS STRIVING TO IMPROVE THE QUALITY OF LIFE FOR ALL THE HOSPI TAL ENGAGED IN COMMUNITY PARTNERSHIPS WITH SCHOOLS, BUSINESSES, AGENCIES AND OTHER HEALTH PROVIDERS INVESTED IN COMMUNITY PROGRAMS AND SERVICES THAT POSITIVELY SUPPORT AND STRENGTH EN COMMUNITY HEALTH, EDUCATION, ECONOMIC DEVELOPMENT, AND CULTURE THESE PROGRAMS AND PART NERSHIPS EMBODY THE HOSPITAL'S MISSION OF "TO IMPROVE THE HEALTH AND WELL-BEING IN PARTNER SHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY " TOTAL 2014 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$4,740,417 WHICH REPRESENTS 8 8% OF NET REVENUE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMPLEASE SEE SCHEDULE O DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS "I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE "

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

Additional Data

Software ID:
Software Version:
EIN: 39-0804125
Name: HUDSON HOSPITAL INC

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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 5 AS PART OF THE DATA COLLECTION PROCESS FOR THE MOST RECENT CHNA THAT WAS CONDUCTED IN 2012, REPRESENTATIVES FROM COMMUNITY HOSPITAL CONSULTING CONDUCTED INTERVIEWS WITH TWENTY (20) STAKEHOLDERS FROM MARCH 14, 2012 - APRIL 6, 2012 INTERVIEWS WERE CONDUCTED WITH PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY INCLUDING - PEOPLE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH - FEDERAL, TRIBAL, REGIONAL, STATE OR LOCAL HEALTH DEPARTMENTS OR AGENCIES WITH INFORMATION RELEVANT TO THE HEALTH NEEDS OF COMMUNITY SERVED - LEADERS, REPRESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SERVED THE COUNTIES REPRESENTED INCLUDED WASHINGTON, DAKOTA, & RAMSEY IN MINNESOTA, AND ST CROIX IN WISCONSIN THE GOAL OF THE INTERVIEWS WAS TO GATHER OPINIONS AND PERCEPTIONS ON CURRENT HEALTH CARE ISSUES FACED IN THE COUNTIES SERVED AND/OR POPULATIONS REPRESENTED FOR A FULL DETAILED LIST OF INSTITUTIONS AND PERSONS, PLEASE SEE THE 2012 HEALTHPARTNERS CHNA LOCATED AT OUR WEBSITE HTTP //WWW HUDSONHOSPITAL ORG/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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2012 HEALTHPARTNERS CHNA WERE - WESTFIELDS HOSPITAL, NEW RICHMOND, WI - REGIONS HOSPITAL, ST PAUL, MN - LAKEVIEW HOSPITAL, STILLWATER, MN

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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 11 THE FOLLOWING ITEMS OF FOCUS ARE CONSIDERED OPERATIONAL AND ARE ADDRESSED IN THE HUDSON HOSPITAL, INC (HOSPITAL) BUSINESS PLAN - REDUCE PATIENT UTILIZATION OF EMERGENCY DEPARTMENT TO FREE UP SPACE AND RESOURCES FOR ACUTE MEDICAL CRISES- REDUCTION OF READMISSIONS- INCREASE RELATIONSHIPS WITH PRIMARY CARE CLINIC / PHYSICIANS (CARE TRANSITION)- ASSIST WITH ACCESSING AFFORDABLE MEDICATIONS / MEDICATION MONITORING- PATIENT FINANCIAL SERVICES REPRESENTATIVE (FOCUSED EFFORTS ON ENROLLMENT ASSISTANCE, INFORMATION, AND REFERRAL SERVICES)THE HOSPITAL WILL CONTINUE TO IMPROVE SERVICE INTEGRATION AND THE PATIENT CONTINUUM OF CARE VIA INNOVATIVE PARTNERSHIPS, TECHNOLOGY ADVANCEMENTS AND EFFECTIVE COMMUNICATION WITH OTHER SERVICE PROVIDERS THE HOSPITAL HAS CHOSEN NOT TO INCLUDE THE PRIORITY, IMPROVED SERVICE INTEGRATION THAT WAS IDENTIFIED IN THE COMPREHENSIVE CHNA CONDUCTED IN 2012 WITHIN ITS COMMUNITY BENEFIT IMPLEMENTATION PLAN THE REASON IT WAS NOT CHOSEN AS A PRIORITY IS BECAUSE THIS ISSUE IS ALREADY BEING ADDRESSED IN THE 2014 HOSPITAL BUSINESS PLAN

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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 15E IN 2014, THE HOSPITAL PROVIDED \$217,777 IN FINANCIAL ASSISTANCE THE HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION TO INFORM AND EDUCATE PATIENTS ON ITS FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, THE HOSPITAL HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM WHEN A PATIENT VISITS THE HOSPITAL'S EMERGENCY DEPARTMENT OR IS ADMITTED TO THE HOSPITAL, BASIC INFORMATION ABOUT INSURANCE STATUS IS REQUESTED IF A PATIENT DOES NOT HAVE HEALTH INSURANCE, PATIENT FINANCIAL SERVICES IS CONTACTED TO MEET OR FOLLOW-UP WITH THE PATIENT ALL PATIENTS WITHOUT INSURANCE AUTOMATICALLY QUALIFY FOR A DISCOUNT OF 50%, REGARDLESS OF INCOME IF THE PATIENT IS INTERESTED IN DETERMINING IF THEY ARE ELIGIBLE FOR FURTHER DISCOUNTS, THEY WILL BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION ENROLLMENT ASSISTANCE, INFORMATION, AND REFERRAL SERVICES ARE AVAILABLE TO HELP SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDER INSURED PATIENTS PATIENT FINANCIAL SERVICES, ADMINISTERED BY THE HOSPITAL'S BUSINESS OPERATIONS, EMPLOYS 2 0 FTE FOR PATIENT FINANCIAL SERVICES REPRESENTATIVES TO OVERSEE ITS FINANCIAL ASSISTANCE PROGRAM AND, ALONG WITH SUPPORT FROM DEPARTMENT STAFF, HELPS PATIENTS ENROLL IN GOVERNMENT PROGRAMS, FIND OTHER SOURCES OF PAYMENT, OR ACCESS SERVICES BEYOND MEDICAL CARE IN 2014, THE HOSPITAL SPENT \$43,306 IN STAFF TIME TO ASSIST 602 PATIENTS ENROLLED IN PUBLIC MEDICAL PROGRAMS, \$84,564 IN STAFF TIME TO GUIDE OR REFER 3,147 PEOPLE TO COMMUNITY SERVICES/PUBLIC HEALTH ASSISTANCE, AND \$240,709 IN STAFF TIME TO GUIDE OR REFER 5,716 PATIENTS TO FINANCIAL ASSISTANCE

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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 16I FINANCIAL INFORMATION (PAYMENT, BILLING AND INSURANCE COVERAGE) AND FINANCIAL ASSISTANCE OPPORTUNITIES ARE NOTED ON THE HOSPITAL WEB SITE, ON ALL BILLING STATEMENTS, AND IN THE PATIENT INFORMATION GUIDE, DISTRIBUTED TO ALL NEW PATIENTS IN ADDITION TO FINANCIAL COUNSELING, THE HOSPITAL HAS A STAFF SOCIAL WORKER AND A CASE MANAGER TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE

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
HUDSON HOSPITAL, INC	PART V, SECTION B, LINE 22D THE HOSPITAL OFFERS A STANDARDIZED AND UNIFORM APPROACH TO OFFERING A DISCOUNT FOR THE UNINSURED THE DISCOUNT IS 50% FOR ALL ELIGIBLE PATIENTS, REGARDLESS OF INCOME THE HOSPITAL USES FPG FAMILY INCOME LIMIT OF 300% TO DETERMINE ELIGIBILITY FOR ADDITIONAL DISCOUNTED CARE ABOVE AND BEYOND THE 50%

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a	The organization?	Yes	
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	Yes	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8	Were any amounts reported in 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.		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS: BROCK D NELSON \$ 42,147; SCOTT A SCHNUCKLE 10,545 ----- TOTAL \$ 52,692
PART I, LINE 6	HUDSON HOSPITAL, INC. (THE HOSPITAL) OFFICERS, DIRECTORS AND HIGHEST COMPENSATED EMPLOYEES ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS) OR BY GROUP HEALTH PLAN, INC. (GHI), BOTH OF WHICH ARE RELATED ORGANIZATIONS, OR BY THE HOSPITAL. COMPENSATION REPORTED IN FORM 990, PART VIII INCLUDES ANY COMPENSATION DERIVED FROM REGIONS, GHI OR THE HOSPITAL MANAGEMENT INCENTIVE PROGRAMS, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE. THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E.G. SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT.
990, SCH. J, PART II - PRIOR REPORTED COMPENSATION	COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTOR: BROCK D NELSON \$ 138,162; SCOTT A SCHNUCKLE \$ 29,295. ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S.

Additional Data

Software ID:

Software Version:

EIN: 39-0804125

Name: HUDSON HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARIAN M FURLONG, DIRECTOR & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	253,909	35,330	0	21,320	32,301	342,860	0
1 BURKE KEALEY MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	424,694	230,000	0	52,237	50,231	757,162	0
2 BROCK D NELSON, DIRECTOR & SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	469,162	130,015	138,162	145,083	45,212	927,634	138,162
3 SCOTT A SCHNUCKLE, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	309,835	90,810	39,625	70,632	42,233	553,135	29,295
4 STEVE MUELLERLEILE, VP - PLANNING & DEVELOPMENT	(i)	184,318	22,193	0	8,570	34,654	249,735	0
	(ii)	0	0	0	0	0	0	0
5 ANN RIPLEY, VP - OPERATIONS, COMPLIANCE	(i)	160,539	14,603	0	6,803	30,455	212,400	0
	(ii)	0	0	0	0	0	0	0
6 DOUGLAS E JOHNSON, VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	267,994	176,538	23,001	5,100	32,630	505,263	0
7 ROBBIE HAGELBERG, VP & CNO	(i)	171,899	16,223	0	7,146	22,714	217,982	0
	(ii)	0	0	0	0	0	0	0
8 DANIELLE L FERKINGSTAD, NURSE ANESTHETIST	(i)	250,643	0	0	5,117	23,893	279,653	0
	(ii)	0	0	0	0	0	0	0
9 KEITH W LARSON, NURSE ANESTHETIST	(i)	237,021	0	0	9,551	34,794	281,366	0
	(ii)	0	0	0	0	0	0	0
10 CHERYLL A MARTINY-JORGENSEN, ANESTHESIA SUPERVISOR	(i)	227,360	3,236	0	9,650	38,749	278,995	0
	(ii)	0	0	0	0	0	0	0
11 KARA A FEDIE, NURSE ANESTHETIST	(i)	184,458	0	0	6,204	21,297	211,959	0
	(ii)	0	0	0	0	0	0	0
12 DARLA KLEMENTZ, DIRECTOR - PHARMACY	(i)	139,909	4,865	0	7,611	29,382	181,767	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH AND EDUCATION FACILITIES AUTHORITY	39-1337855	97710B6E7	10-03-2012	20,513,711	REFUNDING OF SERIES 2002 BONDS	X			X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	4,474,339							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,513,711							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	20,513,711							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3B, 3C & 3D	HUDSON HOSPITAL USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL

Return Reference	Explanation
SCHEDULE K, PART V	SINCE 12/31/2012 HUDSON HOSPITAL HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization HUDSON HOSPITAL INC	Employer identification number 39-0804125
---	--

Return Reference	Explanation	
	990, PART III, LINE 4A EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE HUDSON HOSPITAL, INC (HOSPITAL) A STATE LICENSED 25-BED, LEVEL IV CRITICAL ACCESS HOSPITAL (CAH), IS A WISCONSIN NON-PROFIT CORPORATION RE COGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501 (C)(3) AND IS PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS" FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE F INANCING ORGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE C OUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OU R MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTHCARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY, ALL AT THE SAME TIM E HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CA RE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS PROVI DES A FULL-RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PAT IENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLAN'S SERVE MORE THAN 1 5 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE, AND IS THE TOP-RANKED COMMERCIAL PLAN IN MINNESOTA HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS, SIX HOSPITALS, 55 PRIMARY CARE CLINICS, 22 URGENT CARE LOCATIONS AND NUMEROUS SPECIALTY PRACTICES IN MINNESOTA AND WESTERN WISCONSIN IN ADDITION, HEALTHPARTNERS DENTAL CARE SYSTEM HAS MORE THAN 60 DENTISTS AND 22 DENTAL CLINICS HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RA ISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL O RGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIONSHIP BETWEEN THEM, CAN BE F OUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIV IDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS O UR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOU T THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTIC IPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TR IPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2014 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONA L QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BA SED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE I N THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING E ARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AN D SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPART NERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORP ORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDER AL INCOME TAX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C) (3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER H EALTH SYSTEM (LAKEVIEW HEALTH), RAMSEY INTEGRATED HEALTH SERVICES AND RH-WISCONSIN, INC , ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) RH- WISCONSIN, INC IS THE SOLE CORPORATE MEMBER OF THE HOSPITAL THE HOSPITAL I S THE SOLE CORPORATE MEMBER OF HUDSON HOSPITAL FOUNDATION (HHF) A FOUNDATION WHOSE PURPOSE IS TO SUPPORT THE HOSPITAL BENEFIT TO THE COMMUNITY CHARITABLE TRADITION CONTINUED AS T HE HOSPITAL REACHED OUT TO THOSE IN NEED OF ITS SERVICES STAFF ENGAGED IN COMMUNITY PARTN ERSHIPS WITH SCHOOLS, BUSINESSES, AGENCIES, AND OTHER HEALTH PROVIDERS INVESTED IN COMMUNI TY HEALTH, EDUCATION, ECONOMIC DEVELOPMENT, AND CULTURE THESE PROGRAMS AND PARTNERSHIPS E MBODY THE HOSPITAL'S MISSION OF "IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEM BERS, PATIENTS AND COMMUNITY " THE HOSPITAL AIMS TO BE THE PREMIER PARTNER IN THE COMMUNIT Y'S QUEST FOR HEALTH AND HAPPINESS WORKING IN PARTNERSHIP WITH EACH OTHER, THE HEALTHPART NERS FAMILY OF ORGANIZATIONS, HUDSON PHYSICIANS AND THE COMMUNITY , THE HOSPITAL ACCOMPLISH ED A GREAT DEAL IN 2014 ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM TO ENSURE BE TTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE A</p>

Return Reference	Explanation	
	990, PART III, LINE 4A EXEMPT PURPOSE AND ACHIEVEMENTS	<p>ND AFFORDABLE HEALTH CARE. THE HOSPITAL CONTINUED TO GROW ITS REPUTATION FOR EXCELLENT CLINICAL OUTCOMES AND SERVICE. HIGHLIGHTS INCLUDE - TELEMEDICINE INCORPORATED IN OUR EMERGENCY CENTER, CONNECTING OUR EMERGENCY PHYSICIANS FOR A REAL TIME CONSULT WITH REGIONS SPECIALISTS WITH A BURN DOCTOR, NEUROLOGIST FOR ACUTE STROKE PATIENTS, TRAUMA DOCTORS AND ER TO ER - STRATEGIC EFFORTS TO FOCUS ON THESE KEY QUALITY MEASURES, ACHIEVED 12 MONTHS OF "PER FECT CARE" IN 2014 ON CORE MEASURES CHRONIC HEART FAILURE OR CHF AND PNEUMONIA AND 9 MONTHS FOR SURGICAL CARE IMPROVEMENT PROJECT OR SCIP - SOCIAL SERVICES LED AN EFFORT TO INCREASE COMMUNICATION AND COLLABORATION WITH ST. CROIX COUNTY'S MOBILE CRISIS PROGRAM WHICH ASSISTS PATIENTS RECEIVING SERVICES ON CAMPUS IN THE CLINIC, EMERGENCY CENTER AND INPATIENT AREAS - EXPANDED HEALTHPARTNERS ONLINE PATIENT SERVICES FOR THE SPECIALTY CLINICS AND INTERNAL MEDICINE CLINIC TO GIVE PATIENTS THE OPTION OF ACCESSING TEST RESULTS OR IMMUNIZATION RECORDS, EMAILING A PROVIDER AND PAYING BILLS ONLINE - ADDITION OF MANY NEW HEALTH CARE PROVIDERS TO THE CAMPUS TEAM, INCLUDING SPECIALISTS IN ENT, INTERNAL MEDICINE, PEDIATRIC HEMATOLOGY/ONCOLOGY, OPHTHALMOLOGY, GENERAL SURGERY, THE HOSPITALIST PROGRAM, OB/GYN AND FAMILY MEDICINE - EXPERIENCED A 2% INCREASE IN SURGICAL VOLUMES OVER 2013 VOLUMES - RECORD-SETTING 695 BABIES WERE BORN IN THE BIRTH CENTER - MARKING THE HIGHEST NUMBER OF BIRTHS IN A SINGLE YEAR SINCE HUDSON'S FOUNDING IN 1953 COMMUNITY HEALTH EDUCATION - OVER 4,700 PEOPLE ATTENDED EDUCATIONAL PROGRAMS, CLASSES, SPECIAL EVENTS, HEALTH FAIRS OR SUPPORT GROUPS TAUGHT OR HOSTED BY MEDICAL AND CLINICS STAFF AND CAMPUS PARTNERS OR WERE HOSPITAL FITNESS CENTER MEMBERS (11 EDUCATION AND FITNESS TRAINING) TOTAL COMMUNITY HEALTH EDUCATION EXPENSES TOTALED \$457,824 - CLASSES INCLUDED ADVANCED DIRECTIVES, BREASTFEEDING, BABY SIGN LANGUAGE, BABY SITTING CLASSES, FAMILY/PARENTING/SIBLING EDUCATION, HEART DISEASE, MEDICATION SAFETY, MENTAL HEALTH AND DEPRESSION, NUTRITION/WEIGHT MANAGEMENT, SCHOOL-BASED HEALTH EDUCATION, WORKFORCE DEVELOPMENT, HAND HYGIENE, EFFECTS OF SMOKING, HEALTHY EATING AND PORTION CONTROL, CAREER DAY, ETC. WERE LIMITED IN 2014 BECAUSE THE CONFERENCE CENTER WAS BEING REMODELED - SPECIAL HEALTH EDUCATION PROGRAMS AND EVENTS WERE PRESENTED TO AREA YOUTH (ANNUAL BIKE SAFETY CLINIC, NUTRITION EDUCATION & GAMES PRESENTATION ETC) - SUPPORT GROUPS FACILITATED BY STAFF INCLUDED NEW PARENT, SMOKING CESSATION, CELIAC, WEIGHT LOSS AND WELLNESS OVER 200 PEOPLE PARTICIPATED OTHER SUPPORT GROUPS OFFERED ON CAMPUS BY COMMUNITY PARTNERS INCLUDED CARDIOVASCULAR DISEASE, DIABETES, AND PARKINSON'S DISEASE - HEALTH RESOURCE CENTER (HRC) OPERATED AT A COST OF \$3,112 THE HRC IS A LENDING LIBRARY WHERE PATIENTS, THEIR FAMILY AND FRIENDS, STAFF AND COMMUNITY MEMBERS CAN ACCESS HEALTH AND WELLNESS INFORMATION FROM PRINT RESOURCES, INTERNET SITES, ORGANIZED EVENTS, AND STAFF ASSISTANCE FROM A REGISTERED NURSE OVER 1,200 BOOKS AND MAGAZINES ARE CHECKED OUT ANNUALLY WELLNESS CLASSES ARE COORDINATED BY THE HRC AND ARE OPEN TO THE COMMUNITY AT NO OR LOW COST - THE FITNESS CENTER, AN ON-SITE COMMUNITY FITNESS CENTER USED BY 75 COMMUNITY MEMBERS INCLUDING PHASE 3 CARDIAC REHAB PROGRAM PARTICIPANTS, WAS AVAILABLE FOR USE OPERATING COSTS OF \$29,596 INCLUDED DEDICATED STAFF TIME TO ADMINISTER FITNESS AND EDUCATION PROGRAMS, SPACE USAGE, AND REDUCED FACILITY MEMBERSHIP FEES COMMUNITY BASED CLINICAL SERVICES THE HOSPITAL HOSTED NUMEROUS BLOOD DRIVES (121 DONORS) IN SUPPORT OF THE AMERICAN RED CROSS THROUGHOUT THE YEAR AT A COST OF \$270 FOR STAFFING, PLANNING AND ADVERTISING THEM</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>HEALTH CARE SUPPORT SERVICES IN 2014, OVER 8,000 PEOPLE REALIZED THE BENEFIT OF HEALTH CARE SUPPORT SERVICES AVAILABLE INCLUDING TRANSLATION/INTERPRETER SERVICES, VAN TRANSPORTATION, CRISIS INTERVENTION AND COUNSELING SERVICES, AND LIFELINE HOME MONITORING SYSTEM, TO NAME A FEW - THE HOSPITAL'S GOOD SAMARITAN FUND, SUPPORTED BY HHF AND EMPLOYEE GIVING, DONATED \$2,738 TO HELP 40 INDIVIDUALS RECEIVING CARE ON THE HEALTH CAMPUS FUNDS SUPPORTED URGENT AND EMERGENT NEEDS RELATED TO THEIR HEALTH INCLUDING DURABLE EQUIPMENT, NON-NARCOTIC PRESCRIPTION DRUGS, GAS CARDS, CLOTHING, ETC - TO INFORM AND EDUCATE PATIENTS ON ITS FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, THE HOSPITAL HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM WHEN A PATIENT VISITS THE HOSPITAL'S EMERGENCY DEPARTMENT OR IS ADMITTED TO THE HOSPITAL, BASIC INFORMATION ABOUT INSURANCE STATUS IS REQUESTED IF A PATIENT DOES NOT HAVE HEALTH INSURANCE, PATIENT FINANCIAL SERVICES IS CONTACTED TO MEET OR FOLLOW-UP WITH THE PATIENT ALL PATIENTS WITHOUT INSURANCE AUTOMATICALLY QUALIFY FOR A DISCOUNT OF 50%, REGARDLESS OF INCOME IF THE PATIENT IS INTERESTED IN DETERMINING IF THEY ARE ELIGIBLE FOR FURTHER DISCOUNTS, THEY WILL BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION ENROLLMENT ASSISTANCE, INFORMATION, AND REFERRAL SERVICES ARE AVAILABLE TO HELP SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDER INSURED PATIENTS PATIENT FINANCIAL SERVICES, ADMINISTERED BY THE HOSPITAL'S BUSINESS OPERATIONS, EMPLOYS 2.0 FTE FOR PATIENT FINANCIAL SERVICES REPRESENTATIVES TO OVERSEE ITS FINANCIAL ASSISTANCE PROGRAM AND, ALONG WITH SUPPORT FROM DEPARTMENT STAFF, HELPS PATIENTS ENROLL IN GOVERNMENT PROGRAMS, FIND OTHER SOURCES OF PAYMENT, OR ACCESS SERVICES BEYOND MEDICAL CARE - THE HOSPITAL SPENT \$43,306 IN STAFF TIME TO ASSIST 602 PATIENTS ENROLLED IN PUBLIC MEDICAL PROGRAMS, \$84,564 IN STAFF TIME TO GUIDE OR REFER 3,147 PEOPLE TO COMMUNITY SERVICES/PUBLIC HEALTH ASSISTANCE, AND \$240,709 IN STAFF TIME TO GUIDE OR REFER 5,716 PATIENTS TO FINANCIAL ASSISTANCE FINANCIAL INFORMATION (PAYMENT, BILLING AND INSURANCE COVERAGE) AND FINANCIAL ASSISTANCE OPPORTUNITIES ARE NOTED ON THE HOSPITAL'S WEB SITE, ON ALL BILLING STATEMENTS, AND IN THE PATIENT INFORMATION GUIDE, DISTRIBUTED TO ALL NEW PATIENTS - IN ADDITION TO FINANCIAL COUNSELING, THE HOSPITAL HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE - PROGRAMS FOR CHANGE, THE HOSPITAL'S OUTPATIENT CHEMICAL ADDICTION TREATMENT AND RECOVERY CARE PROGRAM, OFFERED PARENTS AND FAMILY MEMBERS THE OPPORTUNITY TO PARTICIPATE IN EDUCATIONAL LECTURES, GROUP DISCUSSION, AND FAMILY TREATMENT GROUPS FREE OF CHARGE IN SUPPORT OF THEIR LOVED ONE THE HOSPITAL PROVIDED \$10,256 IN STAFF TIME - VAN TRANSPORTATION AND PHARMACY DELIVERY SERVICES WERE AVAILABLE TO COMMUNITY RESIDENTS WITHIN A 15-MILE RADIUS UPON REQUEST OPERATING COSTS FOR THE PROGRAM TOTALED \$11,842 OVER 1,000 RESIDENTS TOOK ADVANTAGE OF THE SERVICES HEALTH PROFESSIONAL EDUCATION THE HOSPITAL'S STAFF PROVIDED CLINICAL TRAINING FOR 105 NURSES AND NURSING STUDENTS AND 12 HEALTH PROFESSIONALS INCLUDING EMS FROM SEVENTEEN INSTITUTIONS AT A COST OF \$250,087 IN ADDITION, THE HOSPITAL VOLUNTARILY PARTICIPATED IN THE WISCONSIN NURSE RESIDENCY PROGRAM (WNRP) THE PROGRAM IS A STRUCTURED LEARNING EXPERIENCE FOR NEWLY LICENSED REGISTERED NURSES DESIGNED TO PROMOTE EFFECTIVE TRANSITION INTO PROFESSIONAL PRACTICE THREE NURSES, PAIRED WITH EXPERIENCED HOSPITAL NURSES ACTING AS COACH/SUPPORT PERSON, COMPLETED THE 12-MONTH PROGRAM SUBSIDIZED HEALTH SERVICES FINANCIAL ASSISTANCE AND HEALTHCARE ACCESS FOR LOW-INCOME INDIVIDUALS IN 2014, THE HOSPITAL PROVIDED \$217,777 IN FINANCIAL ASSISTANCE THE HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION CARE FOR MEDICAID PATIENTS THE HOSPITAL PROVIDES INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO MEDICAID PATIENTS PAYMENTS RECEIVED FOR THESE SERVICES ARE BELOW THE COST OF CARE PROVIDED THE EXPENSE TO COVER UNREIMBURSED MEDICAID COSTS FOR 5,154 PATIENTS TOTALED \$267,745 SUBSIDIZED HEALTH SERVICES THE HOSPITAL IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS IN 2014, LOSS ON SERVICES FOR HOSPITAL INPATIENT AND OUTPATIENT HEALTH SERVICES INCLUDING RESPIRATORY THERAPY, PHYSICAL THERAPY, ONCOLOGY, PROGRAMS FOR CHANGE, EMERGENCY DEPARTMENT, LABOR & DELIVERY, AND REGIONAL BLOOD BANK TOTALED \$3,131,570 COMMUNITY HEALTH IMPROVEMENT SERVICES OVER 10,500 PEOPLE BENEFITED FROM THE FOLLOWING PROGRAMS OR ACTIVITIES, WHICH WERE CARRIED OUT AND S</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>SUPPORTED BY THE HOSPITAL IN 2014 FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH RESEARCH - CONTINUED PARTICIPATION IN THE AMERICAN HOSPITAL ASSOCIATION'S PARTNERS FOR PATIENTS NATIONAL INITIATIVE TO PREVENT 1.8 MILLION INJURIES TO PATIENTS IN THE HOSPITAL SAVING MORE THAN 60,000 LIVES OVER THREE YEARS. FOCUS AREAS FOR THE HOSPITAL ARE REDUCING CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, FALL PREVENTION, AND READMISSION/CARE TRANSITIONS. THE RESULTS FOR 2014 ARE, 0 CATHETER-ASSOCIATED INFECTIONS, 0 FALL WITH HARM AND A 0.23% DECREASE IN READMISSIONS FROM THE PRIOR YEAR - CONTINUED OPTIMIZATION OF EPIC THE ELECTRONIC HEALTH RECORD (EHR) SYSTEM TO IMPROVE HEALTHPARTNERS' REGIONAL NETWORK AND ADVANCE QUALITY AND EXPERIENCE FOR PATIENTS, CLINICIANS AND MEDICAL STAFF, AND REDUCE HEALTH CARE COSTS AS PART OF THE HEALTHPARTNERS FAMILY OF ORGANIZATION, RECOGNIZED FOR BEING THE "MOST WIRED" IN THE HOSPITAL & HEALTH NETWORK'S (H&HN) MAGAZINE. THE HOSPITAL ALSO ACHIEVED THE HIMSS ANALYTICS STAGE 6 DESIGNATION (OF SEVEN) - ONE OF ONLY 10% OF HOSPITALS IN THE U.S. - ADOPTING ELECTRONIC MEDICAL RECORDS (EMRS), CREATING A PAPERLESS PATIENT RECORD ENVIRONMENT, AND IMPLEMENTING TECHNOLOGY SOLUTIONS THAT IMPROVE PATIENT SAFETY AND QUALITY OF CARE - CONTINUED SUCCESS WITH THE SURGICAL CARE IMPROVEMENT PROJECT (SCIP) IMPLEMENTED IN 2010-NATIONAL PATIENT SAFETY INITIATIVE TO REDUCE PATIENT INFECTION RATES. ACCORDING TO THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN), THE HOSPITAL REPORTS SOME OF THE LOWEST SURGICAL INFECTION RATES IN THE REGION WITH A RATE OF 0.63% COMPARED TO THE NATIONAL AVERAGE OF 1.9% IN 2014. FINANCIAL CONTRIBUTIONS: CASH DONATIONS & GRANTS. THE HOSPITAL'S FINANCIAL CONTRIBUTION IN THE FORM OF CASH DONATIONS AND GRANTS TO OTHER TAX-EXEMPT COMMUNITY ORGANIZATIONS FOR SPONSORSHIPS OR MEMBERSHIP DUES INCLUDING HUDSON RELAY FOR LIFE, NAMI, TWIN CITIES HEART WALK, ETC. TOTALLED \$9,376. IN-KIND DONATIONS: IN-KIND SERVICES PROVIDED INCLUDED STAFF HOURS SPENT IN SUPPORT OF BOARD OR COMMITTEE WORK INCLUDING HUDSON ROTARY CLUB, ST. CROIX ECONOMIC DEVELOPMENT CORPORATION, ST. CROIX COUNTY SUBSTANCE ABUSE ADVISORY COMMITTEE, UW-RIVER FALLS CHANCELLOR ADVISORY COUNCIL, ST. CROIX VALLEY VISUAL ARTS COUNCIL, CANCER CENTER OF WESTERN WISCONSIN, ST. CROIX VALLEY YMCA, AND WISCONSIN HOSPITAL ASSOCIATION. IN ADDITION, MD MISSION TRIP SUPPLIES, SPECIAL EVENTS PLANNING (HEART WALK, NAMI WALK, HUDSON RELAY FOR LIFE), AND OVERHEAD EXPENSES OF SPACE PROVIDED TO NOT-FOR-PROFIT COMMUNITY GROUPS FOR MEETINGS, COMMUNITY BUILDING ACTIVITIES. THE HOSPITAL IS AN ENERGETIC MEMBER OF THE LOCAL, STATE AND REGIONAL COMMUNITIES. THE HOSPITAL SUPPORTS INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS. IT LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY. KNOWING MUCH MORE CAN BE ACCOMPLISHED TOGETHER, THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM BUILT VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NON-PROFIT SECTORS TO SHARE SKILLS AND ASSETS. THE HOSPITAL PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT, EMERGENCY PREPAREDNESS, LEADERSHIP DEVELOPMENT, COALITION BUILDING, HEALTH IMPROVEMENT ADVOCACY, AND WORKFORCE DEVELOPMENT INCLUDING THE TOBACCO COALITION, HEALTHWATCH OF ST. CROIX COUNTY, WEST CENTRAL REGIONAL TRAUMA ADVISORY COUNCIL (RTAC), THE HEALING ARTS PROGRAM, HUDSON CHAMBER, SOMERSET MIDDLE SCHOOL CAREER ACADEMIC AND PERSONAL AND SOCIAL SKILLS (CAPS) CLASS, AND LEADERSHIP HUDSON - A PROGRAM DEDICATED TO PROMOTING AND DEVELOPING DYNAMIC BUSINESS AND COMMUNITY LEADERS.</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>THE HOSPITAL CONTINUED ON ITS ECO-FRIENDLY JOURNEY "HEALTH CARE WITHOUT HARM" (2008 COMMITMENT) USING SUSTAINABLE BUSINESS PRACTICES AND ESTABLISHING GREEN PURCHASING POLICIES IN ORDER TO PROVIDE HEALTH CARE THAT'S HEALTHY GREEN INITIATIVES INCLUDED THE RECYCLING PROGRAM, COMMUNITY SHARPS DISPOSAL SITE, REDUCTION OF ENERGY AND WATER CONSUMPTION, CREATION AND EXPANSION OF THE COMMUNITY GARDEN - THE HOSPITAL IN SUPPORT OF HEALTHIER TOGETHER INITIATIVES, AND THE FOSTERING OF HEALING ENVIRONMENTS INCLUDING THE COMMUNITY LABYRINTH IMPLEMENTING SUSTAINABLE BUSINESS PRACTICES HAS MADE THE HOSPITAL A MODEL WITHIN THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS NUTRITION SERVICES CONTINUED ITS WORK IN SUPPORT OF THE HOSPITAL'S "HEALTHY FOOD IN HEALTH CARE" PLEDGE (2010) THE PLEDGE IS A COMMITMENT TO INCREASE OFFERINGS OF FRUITS AND VEGETABLES, REDUCE FATS AND SWEETENED FOODS, TAKE STEPS TO ENCOURAGE CURRENT VENDORS TO PROCURE LOCAL FOOD, AND WORK DIRECTLY WITH LOCAL FARMS THE HOSPITAL IS SHARING BEST PRACTICES AND ENCOURAGING OTHER HOSPITALS IN THE HEALTHPARTNERS FAMILY TO INCREASE LOCAL PURCHASING THE HOSPITAL ALSO PARTICIPATES IN COMMUNITY SUPPORTED AGRICULTURE AND SERVES AS A DISTRIBUTION SITE FOR LOCALLY GROWN FRESH, ORGANIC PRODUCE FOR STAFF AND COMMUNITY ENVIRONMENTAL IMPACT THE HOSPITAL'S SUSTAINABILITY EFFORTS WERE RECOGNIZED WITH STATE AND NATIONAL ENVIRONMENTAL ACHIEVEMENT AWARDS WINNING THE GREEN MASTER LEVEL IN THE WISCONSIN GREEN MASTER'S PROGRAM AND PRACTICE GREENHEALTH'S ENVIRONMENTAL EXCELLENCE AWARDS FOR OUR COMPREHENSIVE SUSTAINABILITY PROGRAM INCLUDING ENERGY EFFICIENCY, WASTE MINIMIZATION, SECTOR LEADING SUSTAINABLE FOOD SERVICE, ENVIRONMENTALLY PREFERRED PURCHASING AND OTHER INITIATIVES - FOR EARTH DAY THE HOSPITAL HOSTED A TECH DUMP ELECTRONICS RECYCLING FOR THE COMMUNITY FREE OF CHARGE A GREEN TEAM BOOTH WAS SET UP FOR STAFF AND THE COMMUNITY TO EDUCATE THEM ON EARTH DAY AND RECYCLING XCEL ENERGY ALSO PARTNERED WITH US AND DISTRIBUTED INFORMATION ON SUSTAINABLE ENERGY TIPS - MEDICATION WASTE PROGRAM CREATED TO ENSURE BEST PRACTICES FOR COLLECTION OF HAZARDOUS WASTE USED IN THE HOSPITAL IN SUPPORT OF A SUSTAINABLE AND ECO-FRIENDLY ENVIRONMENT - THE NUTRITION GARDEN AT THE HOSPITAL COMMUNITY GARDENS YIELDED OVER 150 POUNDS OF FRESH PRODUCE THIS YEAR FEEDING HOSPITAL PATIENTS AND STAFF IN TOTAL THERE WERE 66 PLOTS TENDED BY GARDENERS FROM THE COMMUNITY MASTER GARDENER SITES WERE DEDICATED FOR THE HUDSON COMMUNITY FOOD SHELF - SUPPORTING COMMUNITIES AND PURCHASING LOCALLY-RAISED BEEF, PORK AND FRESH PRODUCE IS AN INITIATIVE BY THE HOSPITAL GREEN TEAM, IN PARTNERSHIP WITH NUTRITION SERVICES, AND ANOTHER GREAT EXAMPLE OF THE COMMITMENT TO SUSTAINABILITY COMMUNITY BENEFIT OPERATIONS HEALTHIER TOGETHER - ST CROIX COUNTY THE HOSPITAL AND ST CROIX COUNTY PUBLIC HEALTH CONTINUED TO CO-FACILITATE HEALTHIER TOGETHER - ST CROIX COUNTY, THE COUNTYWIDE COMMUNITY HEALTH IMPROVEMENT INITIATIVE SINCE JUNE 2008, THEY HAVE WORKED TOGETHER TO BETTER UNDERSTAND CURRENT AND FUTURE HEALTH CARE NEEDS OF ST CROIX COUNTY THE PROCESS INVOLVES ASSESSING, PRIORITIZING AND ADDRESSING HEALTH NEEDS IN THE REGION HEALTHIER TOGETHER IS A STRATEGIC, COUNTY-WIDE, COMMUNITY-BASED APPROACH FOR CREATING AND MAINTAINING HEALTHY COMMUNITIES A STEERING COMMITTEE OF 20+ MEMBERS REPRESENTING DIVERSE ORGANIZATIONS FROM ACROSS THE COUNTY PROVIDES OVERSIGHT AND GUIDANCE THEY WORK TOGETHER TO BETTER ALIGN EFFORTS AMONG COMMUNITY PARTNERS AND CREATE A MORE STRATEGIC FRAMEWORK FOR LOCAL HEALTH IMPROVEMENT ACTIVITIES FROM THE 2009 COUNTY-WIDE COMMUNITY NEEDS ASSESSMENT (EXECUTIVE SUMMARY AND FULL REPORT ARE PUBLICLY AVAILABLE ON THE WEBSITE), THE TOP 5 HEALTH PRIORITIES WERE IDENTIFIED FOR THE PURPOSE OF EDUCATING AND MOBILIZING ARE A ORGANIZATIONS, PLANNING ACTIONS TO IMPROVE PUBLIC HEALTH AND QUALITY OF LIFE, AND GARNERING RESOURCES FOR HEALTH IMPROVEMENT INITIATIVES THE TOP FIVE HEALTH PRIORITIES FOR 2009- 2014 ARE 1 ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES, 2 OVERWEIGHT, OBESITY, AND LACK OF PHYSICAL ACTIVITY, 3 ADEQUATE AND APPROPRIATE NUTRITION, 4 ALCOHOL AND OTHER SUBSTANCE USE AND ADDICTION, 5 TOBACCO USE AND EXPOSURE IN SUPPORT OF THE COALITION WORK DONE IN 2010 (COMMUNITY FORUM, WORKSHOPS, LEADERSHIP ORIENTATION AND CONTINUED CAPACITY BUILDING), THE TASK FORCES AND WORK GROUPS COMPLETED THEIR ACTION, IMPLEMENTATION AND EVALUATION PLANNING AND THE HEALTHIER TOGETHER - ST CROIX COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN WAS RELEASED JUNE 2011 IN 2014, THE PLAN CONTINUED TO BE IMPLEMENTED AND THE HOSPITAL REMAINS COMMITTED TO PLAN SUCCESS THE HOSPITAL HAS PROVIDED A SIGNIFICANT AMOUNT OF INTELLECTUAL, IN-KIND AND FINANCIAL RESOURCES TO THIS INITIATIVE SINCE IT BEGAN COSTS ASSOCIATED WITH DEDICATED STAFF, PROGRAM OPERATIONS, RESOURCE EXPENSES, TRAINING, TRAVEL, WHA SURVEY COMPLETION, HEALTHIER TOGETHER CO-FACILITATION, FUNDRAISING FOR COMMUNITY BENEFIT PROGRAMS, AND OTHER PROGRAM EXPENSES TOTALED \$43,511</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>HIS INVESTMENT REFLECTS THE HOSPITAL'S COMMITMENT TO COMMUNITY HEALTH IMPROVEMENT AND ITS COMMUNITY BENEFIT PROGRAM AND REPORTING PROCESS. THE 2014 ANNUAL COMMUNITY BENEFIT REPORT IS PUBLICALLY AVAILABLE ON THE HOSPITAL'S WEBSITE AND THE SUMMARY OF WHAT HAS BEEN ACHIEVED THROUGH THE WORK OF HEALTHIER TOGETHER-ST. CROIX COUNTY CAN BE FOUND AT HTTP://WWW.HEALTHIERTOGETHERSTCROIX.ORG/WP-CONTENT/UPLOADS/2014/07/14HH COMMUNITY HEALTH NEEDS ASSESSMENT. IN 2012, HEALTHPARTNERS ENGAGED THE RESOURCES OF COMMUNITY HOSPITAL CONSULTING (CHC) TO CONDUCT A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ON BEHALF OF REGIONS, LAKEVIEW MEMORIAL HOSPITAL, THE HOSPITAL, AND WESTFIELDS HOSPITAL. THE "COMMUNITIES" ASSESSED INCLUDED DAKOTA, RAMSEY, WASHINGTON AND ST. CROIX COUNTIES. THE PURPOSE OF THE ASSESSMENT, ASIDE FROM MEETING FEDERAL GOVERNMENT AND REGULATORY REQUIREMENTS (PATIENT PROTECTION AND AFFORDABLE CARE ACT AND INTERNAL REVENUE SERVICE NOTICE 2011-52), WAS TO IDENTIFY THE MAIN COMMUNITY HEALTH PRIORITIES THAT HEALTHPARTNERS AND ITS RESPECTIVE HOSPITALS SHOULD SEEK TO ADDRESS. IT WAS CONCLUDED THAT THE FIVE PRIORITIZED HEALTH NEEDS CURRENTLY OF PARAMOUNT CONCERN TO THE COMMUNITIES SERVED BY THESE HOSPITALS ARE: 1. INCREASE ACCESS TO MENTAL HEALTH, 2. PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION/PHYSICAL ACTIVITY), 3. INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE, 4. IMPROVE SERVICE INTEGRATION, AND 5. PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO/ALCOHOL/SUBSTANCE ABUSE). THESE PRIORITIES CORRELATE VERY WELL WITH THE FIVE TOP HEALTH PRIORITIES IDENTIFIED IN THE ST. CROIX COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2009 AND THE WORK BEING DONE THROUGH THE HEALTHIER TOGETHER - ST. CROIX COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (2009-2014). OCTOBER AND NOVEMBER 2013, THE HOSPITAL PARTICIPATED IN A COUNTY-WIDE SURVEY TO PRIORITIZE THE HEALTH PRIORITIES IDENTIFIED IN 2009 THROUGH AN ONLINE SURVEY. 434 PEOPLE RESPONDED AND FELT THE FOLLOWING PRIORITIES WERE CRITICAL TO SUSTAIN AND BUILD UPON EXISTING COMMUNITY-WIDE EFFORTS TO ENSURE CONTINUED COMMUNITY HEALTH IMPROVEMENT: 1. OVERWEIGHT, OBESITY, AND LACK OF PHYSICAL ACTIVITY; 2. ACCESS TO PRIMARY AND PREVENTIVE HEALTH SERVICES; 3. ADEQUATE AND APPROPRIATE NUTRITION. IN 2014, IMPLEMENTATION PLANS CONTINUED TO SUPPORT THE HEALTH IMPROVEMENT ACTIVITIES THROUGH HEALTHIER TOGETHER-ST. CROIX COUNTY. EACH HOSPITAL, USING CHNA FINDINGS, HAS DESIGNED A COMMUNITY BENEFIT IMPLEMENTATION PLAN TO IDENTIFY HOSPITAL-SPECIFIC ACTIVITIES, PROGRAMS, AND SERVICES WHICH DIRECTLY ADDRESS THE HEALTH CONCERNS, AND ARE INTENDED TO POSITIVELY IMPACT THE COMMUNITIES IT SERVES. THE HOSPITAL'S DEVOTION TO THE HEALTH OF THE COMMUNITY STARTS WITH PROVIDING EXCEPTIONAL MEDICAL CARE TO EACH PATIENT AND EXTENDS TO FAMILIES AND ORGANIZATIONS THROUGHOUT THE REGION. THROUGH ITS COMMUNITY BENEFIT PROGRAM, THE HOSPITAL OFFERED SPECIAL HELP AND SUPPORT TO INDIVIDUALS OR FAMILIES EXPERIENCING FINANCIAL HARDSHIP AND TO EFFORTS OR ORGANIZATIONS STRIVING TO IMPROVE THE QUALITY OF LIFE FOR ALL. TOTAL 2014 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$4,740,417 WHICH REPRESENTS 8.8% OF NET REVENUE. THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING GUIDELINES AND IN ACCORDANCE WITH WISCONSIN HOSPITAL ASSOCIATION (WHA) REPORTING REQUIREMENTS.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ORGANIZATION AWARDS AND ACHIEVEMENTS THE HOSPITAL CONTINUES TO BE AN INTEGRAL PART OF THE HUDSON COMMUNITY AND SURROUNDING AREA THE HOSPITAL HAS BEEN A VITAL AND NECESSARY COMMUNITY RESOURCE SINCE 1953 - THE NATIONAL RURAL HEALTH ASSOCIATION RANKED THE HOSPITAL AS ONE OF THE TOP 25 CRITICAL ACCESS HOSPITALS IN THE NATION, OUT OF A POSSIBLE 1,300 HOSPITALS, BASED ON THE HOSPITAL STRENGTH INDEX COMPILED BY IVANTAGE ANALYTICS IT WAS AMONG THE 'TOP 100 CRITICAL ACCESS HOSPITALS' IN 2013 - BECKER'S HOSPITAL REVIEW RANKED THE HOSPITAL AMONG THE TOP '100 GREAT COMMUNITY HOSPITALS,' AND AMONG WISCONSIN'S TOP 13 HOSPITALS, BASED ON THE HOSPITAL'S ACCOLADES, QUALITY AND SERVICE TO ITS COMMUNITY - THE HOSPITAL EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR HOSPITAL ACCREDITATION BY DEMONSTRATING CONTINUOUS COMPLIANCE WITH ITS PERFORMANCE STANDARDS JOINT COMMISSION EXPERTS COMPLETED A COMPREHENSIVE ON-SITE SURVEY, WHICH INCLUDED OBSERVATION AND INTERVIEWS, BEFORE THE SEAL WAS AWARDED - THE HOSPITAL WAS RECOGNIZED FOR DELIVERING HIGH QUALITY SURGICAL CARE IN THE JOINT COMMISSION'S TOP PERFORMER ON KEY QUALITY MEASURES REPORT - THE HOSPITAL WAS RECOGNIZED FOR QUALITY AND SAFETY AND DELIVERING THE BEST CARE FOR CERTAIN CONDITIONS 95 PERCENT OF THE TIME OR MORE IN THE JOINT COMMISSION'S TOP PERFORMER ON KEY QUALITY MEASURES REPORT THIS REPRESENTS THE TOP 33 PERCENT OF ALL JOINT COMMISSION ACCREDITED HOSPITALS REPORTING PERFORMANCE DATA FOR 2014 THE HOSPITAL WAS RECOGNIZED FOR HIGH QUALITY SURGICAL CARE - THE BIRTH CENTER NURSING STAFF CONTINUES TO RANK AMONG THE BEST IN THE NATION - 91TH PERCENTILE FOR FRIENDLINESS AND ATTITUDE ACCORDING TO PRESS GANEY SURVEY DATA (1,800 HOSPITAL DATABASE)</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AS OF JANUARY 1, 2009, THE CORPORATE MEMBERS OF THE HOSPITAL ARE GROUP HEALTH PLAN, INC AND RH- WISCONSIN, INC THESE SAME ENTITIES ARE ALSO THE CORPORATE MEMBERS OF WESTFIELDS HOSPITAL, INC , A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN GROUP HEALTH PLAN, INC AND RH-WISCONSIN, INC ARE PART OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE HOSPITAL'S BOARD OF DIRECTORS IS COMPRISED OF NOT MORE THAN THIRTEEN (13) PERSONS APPOINTED AS FOLLOWS (AMENDED BY LAWS, ART II, SECT 2) - SEVEN (7) COMMUNITY DIRECTORS NOMINATED BY THE BOARD'S NOMINATING COMMITTEE AND APPOINTED BY RH-WISCONSIN, INC - THREE (3) DIRECTORS APPOINTED BY GROUP HEALTH PLAN, INC, ONE OF WHOM MAY BE A PHYSICIAN AND ONE OF WHOM MAY BE THE CHIEF EXECUTIVE OFFICER OF REGIONS HOSPITAL - ONE (1) DIRECTOR WHO IS A MEMBER OF THE ACTIVE MEDICAL STAFF OF THE HOSPITAL AND APPOINTED BY WESTERN WISCONSIN MEDICAL ASSOCIATES, S C OR BY THE LARGEST ACTIVE PRIMARY CARE PHYSICIAN GROUP SERVING THE HOSPITAL - ONE (1) DIRECTOR SHALL BE THE HOSPITAL'S CHIEF OF STAFF - ONE (1) DIRECTOR SHALL BE A PHYSICIAN NOMINATED BY THE BOARD'S NOMINATING COMMITTEE AND APPOINTED BY RH-WISCONSIN, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE HOSPITAL'S CORPORATE MEMBERS - RH-WISCONSIN, INC AND GROUP HEALTH PLAN, INC - JOINTLY APPROVE THE FOLLOWING ACTIONS OF THE BOARD OF DIRECTORS OR INITIATE THESE ACTIONS DIRECTLY (AMENDED BY LAWS, ART III, SECT 1) - AMENDMENT OF THE ARTICLES, BYLAWS OR OTHER GOVERNING DOCUMENTS - APPROVAL OF THE ADDITION OR DELETION OF MAJOR SERVICE LINES - SALE, LEASE, MORTGAGE OR PLEDGE OF ANY REAL ESTATE OR INTEREST THEREIN, OR OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS - ADOPTION OF AMENDMENT OF A STRATEGIC PLAN, AND CAPITAL AND OPERATING BUDGETS - APPROVAL OF UNBUDGETED CAPITAL EXPENDITURES - APPROVAL OF BORROWING OR LENDING OF FUNDS IN EXCESS OF ONE MILLION DOLLARS - MERGER, CONSOLIDATION, AFFILIATION OR JOINT VENTURE WITH ANY OTHER ENTITY AND TRANSFER OR CONTRIBUTION OF ASSETS AND FUNDS TO SEPARATE ENTITIES - ESTABLISHMENT OR DIVESTITURE OF ENTITIES OF WHICH THE HOSPITAL HAS AN EQUITY OR MANAGEMENT INTEREST, OR ESTABLISHMENT OF ANY SIGNIFICANT AND CONTINUING RELATIONSHIP WITH ANY ENTITY - APPOINTMENT AND REMOVAL OF THE HOSPITAL'S PRESIDENT AND CHAIR OF THE BOARD OF DIRECTORS - DISSOLUTION AND DISTRIBUTION OF ASSETS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE HOSPITAL'S 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF THE HOSPITAL. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY THE TAX DEPARTMENT OF GROUP HEALTH PLAN, INC (GHI), THE MANAGEMENT TEAM OF THE HOSPITAL, GHI'S INTERNAL LEGAL DEPARTMENT AND HEALTHPARTNERS, INC 'S OUTSIDE INDEPENDENT ACCOUNTANTS. EACH ONE OF THOSE AREAS HAS AN OPPORTUNITY TO REVIEW, ASK QUESTIONS AND MAKE COMMENTS BACK TO THE TAX DEPARTMENT OF GHI BEFORE THE FORM 990 IS COMPLETED AND PRESENTED TO THE GOVERNING BODY OF THE HOSPITAL. ONCE THAT REVIEW PROCESS HAS BEEN COMPLETED, IT IS THE POLICY OF THE HOSPITAL TO MAKE AVAILABLE TO THE FINANCE AND AUDIT COMMITTEE OF IT'S BOARD OF DIRECTORS, AND TO IT'S BOARD OF DIRECTORS, A COPY OF THE 990 PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY IS PROVIDED TO THE FINANCE AND AUDIT COMMITTEE AND THE FULL BOARD OF DIRECTORS IN A PRE-MEETING PACKET, AND IS AN AGENDA ITEM AT THE COMMITTEE MEETING. THIS PROCESS IS NOTED AND DOCUMENTED IN THE WRITTEN COMMITTEE MINUTES OF THE MEETING. THESE MINUTES ARE PRESENTED TO THE FULL BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED BY THE BYLAWS OF THE HOSPITAL, THE BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY , ALL BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS AND KEY EMPLOYEES ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNSEL WILL SUMMARIZE THE FINDINGS FOLLOWING REVIEW OF THE QUESTIONNAIRE AND SUBMIT A REPORT TO THE CHAIR AND HOSPITAL PRESIDENT BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE HOSPITAL'S OFFICERS, DIRECTORS AND HIGHLY COMPENSATED EMPLOYEES ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS) OR BY GROUP HEALTH PLAN, INC (GHI), BOTH OF WHICH ARE RELATED ORGANIZATIONS, OR BY THE HOSPITAL REGIONS, GHI AND THE HOSPITAL HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF THE HOSPITAL'S OFFICERS, DIRECTORS AND HIGHLY COMPENSATED EMPLOYEES EVERY THREE YEARS, UNDER THE DIRECTION OF THE GHI BOARD OF DIRECTORS' COMPENSATION COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE INDEPENDENT COMPENSATION COMMITTEE IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE DIRECTION OF THE COMPENSATION COMMITTEE, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION COMMITTEE FOR THE CHIEF EXECUTIVE OFFICER AND CERTAIN OTHER POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE, STAFF IS NOT IN ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT THE BOARD OF DIRECTORS HAS DELEGATED TO THE COMPENSATION COMMITTEE THE ACCOUNTABILITY TO CONDUCT AN ANNUAL PERFORMANCE EVALUATION AND TO DETERMINE THE COMPENSATION OF THE PRESIDENT BASED ON THE PERFORMANCE REVIEW AND THE MARKET COMPARABILITY DATA, APPROVED BY THE COMPENSATION COMMITTEE THE BOARD HAD DELEGATED TO THE CEO (WITH AUTHORITY TO FURTHER DELEGATE) THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL OTHER OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMPENSATION COMMITTEE ANY EXCEPTIONS NEED TO BE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM THE HOSPITAL. THE HOSPITAL'S ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE WISCONSIN SECRETARY OF STATE'S OFFICE. THE HOSPITAL'S CONFLICT OF INTEREST POLICY CAN BE VIEWED THROUGH THE HUDSON HOSPITAL.ORG WEBSITE.

Return Reference	Explanation
990, PART VII, SEC A, LINE 1A, COL B AVERAGE HOURS-RELATED ORGANIZATIONS	DIRECTORS AND OFFICERS OF THE HOSPITAL ARE EMPLOYED AND COMPENSATED BY GROUP HEALTH PLAN, INC , REGIONS HOSPITAL, OR THE HOSPITAL REPORTED AVERAGE HOURS WORKED ARE BASED ON THEIR TOTAL COMPENSATION FROM ALL RELATED ORGANIZATIONS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN INTEREST IN NET ASSETS OF HUDSON HOSPITAL FOUNDATION, INC 229,922 TRANSFER OF NET ASSETS TO HUDSON HOSPITAL FOUNDATION, INC -6,822 ROUNDING 1

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

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) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUDSON HOSPITAL FOUNDATION INC	B		
(2) HUDSON HOSPITAL FOUNDATION INC	C		
(3) HUDSON HOSPITAL FOUNDATION INC	M		
(4) HUDSON HOSPITAL FOUNDATION INC	N		
(5) HUDSON HOSPITAL FOUNDATION INC	O		
(6) HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES	L	1,214,658	CASH AMOUNT

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0804125

Name: HUDSON HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) HEALTHPARTNERS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A	Yes	
(1) HPI - RAMSEY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC	Yes	
(2) GROUP HEALTH PLAN INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1) (A) (III)	HEALTHPARTNERS INC	Yes	
(3) HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION & RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	GROUP HEALTH PLAN INC	Yes	
(4) CAPITOL VIEW TRANSITIONAL CARE CENTER 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1) (A) (III)	HPI - RAMSEY	Yes	
(5) REGIONS HOSPITAL 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A) (III)	HPI - RAMSEY	Yes	
(6) REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY	Yes	
(7) RHSC INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC	Yes	
(8) RH-WISCONSIN 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(9) PHYSICIANS NECK AND BACK CLINICS 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC	Yes	
(10) HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC	Yes	
(11) WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590	PROVIDE MEDICAL TRANSPORT SERVICES	WI	501(C)(3)	509(A)(3) TYPE II	RH-WISCONSIN	Yes	
(12) LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM	Yes	
(13) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A) (III)	STILLWATER HEALTH SYSTEM	Yes	
(14) STILLWATER MEDICAL GROUP 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(2)	STILLWATER HEALTH SYSTEM	Yes	
(15) STILLWATER HEALTH SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(16) WESTFIELDS HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A) (III)	RH-WISCONSIN & GROUP HEALTH PLAN INC	Yes	
(17) WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC	Yes	
(18) RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
(19) PARK NICOLLET HEALTH SERVICES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2) TYPE III	HEALTHPARTNERS INC	Yes	

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? YesNo	
(21) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES	Yes	
(1) PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(2) PARK NICOLLET INSTITUTE 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0961862	HEALTHCARE RESEARCH	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(3) PARK NICOLLET HEALTH CARE PRODUCTS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	HEALTHCARE PRODUCTS	MN	501(C)(3)	509(A)(3) TYPE II	PARK NICOLLET HEALTH SERVICES	Yes	
(4) PARK NICOLLET CLINIC 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	HEALTHCARE	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(5) PNM HOLDINGS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET CLINIC	Yes	
(6) AMERY REGIONAL MEDICAL CENTER INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN	Yes	
(7) AMERY REGIONAL MEDICAL CENTER FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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							
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C				No
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				No
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C				No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HUDSON HOSPITAL FOUNDATION INC	B		
HUDSON HOSPITAL FOUNDATION INC	C		
HUDSON HOSPITAL FOUNDATION INC	M		
HUDSON HOSPITAL FOUNDATION INC	N		
HUDSON HOSPITAL FOUNDATION INC	O		
HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES	L	1,214,658	CASH AMOUNT